

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.

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____[1]
 Mark if you were married but living apart all year _____[2]
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____[3]

	Taxpayer	Spouse
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]	

Present Mailing Address

Address _____ [38]
 Apartment number _____ [39]
 City, state postal code, zip code _____ [40] _____ [41] _____ [42]
 Foreign country name _____ [44]
 In care of addressee _____ [47]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name ^{48]}	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	***Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent _____ [49]
 Social security number of qualifying person _____ [50]

Dependent Codes

<p>*Basic</p> <ul style="list-style-type: none"> 1 = Child who lived with you 2 = Child who did not live with you 3 = Other dependent 5 = Qualifying child for Earned Income Credit only 6 = Children who lived with you, but do not qualify for Earned Income Credit 7 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit <p>***Months</p> <ul style="list-style-type: none"> 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return 	<p>**Other</p> <ul style="list-style-type: none"> 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled
--	---

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [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]

NOTES/QUESTIONS:

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 spouse names are on the account) _____ [5]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction 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 spouse names are on the account) _____ [27]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction 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 spouse names are on the account) _____ [33]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [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. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [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 _____ [40]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [19] or Percent (xxx.xx) _____ [20]
 Owner's name (First Last) _____ [41] _____ [42]
 Co-owner or beneficiary (First Last) _____ [43] _____ [44]
 Mark if the name listed above is a beneficiary _____ [45]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) _____[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[7]

Spouse self-selected Personal Identification Number (PIN) _____[8]

NOTES/QUESTIONS:

If you have an overpayment of 2013 taxes, do you want the excess:

Refunded _____ [47]

Applied to 2014 estimated tax liability _____ [48]

Do you expect a considerable change in your 2014 income? (Y, N) _____ [49]

If yes, please explain any differences:

_____ [50]

_____ [51]

_____ [52]

_____ [53]

Do you expect a considerable change in your deductions for 2014? (Y, N) _____ [54]

If yes, please explain any differences:

_____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in the amount of your 2014 withholding? (Y, N) _____ [59]

If yes, please explain any differences:

_____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a change in the number of dependents claimed for 2014? (Y, N) _____ [64]

If yes, please explain any differences:

_____ [65]

_____ [66]

_____ [67]

_____ [68]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes _____ [69]

2013 Federal Estimated Tax Payments

2012 overpayment applied to 2013 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/15/13	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/17/13	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/16/13	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/15/14	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

NOTES/QUESTIONS:

Interest Income

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 <small>(**See codes below)</small>	Interest Income ^[1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	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

Dividend Income

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 Type J Code	(**See codes below)	Ordinary 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
1	Payer											
	Amounts +											
2	Payer											
	Amounts +											
3	Payer											
	Amounts +											
4	Payer											
	Amounts +											
5	Payer											
	Amounts +											
6	Payer											
	Amounts +											
7	Payer											
	Amounts +											
8	Payer											
	Amounts +											
9	Payer											
	Amounts +											
10	Payer											
	Amounts +											

**Dividend Codes	
Blank = Other	3 = Nominee

Seller Financed Mortgage Interest Income

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

2013 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2013 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2013 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2013 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2013 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2013 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2013 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2013 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2013 + _____ [1]

Control Totals+

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2013 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)		__	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__	[16]
State withholding (Box 12)	+	__	[17]
Local withholding (Box 15)	+	__	[19]
Amount of rollover	+	__	[21]
Mark if distribution was due to a pre-retirement age disability		__	[23]
Mark if distribution was from an inherited IRA		__	[24]

	Control Totals+	
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Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2013 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)		__	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__	[16]
State withholding (Box 12)	+	__	[17]
Local withholding (Box 15)	+	__	[19]
Amount of rollover	+	__	[21]
Mark if distribution was due to a pre-retirement age disability		__	[23]
Mark if distribution was from an inherited IRA		__	[24]

	Control Totals+	
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Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2013 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)		__	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__	[16]
State withholding (Box 12)	+	__	[17]
Local withholding (Box 15)	+	__	[19]
Amount of rollover	+	__	[21]
Mark if distribution was due to a pre-retirement age disability		__	[23]
Mark if distribution was from an inherited IRA		__	[24]

	Control Totals+	
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Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____ [1]
 State postal code _____ [2]

Social Security Benefits

	2013 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2013 (Box 3 minus Box 4) (Box 5)	+ _____ [8]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

Tier 1 Railroad Benefits

	2013 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Portion of Tier 1 Paid in 2013 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2013 or receive any prior year benefits in 2013. 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]

NOTES/QUESTIONS:

Traditional IRA

	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 traditional 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 use in 2013	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2013	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2014 for use in 2013	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2013:	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

Please provide copies of any 1998 through 2012 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2013	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2013	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2012	+ _____ [41]	+ _____ [42]
Enter the total Roth IRA contribution recharacterizations for 2013	+ _____ [43]	+ _____ [44]
Enter the Roth conversion IRA basis on December 31, 2012	+ _____ [45]	+ _____ [46]
Value of all your Roth IRA's on December 31, 2013:	+ _____ [47]	+ _____ [48]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

Preparer use only

- Business activity or profession name _____ [3]
- Taxpayer/Spouse (T, S) _____ [4]
- State postal code _____ [5]
- Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]
- Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]
- Enter the total amount of contributions made to a Keogh plan in 2013 + _____ [8]
- Enter the total amount of contributions made to a Solo 401(k) plan in 2013 + _____ [9]
- Enter the total amount of contributions made to a SEP plan in 2013 + _____ [10]
- Enter the total amount of contributions made to a SARSEP plan in 2013 + _____ [11]
- Enter the total amount of contributions made to a defined benefit plan in 2013 + _____ [12]
- Enter the total amount of contributions made to a profit-sharing plan in 2013 + _____ [13]
- Enter the total amount of contributions made to a money purchase plan in 2013 + _____ [14]
- Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2013 + _____ [15]
- Enter the total amount of contributions to a SIMPLE IRA plan in 2013 + _____ [16]

