General Information

	Taxpayer	Spouse
First Name		
Middle Initial		
Last Name		
Suffix		
Social Security Number		
Date of Birth		

Check ("X") which phone number to list on return.

	Taxpayer	Spouse
Home Phone		
Work Phone		
Cell Phone		
Fax Number		
Legally Blind		
Totally Disabled		
Claimed as a Dependent		
Presidential Election Fund ($3)		
Occupation		
E-mail address		
State of Residence as of 12/31		
County of Residence as of 12/31		
School District as of 12/31		
Sales tax rate of locality in 2012	%	%
If Part Year, Period of Residency	to	to

Filing Status

Status on 2011 return :

Status as of 12/31/2012 :
Enter ("X") in the box

1 Single

2 Married filing joint

3 Married filing separately
(Enter spouse's name and SSN above)

4 Head of Household Non-dependent name: ____________
Non-dependent SSN: ____________

5 Qualifying widow(er) with minor child Year spouse died ______

Address

Street ____________ Apt/Suite : ______

City ____________ State ______ Zip Code ______

If address is in a foreign country, enter that country . . ____________

Foreign province/county . . ____________ Foreign postal code ______

If a bona fide resident of a U.S. territory, enter territory . ____________

Name ______________________________ SSN ____________________

Questions

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

Basic Information

Yes	No		
☐	☐	**1**	Did your marital status change since last year?
☐	☐	**2**	Are there any changes in your dependents from last year?
☐	☐	**3**	Did you have any children under 19 (or 24 if a full time student) who received more than $950 in investment income?
☐	☐	**4**	Are all your dependents either US residents or citizens?
☐	☐	**5**	Did you provide over half of the support for someone you aren't claiming as a dependent?
☐	☐	**6**	Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
☐	☐	**7**	Were either you or your spouse in the military or National Guard?
☐	☐	**8**	Did you purchase or sell your principal residence?
☐	☐	**9**	Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
☐	☐	**10**	Were there any changes to a prior year's income, deductions, or credits?
☐	☐	**11**	Did you make gifts of more than $13,000 to any one person?
☐	☐	**12**	Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2012?
☐	☐	**13**	Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
☐	☐	**14**	Did you have a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?
☐	☐	**15**	Do you want to e-file your return?
		16	If you are due a refund, how do you want to receive it?

☐ Check sent to you in the mail ☐ Western Union® Reloadable MoneyWise™ Prepaid MasterCard®

☐ Apply to next year's estimates ☐ Other quick refund via a bank product

☐ Direct deposit (please provide a voided blank check) Type of account: ☐ Checking ☐ Savings

If you owe taxes, how do you want to pay them?

☐ Paper check sent with my return ☐ Credit card ☐ Installment Agreement

☐ Direct debit from my bank account (please provide a voided blank check)

Type of account: ☐ Checking ☐ Savings

Income

Yes	No		
☐	☐	**17**	Did you have an interest in or signature authority over a financial account in a foreign country?
☐	☐	**18**	Were you the grantor of or transferor to a foreign trust?
☐	☐	**19**	Did you receive income from a foreign source or pay taxes to a foreign government?
☐	☐	**20**	Did you barter your services for goods or services from someone else?
☐	☐	**21**	Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
☐	☐	**22**	Did you make a loan to someone at an interest rate below market rate?
☐	☐	**23**	Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
☐	☐	**24**	Did you cash in any U.S. savings bonds?
☐	☐	**25**	Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
☐	☐	**26**	Did you itemize your deductions in a previous year and receive a state or local refund, or a refund of any other deduction you itemized, in 2012? (If yes, attach Form 1099-G)
☐	☐	**27**	Did you receive disability income?
☐	☐	**28**	Do you have gambling winnings? (If yes, be sure to include in gambling expenses)
☐	☐	**29**	Did you receive any unemployment benefits?
☐	☐	**30**	During 2012, did you receive payments from a Long-Term Care insurance contract?
☐	☐	**31**	Did you receive employer-provided adoption benefits for a previous year?
☐	☐	**32**	Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)
☐	☐	**33**	Did you "rollover" a retirement plan distribution into another plan?
☐	☐	**34**	Did you receive Social Security benefits?

