

Personal Data

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

Income Taxes Paid

Federal	2013 estimate date due	2013 estimated amount	Amount paid	Date paid	Check no.
2012 Refund	April 17, 2013				
2012 Refund applied to 2013	June 15, 2013				
2012 Balance Due	Sept. 15, 2013				
	Jan. 15, 2014				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

Resident State	2013 estimate date due	2013 estimated amount	Amount paid	Date paid	Check no.
2012 Refund	April 17, 2013				
2012 Refund applied to 2013	June 15, 2013				
2012 Balance Due	Sept. 17, 2013				
	Jan. 15, 2014				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

Local	2013 estimate date due	2013 estimated amount	Amount paid	Date paid	Check no.
2012 Refund	April 17, 2013				
2012 Refund applied to 2013	June 15, 2013				
2012 Balance Due	Sept. 17, 2013				
	Jan. 15, 2014				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

Itemized Deductions

Name:		SSN:				
MEDICAL and DENTAL		2013	2012	GIFTS TO CHARITY (attach receipts)	2013	2012
Health insurance premiums				Total gifts by cash or check		
Long term care premiums	Age:			30% limitation		
Long term care premiums	Age:			Charitable miles		
Number of medical miles				Other than by cash or check		
Other medical and dental expenses (list):				Carryover from prior year subject to:		
				QCC - qualified farmer or rancher		
				QCC - non-qualified farmer or rancher		
				50% limitation		
				30% limitation		
				30% limitation capital gain property		
				20% limitation		
TAXES YOU PAID				JOB EXPENSES (list):		
State and local income taxes				Unreimbursed employee expenses		
Sales tax						
Real estate taxes						
Taxes that qualify for State Property Tax Credit						
Personal property taxes						
Other taxes (list):						
INTEREST YOU PAID						
Home mortgage interest and points on Form 1098						
Home mortgage interest not on Form 1098				Tax preparation fees		
SSN/EIN:				Other Expense (list):		
Name:						
Street:						
City:						
U.S. Only State, ZIP						
Foreign Only Province/State, Country, Postal Code				MISCELLANEOUS DEDUCTIONS		
				Other deductions not subject to 2% limit		
Portion of mortgage interest above that is home equity interest						
Points not reported on Form 1098						
Qualified mortgage insurance premiums						
Investment interest						

Miscellaneous Information

Name: _____

SSN: _____

Yes No

General Information

Yes	No	
1.	2.	1. Were there any changes to your filing status or number of dependents during 2013?
3.	4.	2. Can you or your spouse be claimed as a dependent by someone else?
5.	6.	3. Did you incur any childcare expenses?
7.	7.	4. Did you have a change in residence or job location during the year?
8.	8.	5. Did you move during 2013? From where? _____ Date of move _____
9.	9.	6. Did you reside in more than one state during 2013? If yes, which states? _____
10.	10.	7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.

Yes No

Income Information

1.	2.	1. Have you received all W-2s from all employers? How many W-2s are attached? _____
3.	3.	2. Did you use your vehicle on the job other than for commuting to work?
5.	4.	3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
7.	5.	4. Did you work out of town at any time during the year?
9.	6.	5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
11.	7.	6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
13.	8.	7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
15.	9.	8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
17.	10.	9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
19.	11.	10. Did you have any income from, or pay taxes to, a foreign country?
21.	12.	11. Did you engage in any bartering transactions during 2013?
23.	13.	12. Did you surrender any U.S. Savings Bonds during 2013?
25.	14.	13. Did you receive any state or local income tax refunds from prior years?
27.	15.	14. Do you or your spouse have any IRA accounts?
29.	16.	15. Did you recharacterize any IRAs this year?
31.	17.	16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
33.	18.	17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
35.	19.	18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
37.	20.	19. Did you receive any type of prize, award, or gambling winnings during 2013?
39.	21.	20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
41.	22.	21. Did you receive any income not shown in this organizer? If so, please list. _____
43.	23.	22. Does anyone owe you money that has become uncollectible?

Comments: _____

Sale of Home

Name:

SSN:

Enter the date you purchased the home	Enter the date you sold the home	
Enter the purchase price of your old home	Seller-paid points for old home if bought after 1990	
Enter the selling price of the old home	Enter any expenses from the sale of the old home	
Settlement fees or closing costs for old home.		
Abstract and recording fees		
Legal fees		
Surveys		
Title insurance		
Transfer or stamp taxes		
Amounts the seller owed that you agreed to pay		
Other fees or closing cost		
Cost of capital improvements to old home		
Special tax assessments paid on old home for local improvements, such as streets		
Other increases to basis:		
Describe:		
If home was used for business, enter any depreciation claimed		
Other decreases to basis:		
Describe:		
Information on time lived in the home sold		You Spouse
Enter the date that you first used the property as a main home		
Enter the date that you first owned the property as a main home		
Have you excluded gain from the sale of another home during the 2-year period ending on the date of this sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, answer the following: Enter date of most recent sale of another home on which you excluded the gain		
First-Time Homebuyer Credit repayment information.		
Year the home was purchased		Amount of First-Time Homebuyer Credit taken
Amount of credit repaid in prior years		
Mark the box below that applies if there was a change in the use of the main home or disposition of the home other than a sale to an unrelated party.		
Date home ceased to be a main home if not sold		
<input type="checkbox"/> I sold the home to a related person		
<input type="checkbox"/> I converted the home to a rental or business OR I still own the home but it is no longer my main home		
<input type="checkbox"/> I transferred the home to spouse (or ex-spouse as part of my divorce settlement) Ex-spouse's Name _____		
<input type="checkbox"/> My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years		
<input type="checkbox"/> My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years		
<input type="checkbox"/> The taxpayer who claimed the credit died in 2013		
Please bring the contract for the sale of the home to your appointment.		