Catch-up Contributions

- Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2013 + _____ [17]
- Enter the amount of catch-up contributions made to a SIMPLE Plan in 2013 + _____ [18]

Elective Deferrals

- Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2013 + _____ [19]
- Enter the amount of elective deferrals designated as Roth contributions in 2013 + _____ [20]

NOTES/QUESTIONS:

Taxable Distributions Received from Cooperatives #1

Please provide all Forms 1099-PATR

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Preparer use only

Name of payer		[3]
Taxpayer/Spouse/Joint (T, S, J)		[5]
State postal code		[6]
Patron dividends (Box 1)	+ _____	[10]
Nonpatronage distributions (Box 2)	+ _____	[12]
Per-unit retain allocations (Box 3)	+ _____	[14]
Federal income tax withheld (Box 4)	+ _____	[16]
Redemption of nonqualified notices and retain allocations (Box 5)	+ _____	[18]
Domestic production activities deductions (Box 6)	+ _____	[20]
Investment credit (Box 7)	+ _____	[22]
Work opportunity credit (Box 8)	+ _____	[24]
Patron's AMT adjustments (Box 9)	+ _____	[26]
Other credits and deductions #1 (Box 10)	+ _____	[28]
Other credits and deductions #2 (Box 10)	+ _____	[30]

	Control Totals+	
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Taxable Distributions Received from Cooperatives #2

Please provide all Forms 1099-PATR

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Preparer use only

Name of payer		[3]
Taxpayer/Spouse/Joint (T, S, J)		[5]
State postal code		[6]
Patron dividends (Box 1)	+ _____	[10]
Nonpatronage distributions (Box 2)	+ _____	[12]
Per-unit retain allocations (Box 3)	+ _____	[14]
Federal income tax withheld (Box 4)	+ _____	[16]
Redemption of nonqualified notices and retain allocations (Box 5)	+ _____	[18]
Domestic production activities deductions (Box 6)	+ _____	[20]
Investment credit (Box 7)	+ _____	[22]
Work opportunity credit (Box 8)	+ _____	[24]
Patron's AMT adjustments (Box 9)	+ _____	[26]
Other credits and deductions #1 (Box 10)	+ _____	[28]
Other credits and deductions #2 (Box 10)	+ _____	[30]

	Control Totals+	
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NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

2013 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]	
Date won (Box 2)		[13]	
Type of wager (Box 3)		[15]	
Federal withholding (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 winnings (Box 14)		[33]	
State withholding (Box 15)	+	[34]	
Local winnings (Box 16)		[36]	
Local withholding (Box 17)		[37]	
Name of locality (Box 18)		[40]	

Control Totals+

Gambling Winnings #2

Please provide all copies of Form W-2G.

2013 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]	
Date won (Box 2)		[13]	
Type of wager (Box 3)		[15]	
Federal withholding (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 winnings (Box 14)		[33]	
State withholding (Box 15)	+	[34]	
Local winnings (Box 16)		[36]	
Local withholding (Box 17)		[37]	
Name of locality (Box 18)		[40]	

Control Totals+

NOTES/QUESTIONS:

Preparer use only

2013 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [11]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____ [14]	
City/State/Zip	_____ [15] _____ [16] _____ [17]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [18]	
If other:	_____ [20]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [21]	
If other enter explanation:	_____ [23]	
_____ [23]		
_____ [23]		
Enter an explanation if there was a change in determining your inventory:		
_____ [24]		
_____ [24]		
Did you "materially participate" in this business? (Y, N)	_____ [25]	
If not, number of hours you did significantly participate	_____ [27]	
Mark if you began or acquired this business in 2013	_____ [29]	
Did you make any payments in 2013 that require you to file Form(s) 1099? (Y, N)	_____ [30]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [32]	
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [34]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [36]	
Medical insurance premiums paid by this activity	+ _____ [40]	
Long-term care premiums paid by this activity	+ _____ [42]	
Amount of wages received as a statutory employee	+ _____ [45]	

Business Income

2013 Information

Prior Year Information

Gross receipts and sales		
_____	+ _____ [50]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [53]	
Other income:		
_____	+ _____ [55]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Cost of Goods Sold

2013 Information

Prior Year Information

Beginning inventory	+ _____ [57]	
Purchases	+ _____ [59]	
Labor:		
_____	+ _____ [61]	
_____	+ _____	
Materials	+ _____ [63]	
Other costs:		
_____	+ _____ [65]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [67]	

Control Totals+

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]

NOTES/QUESTIONS:

Preparer use only

	2013 Information	Prior Year Information
Description _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) ___[3]	State postal code _____	
Physical address: Street _____	[5]	
City, state, zip code _____	[6] ___[7]_____	
Foreign country _____	[10]	
Foreign province/county _____	[11]	
Foreign postal code _____	[12]	
Type (1 = Single-family, 2 = Multi-family, 3 = Vacation/short-term, 4 = Commercial, 5 = Land, 6 = Royalties, 7 = Self-rental, 8 = Other) _____	[13]	
Description of other type (Type code #8) _____	[14]	
Did you make any payments in 2013 that require you to file Form(s) 1099? (Y,N) _____	[16]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]	_____
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]	
Percentage of ownership if not 100% _____	[22]	
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]	