Name ______________________________ SSN ____________________

Questions (Cont.)

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

Yes	No		
☐	☐	**35**	Did you convert a traditional IRA to a Roth IRA?
☐	☐	**36**	Did you exchange any securities or investments for something other than cash?
☐	☐	**37**	Do you have any short sales, commodity sales, or straddles?
☐	☐	**38**	Did you receive Form 2439?
☐	☐	**39**	Did you buy or sell any bonds?
☐	☐	**40**	Did you receive stock from a stock bonus plan with your employer?
☐	☐	**41**	Did you sell any other personal assets at a gain?
☐	☐	**42**	Did you sell any real estate (other than your home) during the year?
☐	☐	**43**	Did you sell any assets using the installment method?
☐	☐	**44**	Did you receive proceeds from a prior year installment sale?
☐	☐	**45**	Did you purchase a rental property?
☐	☐	**46**	Did you exchange any property for other property?
☐	☐	**47**	Did you receive any income not reported in this Organizer?

Business and Rental Property Income

Yes	No		
☐	☐	**48**	If you own rental property, do you qualify as a Real Estate Professional?
☐	☐	**49**	Did you start or acquire a new business?
☐	☐	**50**	Did you sell any part of an existing business, or sell business assets?
☐	☐	**51**	Did you cease operating any business or rental property?
☐	☐	**52**	Did you remove any of your business assets for personal use?

Business and Rental Property Deductions

Yes	No		
☐	☐	**53**	Did you use part of your home for business purposes?
☐	☐	**54**	Did you make any contributions to a Keogh or a self-employed SEP plan for 2012?
☐	☐	**55**	Do you pay for any health or long term care insurance through your business?
☐	☐	**56**	If you or your spouse are self-employed, are either of you covered under an employer's health plan?
☐	☐	**57**	Did you purchase any furniture or equipment for your business?

Other Deductions

Yes	No		
☐	☐	**58**	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2012?
☐	☐	**59**	Did you make any contributions to HSA (Health Savings Account) in 2012?
☐	☐	**60**	Did you use your car on the job (other than to and from work)?
☐	☐	**61**	Did you work out of town for part of the year?
☐	☐	**62**	Did you incur any travel and entertainment expenses for business purposes?
☐	☐	**63**	Did you pay expenses for the care of your child or other dependent so you could work?
☐	☐	**64**	Did you lose property or have damage to a property due to a casualty, theft, or condemnation?
☐	☐	**65**	Did any security become worthless during 2012?
☐	☐	**66**	Did any debts become uncollectible during 2012?
☐	☐	**67**	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2012?
☐	☐	**68**	Did you contribute less than an entire interest in any property to charity?
☐	☐	**69**	Did you refinance a mortgage or take out a home equity loan during 2012?
☐	☐	**70**	Did you incur moving expenses during the year due to a change of employment?
☐	☐	**71**	Did you pay any educational tuition or fees for you or a dependent?
☐	☐	**72**	Did you pay any student loan interest?
☐	☐	**73**	Did you make any federal or state estimated payments?
☐	☐	**74**	Did you have a certain trade or business from which you figured your domestic production activities deduction?

Name ______________________________ SSN ______________________

Comments

Name ______________________________ SSN ______________________

Federal, State and Local Estimated Taxes Paid

Federal Estimates

Enter Payment Information	Filer and/or Joint Payments: Date Paid	Filer and/or Joint Payments: Amount		Spouse Only Payments: Date Paid	Spouse Only Payments: Amount
1 Overpayment from last year			**1**		
2 First quarter payment			**2**		
3 Second quarter payment			**3**		
4 Third quarter payment			**4**		
5 Fourth quarter payment			**5**		
6 ______________________			**6**		
7 ______________________			**7**		

State Estimates

Enter two-letter state abbreviation		**State** ____		**State** ____		**State** ____		**State** ____	
Enter Payment Information		**Date Paid**	**Amount**	**Date Paid**	**Amount**	**Date Paid**	**Amount**	**Date Paid**	**Amount**
1 Overpayment from last year	**1**								
2 First quarter payment	**2**								
3 Second quarter payment	**3**								
4 Third quarter payment	**4**								
5 Fourth quarter payment	**5**								
6 ______________	**6**								
7 ______________	**7**								
8 ______________	**8**								

Local Estimates

Enter locality name									
Enter Payment Information		**Date Paid**	**Amount**	**Date Paid**	**Amount**	**Date Paid**	**Amount**	**Date Paid**	**Amount**
1 Overpayment from last year	**1**								
2 First quarter payment	**2**								
3 Second quarter payment	**3**								
4 Third quarter payment	**4**								
5 Fourth quarter payment	**5**								
6 ______________	**6**								
7 ______________	**7**								
8 ______________	**8**								

Name ______________________________ SSN ________________

Dependent Information

Enter "X" if applicable

First name	Last name	No. of months in home In 2012	Relationship	Date of Birth	SSN	Amount Paid for Dependent Care for 2441	US Citizen	Full- time Student or Disabled	Paid Education Expenses	Not a dependent this year

Name ______________________________ SSN ____________________

Wages and Retirement Income

W-2 Information

Enter "X" if spouse W-2		Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					

1099-R Information

		Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 14 State Distribution	Box 12 State Income Tax Withheld
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					

Name ____________________ SSN ____________________

Interest Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1	1						
	2	2						
	3	3						
	4	4						
	5	5						
	6	6						
	7	7						
	8	8						
	9	9						
	10	10						
	11	11						
	12	12						
	13	13						
	14	14						
	15	15						
	16	16						
	17	17						
	18	18						
	19	19						
	20	20						

Dividend Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Ordinary Dividends		Qualified Dividends		Capital Gains	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1	1						
	2	2						
	3	3						
	4	4						
	5	5						
	6	6						
	7	7						
	8	8						
	9	9						
	10	10						
	11	11						
	12	12						
	13	13						
	14	14						
	15	15						
	16	16						
	17	17						
	18	18						
	19	19						
	20	20						

Name ______________________________ SSN ______________________

Interest Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J		Payer		Taxable Interest Income Current Year Amount	Taxable Interest Income Prior Year Amount	Tax Exempt Interest Current Year Amount	Tax Exempt Interest Prior Year Amount	Specified Priv Act Interest Current Year Amount	Specified Priv Act Interest Prior Year Amount
	1		1						
	2		2						
	3		3						
	4		4						
	5		5						
	6		6						
	7		7						
	8		8						
	9		9						
	10		10						
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	38		38						
	39		39						
	40		40						
	41		41						
	42		42						
	43		43						
	44		44						
	45		45						
	46		46						
	47		47						
	48		48						
	49		49						
	50		50						

Name ______________________________ SSN ______________________

Dividend Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Ordinary Dividends Current Year Amount	Ordinary Dividends Prior Year Amount	Qualified Dividends Current Year Amount	Qualified Dividends Prior Year Amount	Capital Gains Current Year Amount	Capital Gains Prior Year Amount
	1	1						
	2	2						
	3	3						
	4	4						
	5	5						
	6	6						
	7	7						
	8	8						
	9	9						
	10	10						
	11	11						
	12	12						
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	34	34						
	35	35						
	36	36						
	37	37						
	38	38						
	39	39						
	40	40						
	41	41						
	42	42						
	43	43						
	44	44						
	45	45						

Name ________________________ SSN ______________

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: [ ] Filer [ ] Spouse

General Information

1 Employer Identification Number ______________ (do not enter Social Security Number)
2 Principal business or profession ______________
3 Business name ______________
4 Business address ______________
5 City ______________ State ______ Zip ______

General Check Boxes (Enter "X" where applicable)

6 Accounting Method [ ] Cash [ ] Accrual [ ] Other - (Specify) ______________
7 Did you "materially participate" in this business? [ ] Yes [ ] No
8 Check ('X') if you started or acquired this business in 2012. [ ]
9 Did you make any payments in 2012 that would require you to file Form(s) 1099? [ ] Yes [ ] No

Business Income

* Report statutory income as W-2 income.