Rent and Royalty Income

Rents and royalties :	2013 Information	Prior Year Information
_____ + _____	[33]	_____
_____		_____

Rent and Royalty Expenses

	2013 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____	[35] _____	[36] _____
Auto	+ _____	[38] _____	[39] _____
Travel	+ _____	[41] _____	[42] _____
Cleaning and maintenance	+ _____	[44] _____	[45] _____
Commissions:			
_____	+ _____	[47] _____	[49] _____
_____	+ _____		
Insurance:			
_____	+ _____	[50] _____	[52] _____
_____	+ _____		
Legal and professional fees	+ _____	[54] _____	[55] _____
Management fees:			
_____	+ _____	[57] _____	[59] _____
_____	+ _____		
Mortgage interest paid to banks, etc (Form 1098)			
_____	+ _____	[60] _____	[62] _____
_____	+ _____		
Other mortgage interest	+ _____	[63] _____	[65] _____
Qualified mortgage insurance premiums	+ _____	[66] _____	[67] _____
Other interest:			
_____	+ _____	[69] _____	[71] _____
_____	+ _____		
Repairs	+ _____	[72] _____	[73] _____
Supplies	+ _____	[75] _____	[76] _____
Taxes:			
_____	+ _____	[78] _____	[80] _____
_____	+ _____		
Utilities	+ _____	[81] _____	[82] _____
Depreciation	+ _____	[84] _____	[85] _____
Depletion	+ _____	[87] _____	[88] _____
Other expenses:			
_____	+ _____	[90] _____	
_____	+ _____		
_____	+ _____		
_____	+ _____		

Control Totals+

Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

	2013 Information	Prior Year Information															
Refinancing points paid -																	
Recipient's/Lender's name _____	[92]	<table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> </table>															
Date of refinance _____																	
Total # Payments _____																	
Reported on 1098 in 2013 _____																	
Total points paid _____																	
Points deemed as paid in current year (Preparer use only) _____																	
Refinancing points paid -																	
Recipient's/Lender's name _____																	
Date of refinance _____																	
Total # Payments _____																	
Reported on 1098 in 2013 _____																	
Total points paid _____																	
Points deemed as paid in current year (Preparer use only) _____																	
Refinancing points paid -																	
Recipient's/Lender's name _____																	
Date of refinance _____																	
Total # Payments _____																	
Reported on 1098 in 2013 _____																	
Total points paid _____																	
Points deemed as paid in current year (Preparer use only) _____																	

Vacation Home Information

	2013 Information	Prior Year Information						
Number of days home was used personally _____	[6]	<table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> </table>						
Number of days home was rented _____	[8]							
Number of day home owned, if not 365 _____	[10]							
Carryover of disallowed operating expenses into 2013 + _____	[20]							
Carryover of disallowed depreciation expenses into 2013 + _____	[21]							

Passive and Other Information

Preparer use only Carryovers	Regular	AMT
Operating	+ [28]	+ [29]
Short-term capital	+ [30]	+ [31]
Long-term capital	+ [32]	+ [33]
28% rate capital	+ [34]	+ [35]
Section 1231 loss	+ [36]	+ [37]
Ordinary business gain/loss	+ [38]	+ [39]
Comm revitalization	+ [40]	+ [41]
Section 179	+ [42]	+ [43]

Farm Income - General Information

Please provide all Forms 1099-K

Preparer use only

	2013 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
Principal Product	_____ [5]	
State postal code	_____ [6]	
Accounting method (1 = Cash, 2 = Accrual)	_____ [7]	
Agricultural activity code	_____ [9]	
Did you "materially participate" in this business? (Y, N)	_____ [12]	
Did you make any payments in 2013 that require you to file Form(s) 1099? (Y, N)	_____ [14]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [16]	
Mark if Schedule F net income or loss should be excluded from self employment income	_____ [18]	
Medical insurance premiums paid by this activity	+ _____ [22]	
Long-term care premiums paid by this activity	+ _____ [24]	

Schedule F Income

Sales Code**	Income description	2013 Information	Prior Year Information
—	_____	+ _____ [34]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

**** Sales Codes**

1 = Cash sales of items bought for resale	4 = Custom hire (machine work)
2 = Cash sales of items raised	5 = Other income
3 = Accrual sales	

	2013 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____ [36]	
Beginning inventory of livestock and other items (Accrual method)	+ _____ [38]	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [40]	
Ending Inventory of livestock and other items (Accrual method)	+ _____ [42]	
Total cooperative distributions you received	+ _____ [44]	
Taxable cooperative distributions you received	+ _____ [46]	

	2013 Total	2013 Taxable	Prior Year Information
Agricultural program payments			
_____ + _____		+ _____ [48]	
_____ + _____		+ _____	

	2013 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	+ _____ [51]	
Commodity credit loans reported under election:		
_____ + _____	+ _____ [53]	
_____ + _____	+ _____	
Total commodity credit loans forfeited	+ _____ [55]	
Taxable commodity credit loans forfeited	+ _____ [57]	

	2013 Total	2013 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2013			
_____ + _____		+ _____ [59]	
_____ + _____		+ _____	
Mark if electing to defer crop insurance proceeds to 2014			_____ [62]
Crop insurance proceeds deferred from 2012		+ _____ [64]	

Control Totals+

Preparer use only

	2013 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____[2]	
Employer identification number	_____[3]	
Description	_____[4]	
State postal code	_____[5]	
Did you "actively participate" in the operation of this business this year? (Y, N)	_____[6]	

Income Items

	2013 Information	Prior Year Information
Income from production of livestock, produce, grains, and other crops:		
_____	+ _____[16]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Total cooperative distributions you received	+ _____[18]	
Taxable cooperative distributions you received	+ _____[20]	

	2013 Total	2013 Taxable	Prior Year Information
Agricultural program payments:			
_____	+ _____[22]	+ _____[23]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

	2013 Information	Prior Year Information
Commodity credit loans reported under election:		
_____	+ _____[25]	
_____	+ _____	
Total commodity credit loans forfeited	+ _____[27]	
Taxable commodity credit loans forfeited	+ _____[29]	

	2013 Total	2013 Taxable	Prior Year Information
Crop insurance proceeds you received in 2013			
_____	+ _____[31]	+ _____[32]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

	2013 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2014	_____ [34]	_____
Crop insurance proceeds deferred from 2012	_____ [36]	
Other income:		
_____	+ _____ [39]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Preparer use only

Description _____

2013 Information

Prior Year Information

Car and truck expenses	+	_____ [6]
Chemicals	+	_____ [8]
Conservation expenses	+	_____ [10]
Custom hire (machine work)	+	_____ [12]
Depreciation	+	_____ [14]
Employee benefit programs	+	_____ [16]
Feed purchased	+	_____ [18]
Fertilizers and lime	+	_____ [20]
Freight and trucking	+	_____ [22]
Gasoline, fuel, and oil	+	_____ [24]
Insurance (Other than health):		
_____	+	_____ [26]
_____	+	_____
_____	+	_____
Mortgage interest (Paid to banks, etc.):		
_____	+	_____ [28]
_____	+	_____
_____	+	_____
Other interest	+	_____ [31]
Labor hired (Less employment credit)	+	_____ [33]
Pension and profit sharing	+	_____ [35]
Rent - vehicles, machinery, and equipment	+	_____ [37]
Rent - other	+	_____ [39]
Repairs and maintenance	+	_____ [41]
Seed and plants purchased	+	_____ [43]
Storage and warehousing	+	_____ [45]
Supplies purchased	+	_____ [47]
Taxes:		
_____	+	_____ [49]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
Utilities	+	_____ [51]
Veterinary, breeding, and medicine	+	_____ [53]
Other expenses:		
_____	+	_____ [55]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
Preproductive period expenses	+	_____ [57]

Preparer use only Carryovers	Regular	AMT
Operating	+ [65]	+ [66]
Short-term capital	+ [67]	+ [68]
Long-term capital	+ [69]	+ [70]
28% rate capital	+ [71]	+ [72]
Section 1231 loss	+ [73]	+ [74]
Ordinary business gain/loss	+ [75]	+ [76]
Section 179	+ [77]	+ [78]
Excess farm loss	+ [81]	+ [82]

Control Totals+

Prior Year Installment Sale

Preparer use only

	2013 Information	Prior Year Information
Description _____	[3]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[16]	
Date sold _____	[17]	
Gross sales price of property sold + _____	[18]	
Mortgage and other debts the buyer assumed + _____	[20]	
Cost or other basis + _____	[22]	
Commissions and other expenses of the sale + _____	[24]	
Gross profit percentage _____	[26]	
Total current year principal payments received + _____	[32]	
Prior year principal payments received + _____	[34]	
Total ordinary income to recapture + _____	[36]	
Total ordinary income previously recaptured + _____	[38]	
Control Totals+		

Prior Year Installment Sale

Preparer use only

	2013 Information	Prior Year Information
Description _____	[3]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[16]	
Date sold _____	[17]	
Gross sales price of property sold + _____	[18]	
Mortgage and other debts the buyer assumed + _____	[20]	
Cost or other basis + _____	[22]	
Commissions and other expenses of the sale + _____	[24]	
Gross profit percentage _____	[26]	
Total current year principal payments received + _____	[32]	
Prior year principal payments received + _____	[34]	
Total ordinary income to recapture + _____	[36]	
Total ordinary income previously recaptured + _____	[38]	
Control Totals+		

NOTES/QUESTIONS:

Preparer use only

Description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [9]
 State postal code _____ [10]
 Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1 _____ [14]
 Mark if disposition is due to casualty or theft _____ [18]
 Mark if disposition was to a related party _____ [20]

Sale Information

Date acquired _____ [22]
 Date sold _____ [23]
 Gross sales price or insurance proceeds received + _____ [24]
 Cost or other basis + _____ [25]
 Commissions and other expenses of sale + _____ [26]
 Depreciation allowed or allowable + _____ [27]

Form 4797, Part III - Recapture

Additional depreciation after 1975 (Section 1250) + _____ [29]
 Applicable percentage (if not 100%) (Section 1250) _____ [30]
 Additional depreciation after 1969 (Section 1250) + _____ [31]
 Soil, water and land clearing expenses (Section 1252) + _____ [32]
 Applicable percentage (if not 100%) (Section 1252) _____ [33]
 Intangible drilling and development costs (Section 1254) + _____ [34]
 Applicable payments excluded from income under sec. 126 (Section 1255) + _____ [35]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [36]
 Total current year payments received + _____ [37]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [38]
 Address _____ [39]
 State, City and Zip _____ [40] _____ [41] _____ [42]
 Identifying number of related party _____ [43]
 Was the property sold as a marketable security? (Y, N) _____ [44]
 Enter date of second sale _____ [45]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [46]
 Selling price of property sold by a related party + _____ [48]

NOTES/QUESTIONS:

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

	2013 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	_____ [4]	
State postal code _____	_____ [2]	
Archer MSA contributions made in 2013 and 2014 for 2013 (Box 1)	+ _____ [6]	
Total contributions made in 2013 (Box 2)	+ _____ [8]	
Total HSA or Archer MSA contributions made in 2014 for 2013 (Box 3)	+ _____ [10]	
Rollover contribution (Box 4)	+ _____ [13]	
Fair market value of HSA, Archer MSA, or MA MSA (Box 5)	+ _____ [15]	
Box 6 -		
HSA	_____ [17]	
Archer MSA	_____ [18]	
MA (Medicare Advantage) MSA	_____ [19]	

Additional Information

	2013 Information	Prior Year Information
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	_____ [20]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Number of months in qualified high deductible health plan in 2013	_____ [21]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	_____ [22]	
Total HSA/MSA contribution to be made for 2013	+ _____ [23]	
Excess contributions for 2012 taken as constructive contributions for 2013	+ _____ [25]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+ _____ [28]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter compensation from employer maintaining high deductible health plan	+ _____ [31]	
If self-employed, enter earned income from business under which plan was established	_____ [35]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2013? (Y, N) _____ [37]

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

2013 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 expenses, enter the unreimbursed qualified medical expenses for 2013	+ _____	[19]	
Withdrawal of excess contributions by the due date of the return	+ _____	[21]	
Amount of distribution rolled over for 2013	+ _____	[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 12/31/12	+ _____	[27]	
For HSA accounts:			
Was the high deductible health plan coverage started in 2012 and in effect for the month of December 2012? (Y, N)	_____	[29]	
Was the high deductible health plan coverage ended before 12/31/13? (Y, N)	_____	[30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

2013 Information

Prior Year Information

Name of the insured chronically ill individual	_____	[39]	
Social security number of insured	_____	[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+ _____	[42]	
Accelerated death benefits paid (Box 2)	+ _____	[44]	
Check one (Box 3)			
Per diem	_____	[46]	
Reimbursed amount	_____	[47]	
Qualified contract (Box 4)	_____	[48]	
Check, if applicable (Box 5)			
Chronically ill	_____	[49]	
Terminally ill	_____	[50]	
Are there other individuals who received LTC payments during 2013? (Y, N)	_____	[52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	_____	[53]	
Number of days during the long-term care period	_____	[54]	
Cost incurred for qualified long-term care services during the long-term care period +	_____	[55]	

NOTES/QUESTIONS:

Preparer use only

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Miles driven to new home	_____	[13]
Total amount reimbursed for moving expenses	+ _____	[15]

NOTES/QUESTIONS:

Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2013 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2013. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender		2013 Interest Paid	Prior Year Information
—	_____	+	_____ [1]	<div style="border: 1px solid black; padding: 5px;"> _____ _____ _____ </div>
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) _____ [8]
 Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3 = Tuition and Fees Deduction) _____
 Student's social security number _____
 Student's first name _____
 Student's last name _____

Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number _____ [8]
 Institution's name _____
 Institution's street address _____
 Institution's city, state, zip code _____

Tuition Paid and Related Information

**Amounts reported in Box 1 or Box 2 may not reflect the actual amount paid for the student during 2013.
 Enter the amount actually paid during 2013.**

	2013 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ _____ [8]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Tuition billed (Enter only the amount actually paid) (Box 2)	_____	
Educational institution changed its reporting method for 2013 (Box 3)	_____	
Adjustments made for a prior year (Box 4)	_____	
Scholarships or grants (Box 5)	_____	
Adjustments to scholarships or grants for a prior year (Box 6)	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2014 (Box 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9)	_____	
Insurance contract reimbursement/refund (Box 10)	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	

1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2013

NOTES/QUESTIONS:

Federal Student Aid Application Information #1

**Complete a FAFSA information section for both the parent and student. Both may be required to complete the FAFSA.
If the parent or student tax return was prepared elsewhere, please provide the completed tax return.**

This FAFSA information is for the: **Preparer use only**

	2013 Information	Prior Year Information														
Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies? <small>(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)</small>	___[1]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> </table>														
The information for the FAFSA worksheet will be: <small>(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)</small>	___[2]															
Taxpayer's (and spouse's) total current balance of cash, savings and checking accounts	___[4]															
Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence	+ ___[6]															
Taxpayer's (and spouse's) net worth in current businesses and/or investment farms	+ ___[8]															
Child support paid because of divorce, separation, or a result of a legal requirement	+ ___[10]															
Taxable earnings from need-based employment programs	+ ___[12]															
Student grant and scholarship aid included in adjusted gross income	+ ___[14]															
Earnings from work under a cooperative education program offered by a college	+ ___[16]															
Child support received but do not include foster care or adoption payments	+ ___[18]															
Veterans noneducation benefits	+ ___[20]															
Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	+ ___[22]															
Money received or paid on behalf of the student (For the student's worksheet only)	+ ___[24]															

	Control Totals+	
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Federal Student Aid Application Information #2

This FAFSA information is for the: **Preparer use only**

	2013 Information	Prior Year Information														
Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies? <small>(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)</small>	___[1]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> </table>														
The information for the FAFSA worksheet will be: <small>(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)</small>	___[2]															
Taxpayer's (and spouse's) total current balance of cash, savings and checking accounts	___[4]															
Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence	+ ___[6]															
Taxpayer's (and spouse's) net worth in current businesses and/or investment farms	+ ___[8]															
Child support paid because of divorce, separation, or a result of a legal requirement	+ ___[10]															
Taxable earnings from need-based employment programs	+ ___[12]															
Student grant and scholarship aid included in adjusted gross income	+ ___[14]															
Earnings from work under a cooperative education program offered by a college	+ ___[16]															
Child support received but do not include foster care or adoption payments	+ ___[18]															
Veterans noneducation benefits	+ ___[20]															
Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	+ ___[22]															
Money received or paid on behalf of the student (For the student's worksheet only)	+ ___[24]															