			Current Year Amount	Prior Year Amount
10	Income reported on 1099 MISC	10		
	Gross receipts or sales not reported on Form 1099 or Form W-2			
11		11		
12		12		
13		13		
14		14		
15	Returns and allowances	15		
16	Other income	16		

Inventory (Enter "X" where applicable)

17 Method(s) used to value closing inventory [ ] Cost [ ] Lower of cost or market [ ] Other
18 Any change in determining quantities, costs, or valuations between opening and closing inventory? [ ] Yes [ ] No

			Current Year Amount	Prior Year Amount
19	Inventory at the beginning of year	19		
20	Purchases less cost of items withdrawn for personal use	20		
21	Cost of labor	21		
22	Materials and supplies	22		
23	Other Costs	23		
24	Inventory at end of year	24		

Assets Placed in Service This Year

Description:

			Date Placed In Service	Purchase Amount
A		A		
B		B		
C		C		
D		D		
E		E		
F		F		
G		G		

Name ______________________ SSN ______________

Business ______________________

Self-Employed Business Expenses Cont. (Schedule C)

Expenses			Current Year Amount	Prior Year Amount
25	Advertising	25		
26	Contract labor	26		
27	Commissions and fees	27		
28	Depletion	28		
29	Employee benefit programs (other than on line 35)	29		
30	Insurance (other than health)	30		
	Interest:			
31	Mortgage (paid to banks, etc.)	31		
32	Other	32		
33	Legal and professional services	33		
34	Office expense	34		
35	Pension and profit-sharing plans	35		
	Rent or Lease:			
36	Machinery rental or lease	36		
37	Equipment rental or lease	37		
38		38		
39		39		
40		40		
	Other business property rental or lease			
41		41		
42		42		
43		43		
44	Repairs and maintenance	44		
45	Supplies (not included in inventory cost of goods sold)	45		
46	Taxes and licenses	46		
	Travel, Meals, and Entertainment:			
	Travel			
47		47		
48		48		
49		49		
50		50		
	Meals and entertainment			
51	Enter "X" in the box if subject to DOT hours of service limits	51	☐	☐
52		52		
53		53		
54		54		
55		55		
56	Utilities	56		
57	Wages	57		
	Other Expenses			
58		58		
59		59		
60		60		
61		61		
62		62		
63		63		
64		64		
65		65		
66		66		

Name ______________________________ SSN ____________________

Business ______________________________

Vehicle Information (Schedule C)

		Vehicle 1 -		Vehicle 2 -	
		Current Year Amount	**Prior Year Amount**	**Current Year Amount**	**Prior Year Amount**
1	Date vehicle was placed in service . . **1**				
2	Cost of vehicle **2**				
3	Total miles driven for the year **3**				
4	Business miles driven during the year . **4**				
5	Commuting miles included on line 3 . . **5**				
6	Parking fees and tolls **6**				
7	Vehicle Interest **7**				
8	Vehicle Personal Property tax **8**				
	Actual Expenses				
9	Gasoline, oil and repairs **9**				
10	Vehicle Insurance **10**				
11	Vehicle registration fees **11**				
12	Vehicle lease or rental **12**				
13	------------------------------------ **13**				

		Vehicle 3 -		Vehicle 4 -	
		Current Year Amount	**Prior Year Amount**	**Current Year Amount**	**Prior Year Amount**
1	Date vehicle was placed in service . . **1**				
2	Cost of vehicle **2**				
3	Total miles driven for the year **3**				
4	Business miles driven during the year . **4**				
5	Commuting miles included on line 3 . . **5**				
6	Parking fees and tolls **6**				
7	Vehicle Interest **7**				
8	Vehicle Personal Property tax **8**				
	Actual Expenses				
9	Gasoline, oil and repairs **9**				
10	Vehicle Insurance **10**				
11	Vehicle registration fees **11**				
12	Vehicle lease or rental **12**				
13	------------------------------------ **13**				