NOTES/QUESTIONS:

	Control Totals+	Form ID: FAFSA
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Interest Expenses

T/S/J	2013 Interest Paid ^{2]}	2013 Points Paid	Type*	2013 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1] _____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home
 1 = Not used to buy, build, improve home or investment
 2 = Used to pay off previous mortgage
 3 = Used to pay off previous mortgage, excess proceeds invested
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Payee's Name	SSN or EIN	2013 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4] _____	_____	_____	+	[5] _____
Address		_____		
City, state and zip code		_____		
_____	_____	_____	+	_____
Address		_____		
City, state and zip code		_____		

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid

Payer's/Borrower's name _____ [7]
 Street Address _____
 City/State/Zip code _____

Refinancing Points paid in 2013 -

Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2013 (**Preparer use only**) _____ + _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2013 _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2013 (**Preparer use only**) _____ + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2013 _____

T/S/J	2013 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
[15] _____	+	[16] _____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

T/S/J		2013 Information	Prior Year Information
	Contributions made by cash or check (including out-of-pocket expenses)		
[2]	_____	+ _____ [3]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
[5]	Volunteer miles driven _____	_____ [6]	
	Noncash items, such as: Goodwill/Salvation Army/Other clothing or household goods		
[8]	_____	+ _____ [9]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

Miscellaneous Deductions

T/S/J		2013 Information	Prior Year Information
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
[11]	_____	+ _____ [12]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
	Union dues:		
[14]	_____	+ _____ [15]	
—	_____	+ _____	
[17]	Tax preparation fees _____	_____ [18]	
	Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, custodial fees		
[20]	_____	+ _____ [21]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
[23]	Safe deposit box rental _____	_____ [24]	
	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/1099-INT:		
[26]	_____	+ _____ [27]	
—	_____	+ _____	
—	_____	+ _____	
	Other expenses, not subject to the 2% AGI limitation:		
[30]	_____	+ _____ [31]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
	Gambling losses: (Enter only if you have gambling income)		
[33]	_____	+ _____ [34]	
—	_____	+ _____	

Home Mortgage Interest Subject To Limitations

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.

	2013 Information	Prior Year Information
Description of loan/property _____	[2]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
Fair market value of home + _____	[5]	
Number of months loan was outstanding in 2013, if not 12 _____	[7]	
Number of months home was a qualifying home (If different from number of months loan was outstanding) _____	[9]	
Principal paid in 2013 + _____	[11]	
Interest paid during 2013 + _____	[13]	
Points reported on Form 1098 for 2013 + _____	[15]	
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name _____	[18]	
Recipient SSN or EIN _____	[19]	
Recipient address _____	[20]	
Recipient city, state, zip code _____ [21] _____ [22] _____	[23]	
Grandfather debt as of 12/31/12 (or first day mortgage was outstanding) + _____	[24]	
Grandfather debt as of 12/31/13 (or last day mortgage was outstanding) + _____	[26]	
Home acquisition/improvement debt as of 12/31/12 (or first day mortgage was outstanding) + _____	[28]	
Home acquisition/improvement debt as of 12/31/13 (or last day mortgage was outstanding) + _____	[30]	
Home equity debt as of 12/31/12 (or first day mortgage was outstanding) + _____	[32]	
Home equity debt as of 12/31/13 (or last day mortgage was outstanding) + _____	[34]	
Average balance in 2013 of grandfather debt + _____	[37]	
Average balance in 2013 of home acquisition/improvement debt + _____	[39]	
Average balance for 2013 all types of debt + _____	[41]	

NOTES/QUESTIONS:

Preparer use only

Taxpayer/Spouse (T, S) _____ [2]
 Occupation in which expenses were incurred _____ [3]
 State postal code _____ [4]

Vehicle Questions

If you used your automobile for work purposes, please answer the following questions:

	2013 Information	Prior Year Information
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	___ [5]	___
Was another vehicle available for personal use? (Y, N)	___ [7]	___
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	___ [9]	___

Vehicle Information

Vehicle 1 -	Date placed in service _____ [11]	
	Description _____ [12]	
	Comments _____	
Vehicle 2 -	Date placed in service _____ [62]	
	Description _____ [63]	
	Comments _____	
Vehicle 3 -	Date placed in service _____ [109]	
	Description _____ [110]	
	Comments _____	
Vehicle 4 -	Date placed in service _____ [156]	
	Description _____ [157]	
	Comments _____	