Name ______________________ SSN ______________

Business ______________________ Copy ________

Self-Employed Office in Home Expenses

			Current Year Amount	Prior Year Amount
Area of Home				
1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples	**1**		
2	Total area of home	**2**		
Daycare only				
3	Multiply days used for daycare during year by hours used per day	**3**		
Expenses related to entire home including business portion				
4	Casualty losses	**4**		
5	Excess mortgage interest	**5**		
6	Insurance	**6**		
7	Rent	**7**		
8	Repairs and maintenance	**8**		
9	Utilities	**9**		
10	Other expenses	**10**		
Additional expenses related to business portion only				
11	Casualty losses	**11**		
12	Excess mortgage interest	**12**		
13	Insurance	**13**		
14	Rent	**14**		
15	Repairs and maintenance	**15**		
16	Utilities	**16**		
17	Other expenses	**17**		
18	Excess casualty losses	**18**		

Name ______________________________ SSN ______________________

Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J		Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
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	43					
	44					
	45					

Name ______________________ SSN ______________

Real Estate Rentals and Royalties

Property Description --

Address --

City ------------------------ State -------- Zip -------------

			Current Year Info	Prior Year Info
1	Owner of property (Enter Filer, Spouse, or Joint)	1		
2	Enter "X" If you actively participated?	2	☐	☐
3	Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented?	3	☐	☐
3a	If entered ("X"), enter the number of days of personal use?	3a		
3b	If entered ("X"), enter the number of days rented?	3b		

Income

			Current Year Amounts	Prior Year Amounts
4	Royalty received	4		
5	Rent received	5		
a	If rental real estate, enter the percent of ownership if less than 100%	5a		
b	Rental use percentage for property used partially for personal use only	5b		
6	Other Income	6		

Property Expense

			Current Year Amounts	Prior Year Amounts
7	Advertising	7		
8	Cleaning and maintenance	8		
9	Commissions	9		
10	Insurance	10		
11	Legal and other professional fees	11		
12	Management fees	12		
13 a	Qualified mortgage interest paid to banks, etc.	13a		
b	Other mortgage interest paid to banks, etc.	13b		
14	Other interest	14		
15	Repairs	15		
16	Supplies	16		
17 a	Real estate taxes	17a		
b	Other Taxes	17b		
18	Utilities	18		

Assets Placed in Service This Year

	Description:		Date Placed In Service	Purchase Amount
A		A		
B		B		
C		C		
D		D		
E		E		
F		F		
G		G		

Name ______________________________ SSN ____________________

K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J		Entity Name	Enter "S" if K1 (1120S) Enter "P" if K1 (1065) Enter "E" if K1 (1041)		Unreimbursed Partnership Exp. Current Year
	1			1	
	2			2	
	3			3	
	4			4	
	5			5	
	6			6	
	7			7	
	8			8	
	9			9	
	10			10	
	11			11	
	12			12	
	13			13	
	14			14	
	15			15	
	16			16	
	17			17	
	18			18	
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	20			20	
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	27			27	
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	29			29	
	30			30	
	31			31	
	32			32	
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	34			34	
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	37			37	
	38			38	
	39			39	
	40			40	
	41			41	
	42			42	
	43			43	
	44			44	
	45			45	
	46			46	
	47			47	
	48			48	
	49			49	
	50			50	

Name ______________________________ SSN ______________________

Social Security and Railroad Retirement

Filer

			Current Year Amount	Prior Year Amount
1	Enter the total amount from box 5 of all your Forms SSA-1099	1		
2	Enter the total taxes withheld from box 6 of all your Forms SSA-1099	2		
3	Enter the total amount from box 5 of all your Forms RRB-1099	3		
4	Enter the total taxes withheld from box 10 of all your Forms RRB-1099	4		
5	Enter the total amount of Medicare B Premiums withheld.	5		
6	Enter the total amount of Medicare D Premiums withheld.	6		

Spouse

7	Enter the total amount from box 5 of all your Forms SSA-1099	7		
8	Enter the total taxes withheld from box 6 of all your Forms SSA-1099	8		
9	Enter the total amount from box 5 of all your Forms RRB-1099	9		
10	Enter the total taxes withheld from box 10 of all your Forms RRB-1099	10		
11	Enter the total amount of Medicare B Premiums withheld.	11		
12	Enter the total amount of Medicare D Premiums withheld.	12		

Name ______________________ SSN ______________

Miscellaneous Income

		Filer Current Year Amount	Filer Prior Year Amount		Spouse Current Year Amount	Spouse Prior Year Amount
1	Refund from state			1		
2	Unemployment compensation			2		
3	Prizes and awards			3		
4	Scholarships and fellowships			4		
5	Bartering income			5		
6	Fees received for jury duty			6		
7	Income from rental of personal property, if not in the business of renting such property			7		
8	Precinct election board duty			8		
9	Alaska Permanent Fund Dividends			9		
10	Net operating loss carryover (negative no.)			10		
11	Canceled debts			11		
12				12		
13				13		
14				14		
15	Other income not provided for in this Organizer			15		

Adjustments to Income

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
	1	Educator expenses	1		
	2	Student loan interest	2		
	3	Health Savings account deduction	3		
	4	Moving expenses	4		
	5	Self-employed SEP, SIMPLE, or other qualified plans	5		
	6	Penalty on early withdrawal of savings	6		
	7	Tuition and fees	7		

Other Adjustments to Income

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
	1	Performing-arts-related expenses	1		
	2	Foreign housing deduction	2		
	3	Jury duty pay given to your employer	3		
	4	Reforestation amortization	4		
	5	Repayment of sub-pay under the Trade Act of 1974	5		
	6	Contributions to Section 501(c)(18)(D) pension plans	6		
	7	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions.	7		
	8	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the the amount of the award includible in your gross income	8		
	9	Employee business expenses of fee-basis state or local government officials	9		
	10	Expenses from the rental of personal property but were not in the business of renting such property	10		
	11	Contributions by chaplains to section 403(b) plans	11		
	12	Archer MSA deduction	12		
	13		13		
	14		14		

Name ______________________________ SSN ____________________

IRA and Other Contribution Information

Traditional IRA Contributions

		Line	Current Year Amount	Prior Year Amount
Filer				
1	Enter total traditional IRA contributions made for 2012	**1**		
2	Enter contributions, on line 1, made after 12/31/2012 and before 04/15/2013	**2**		
3	Enter value of all traditional IRAs as of 12/31/2012	**3**		
Spouse				
4	Enter total traditional IRA contributions made for 2012	**4**		
5	Enter contributions, on line 4, made after 12/31/2012 and before 04/15/2013	**5**		
6	Enter value of all traditional IRAs on 12/31/2012	**6**		

Roth IRA Contributions

		Line	Current Year Amount	Prior Year Amount
Filer				
1	Enter 2012 Roth IRA contributions	**1**		
2	Enter value of all Roth IRAs on 12/31/2012	**2**		
Spouse				
3	Enter 2012 Roth IRA contributions	**3**		
4	Enter value of all Roth IRAs on 12/31/2012	**4**		

SIMPLE IRA

		Line	Current Year Amount	Prior Year Amount
Filer				
1	Enter value of all SIMPLE IRAs on 12/31/2012	**1**		
Spouse				
2	Enter value of all SIMPLE IRAs on 12/31/2012	**2**		

Education (Coverdell ESA)

		Line	Current Year Amount	Prior Year Amount
Filer				
1	Enter 2012 Coverdell ESA contributions	**1**		
2	Enter value of the Coverdell ESA on 12/31/2012	**2**		
Spouse				
3	Enter 2012 Coverdell ESA contributions	**3**		
4	Enter value of the Coverdell ESA on 12/31/2012	**4**		