Vehicles Actual Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year _____ [20]			_____ [69]		_____ [116]		_____ [163]	
Business mileage _____ [24]			_____ [71]		_____ [118]		_____ [165]	
Average daily round trip commuting mileage _____ [26]			_____ [73]		_____ [120]		_____ [167]	
Total commuting mileage _____ [28]			_____ [75]		_____ [122]		_____ [169]	
Gasoline + _____ [30]			+ _____ [77]		+ _____ [124]		+ _____ [171]	
Oil + _____ [32]			+ _____ [79]		+ _____ [126]		+ _____ [173]	
Repairs + _____ [34]			+ _____ [81]		+ _____ [128]		+ _____ [175]	
Maintenance + _____ [36]			+ _____ [83]		+ _____ [130]		+ _____ [177]	
Tires + _____ [38]			+ _____ [85]		+ _____ [132]		+ _____ [179]	
Car washes + _____ [40]			+ _____ [87]		+ _____ [134]		+ _____ [181]	
Insurance + _____ [42]			+ _____ [89]		+ _____ [136]		+ _____ [183]	
Interest + _____ [44]			+ _____ [91]		+ _____ [138]		+ _____ [185]	
Registration + _____ [46]			+ _____ [93]		+ _____ [140]		+ _____ [187]	
Licenses + _____ [48]			+ _____ [95]		+ _____ [142]		+ _____ [189]	
Property taxes (Plates, tags, etc) _____ [50]			+ _____ [97]		+ _____ [144]		+ _____ [191]	
Vehicle rentals + _____ [52]			+ _____ [99]		+ _____ [146]		+ _____ [193]	
Inclusion amt (Preparer only) _____ [54]			+ _____ [101]		+ _____ [148]		+ _____ [195]	
Other vehicle expenses + _____ [56]			+ _____ [103]		+ _____ [150]		+ _____ [197]	
Value of employer provided vehicle + _____ [58]			+ _____ [105]		+ _____ [152]		+ _____ [199]	
Depreciation + _____ [60]			+ _____ [107]		+ _____ [154]		+ _____ [201]	

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)		__ [1]
Donated property description	_____	[4]
Name of donee organization	_____	[5]
Address of donee organization	_____	[6]
City	_____	[7]
State postal code	_____	[8]
Zip code	_____	[9]
Date contributed	_____	[10]
Date acquired by donor	_____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)		[12]
Donor's cost or basis	+ _____	[13]
Fair market value	+ _____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)		[15]
If other:	_____	[16]

	Control Totals+	
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Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)		__ [1]
Donated property description	_____	[4]
Name of donee organization	_____	[5]
Address of donee organization	_____	[6]
City	_____	[7]
State postal code	_____	[8]
Zip code	_____	[9]
Date contributed	_____	[10]
Date acquired by donor	_____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)		[12]
Donor's cost or basis	+ _____	[13]
Fair market value	+ _____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)		[15]
If other:	_____	[16]

	Control Totals+	
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Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)		__ [1]
Donated property description	_____	[4]
Name of donee organization	_____	[5]
Address of donee organization	_____	[6]
City	_____	[7]
State postal code	_____	[8]
Zip code	_____	[9]
Date contributed	_____	[10]
Date acquired by donor	_____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)		[12]
Donor's cost or basis	+ _____	[13]
Fair market value	+ _____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)		[15]
If other:	_____	[16]

	Control Totals+	
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Preparer use only

Principal business or profession _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]

Business Use of Home

	2013 Information	Prior Year Information
Total area of home	_____ [12]	_____
Area used exclusively for business	_____ [14]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [16]	_____
Total hours used this year, if less than 8760	_____ [18]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [20]	_____
Area used partly for day-care business	_____ [22]	_____

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2013 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	+ _____ [27]	+ _____ [29]	_____
Mortgage insurance premiums	+ _____ [32]	+ _____ [33]	_____
Real estate taxes:	+ _____ [35]	+ _____ [37]	_____
Excess mortgage interest and insurance premiums	+ _____ [40]	+ _____ [41]	_____
Insurance	+ _____ [43]	+ _____ [45]	_____
Rent	+ _____ [49]	+ _____ [50]	_____
Repairs & maintenance	+ _____ [52]	+ _____ [53]	_____
Utilities	+ _____ [55]	+ _____ [56]	_____
Other expenses, such as: Supplies & Security system	+ _____ [58]	+ _____ [59]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [61]	_____
Carryovers:			_____
Operating expenses		+ _____ [62]	_____
Casualty losses		+ _____ [63]	_____
Depreciation		+ _____ [65]	_____
Business expenses not from business use of home, such as:			_____
Travel, Supplies, Business telephone expenses		+ _____ [66]	_____
Depreciation		+ _____ [70]	_____

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____ [3]

Vehicles

Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	___ [60]	<input type="checkbox"/>	___ [62]	<input type="checkbox"/>	___ [64]	<input type="checkbox"/>	___ [66]	<input type="checkbox"/>
Was another vehicle available for personal use? (Y, N)	___ [68]	<input type="checkbox"/>	___ [70]	<input type="checkbox"/>	___ [72]	<input type="checkbox"/>	___ [74]	<input type="checkbox"/>
Do you have evidence to support your deduction? (Y, N)	___ [76]	<input type="checkbox"/>	___ [78]	<input type="checkbox"/>	___ [80]	<input type="checkbox"/>	___ [82]	<input type="checkbox"/>
Is this evidence written? (Y, N)	___ [84]	<input type="checkbox"/>	___ [86]	<input type="checkbox"/>	___ [88]	<input type="checkbox"/>	___ [90]	<input type="checkbox"/>

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]		_____ [34]		_____ [36]		_____ [38]	
Commuting miles	_____ [42]		_____ [44]		_____ [46]		_____ [48]	
Business miles	_____ [52]		_____ [54]		_____ [56]		_____ [58]	
Parking fees	+ _____ [92]		+ _____ [94]		+ _____ [96]		+ _____ [98]	
Tolls	+ _____ [100]		+ _____ [102]		+ _____ [104]		+ _____ [106]	
Gasoline	+ _____ [108]		+ _____ [110]		+ _____ [112]		+ _____ [114]	
Oil	+ _____ [116]		+ _____ [118]		+ _____ [120]		+ _____ [122]	
Repairs	+ _____ [124]		+ _____ [126]		+ _____ [128]		+ _____ [130]	
Maintenance	+ _____ [132]		+ _____ [134]		+ _____ [136]		+ _____ [138]	
Tires	+ _____ [140]		+ _____ [142]		+ _____ [144]		+ _____ [146]	
Car washes	+ _____ [148]		+ _____ [150]		+ _____ [152]		+ _____ [154]	
Insurance	+ _____ [156]		+ _____ [158]		+ _____ [160]		+ _____ [162]	
Interest	+ _____ [164]		+ _____ [166]		+ _____ [168]		+ _____ [170]	
Registration	+ _____ [172]		+ _____ [174]		+ _____ [176]		+ _____ [178]	
Licenses	+ _____ [180]		+ _____ [182]		+ _____ [184]		+ _____ [186]	
Property taxes	+ _____ [188]		+ _____ [190]		+ _____ [192]		+ _____ [194]	
Other vehicle expenses	+ _____ [196]		+ _____ [198]		+ _____ [200]		+ _____ [202]	
Vehicle rentals	+ _____ [204]		+ _____ [206]		+ _____ [208]		+ _____ [210]	
Inclusion amt (Preparer only)	_____ [212]		+ _____ [214]		+ _____ [216]		+ _____ [218]	
Depreciation	+ _____ [220]		+ _____ [222]		+ _____ [224]		+ _____ [226]	

Control Totals+

Child and Dependent Care Expenses

**Please enter all amounts paid in 2013 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2012 employer-provided dependent care benefits used during 2013 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2013	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2013		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2013 _____ + _____ [7]

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2013 _____ + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2013 _____ + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2013 _____ + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2013 _____ + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Control Totals+

Foreign Tax Credit

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2013.

Preparer use only

Description _____ [3]
 Taxpayer/Spouse (T, S) _____ [8]
 Category of income* _____ [10]
 Description of income _____ [11]

*Category of Income	
A = Passive category income	D = Certain income re-sourced by treaty
B = General category income	E = Lump-sum distributions
C = Section 901(j) income	

Foreign Income or Loss

Country code _____ [18]
 Country name _____ [19]

	Regular	AMT, if different
Foreign gross income	+ _____ [22]	+ _____ [23]
Definitely related expenses:		
_____	+ _____ [30]	+ _____ [31]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
Foreign source losses	+ _____ [44]	+ _____ [45]

Foreign Taxes Paid or Accrued

Foreign taxes paid or accrued:		
Date paid or accrued		_____ [46]
In foreign currency - taxes withheld on:		
Dividends	+ _____	_____ [47]
Rents & royalties	+ _____	_____ [48]
Interest	+ _____	_____ [49]
Other foreign taxes	+ _____	_____ [50]
In US dollars - taxes withheld on:		
Dividends	+ _____	_____ [52]
Rents & Royalties	+ _____	_____ [53]
Interest	+ _____	_____ [54]
Other foreign taxes	+ _____	_____ [55]

NOTES/QUESTIONS:

Louisiana General Information

Mark if name has changed _____ [1]

Credit for certain disabilities (B = Blind, D = Deaf, L = Loss of limb, M = Mentally incapacitated):

Taxpayer _____ [2]

Spouse _____ [3]

Dependents:

Code	Disability	First Name	Last Name	SSN
_____	_____	_____	_____	_____ [4]
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Value of computer or other technological equipment donated _____ [5]

Use Tax

Enter the amount of any out-of-state purchases on which sales tax was not paid _____ [6]

Contributions

Amount this year's refund you wish to contribute to:

Military Family Assistance Fund _____ [7]	Center of Excellence for Autism Spectrum _____ [19]
Coastal Protection and Restoration Fund _____ [8]	Alliance for Advancement of End of Life Care _____ [20]
SNAP Fraud and Abuse Detection/Prevention _____ [9]	American Red Cross _____ [21]
Wildlife Habitat and Natural Heritage Fund _____ [10]	New Opportunities Waiver Fund _____ [22]
Louisiana Cancer Trust Fund _____ [11]	Friends of Palmetto Island State Park _____ [23]
Animal Welfare Commission _____ [12]	Dreams Come True _____ [24]
National Lung Cancer Partnership _____ [13]	Louisiana Coalition Against Domestic Violence _____ [25]
National Multiple Sclerosis Fund _____ [14]	Decorative Lighting - Crescent City Connection _____ [26]
Louisiana Food Bank Association _____ [15]	Operations / Maintenance New Orleans Ferry _____ [27]
Louisiana Bicentennial Commission _____ [16]	National Guard Honor Guard for Military Funerals _____ [28]
Make-A-Wish of Texas Gulf Coast/Louisiana _____ [17]	Bastion Community of Resilience _____ [29]
Louisiana Association of United Ways / 2-1-1 _____ [18]	

START savings program:

Account Description	Amount
_____	_____ [30]
_____	_____
_____	_____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Louisiana

	Taxpayer	Spouse
Part-year residency dates:		
From _____	_____ [31]	_____ [33]
To _____	_____ [32]	_____ [34]

Retirement Information

	Taxpayer	Spouse
Date retired as a:		
Louisiana state employee _____	_____ [35]	_____ [36]
Louisiana teacher _____	_____ [37]	_____ [38]
Federal employee _____	_____ [39]	_____ [40]

	Retirement System Name	Taxpayer	Spouse
Other retirement information:			
_____	_____	_____	_____ [41]
_____	_____	_____	_____
_____	_____	_____	_____