Name ____________________ SSN ____________________

Medical and Dental - Itemized Deductions

			Current Year Amount	Prior Year Amount
1	Prescription medications	1		
2	Fees for doctors, dentists, etc.	2		
3	Fees for hospitals, clinics, etc.	3		
4	Lab and X-ray fees	4		
5	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc.	5		
6	Medical equipment and supplies	6		
7	Medical mileage (number of miles driven)	7		
8	Medical parking, tolls and local transportation	8		
9	Lodging for medical purposes (up to $50 per night per person)	9		
10	Health/Dental/Other ins. premiums (do not include self-employed plans)	10		
11	Long Term Care insurance premiums (taxpayer)	11		
12	Long Term Care insurance premiums (spouse)	12		
13	Expenses to stop smoking	13		
14	Health insurance premiums - coverage established under your business (1)	14		
15	Health insurance premiums - coverage established under your business (2)	15		
16	Long Term Care insurance premiums - coverage est. under your business (1)	16		
17	Long Term Care insurance premiums - coverage est. under your business (2)	17		
18		18		
19		19		
20		20		
21		21		
22	Insurance reimbursement for any medical and dental expense listed above	22		

Name ______________________ SSN ______________

Taxes - Itemized Deductions

			Current Year Amount	Prior Year Amount
	Real Estate Taxes			
23	Principal residence	**23**		
24	Real estate taxes from Schedule E properties	**24**		
	Real Estate Not Held For Investment			
24		**24**		
25		**25**		
26		**26**		
27		**27**		
28		**28**		
	Real Estate Held For Investment			
29		**29**		
30		**30**		
31		**31**		
32		**32**		
33		**33**		
	Personal property taxes			
34	Non-business portion of vehicle personal property taxes	**34**		
35		**35**		
36		**36**		
37		**37**		
38		**38**		
39		**39**		
	Non-Personal Property Taxes			
40	K1 (1065) - Other deductions/taxes	**40**		
41	K1 (1120S) - Other deductions/taxes	**41**		
42	K1 (1041) - Other deductions/taxes	**42**		
43		**43**		
44		**44**		
45		**45**		

Name ______________________ SSN ______________

Interest - Itemized Deductions

	Line	Current Year Amount	Prior Year Amount
Home Mortgage Interest and Points Reported on Form 1098			
46 Lender	**46**		
47 Lender	**47**		
48 Lender	**48**		
49 Lender	**49**		
Home Mortgage Interest Not Reported on Form 1098			
50 Name:	**50**		
Address:			
SSN:			
51 Mortgage insurance premiums paid on 2012 acquisition indebtedness for principal residence	**51**		
Refinancing Points			
52 Description	**52**		
Points paid			
Date of loan			
Total number of scheduled loan payments			
Number of payments made in 2012			
53 Description	**53**		
Points paid			
Date of loan			
Total number of scheduled loan payments			
Number of payments made in 2012			
54 Description	**54**		
Points paid			
Date of loan			
Total number of scheduled loan payments			
Number of payments made in 2012			
55 Description	**55**		
Points paid			
Date of loan			
Total number of scheduled loan payments			
Number of payments made in 2012			
56 Investment interest paid	**56**		

Name ______________________ SSN ______________

Charity - Itemized Deductions

* Total contributions $500 or less. See Non-Cash Charity if over $500.

			Current Year Amount	Prior Year Amount
1	Gifts To Charity Other Than By Cash or Check*	1		
2	Total Miles driven for charitable activities	2		
3	Parking fees, tolls and local transportation for charitable activities	3		

Gifts To Charity By Cash or Check

1		1		
2		2		
3		3		
4		4		
5		5		
6		6		
7		7		
8		8		
9		9		
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47		47		

Name ______________________________ SSN ____________________

Noncash Charitable Contributions (Total of Contributions more than $500)

Information on Donated Property

	(a) Name and Address of the Donee Organization	(b) Description of Donated Property
1	Name Address City State Zip Code	
2	Name Address City State Zip Code	
3	Name Address City State Zip Code	
4	Name Address City State Zip Code	
5	Name Address City State Zip Code	

Note: If the fair market value for an item is $500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

Name ______________________________ SSN ____________________

Employee Business Expenses

Enter "X" in one box:

☐ Filer

☐ Spouse

Occupation in which you incurred the expenses ------------------------------

			Current Year Amount	Prior Year Amount
Meals and Entertainment				
1	Meals and entertainment expenses	1		
2	Enter "X" in the box if subject to DOT hours of service limits	2	☐	☐
Travel Expenses				
3	Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work.	3		
4	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals and entertainment.	4		
Other Employment Related Expenses				
5	Business gifts	5		
6	Employment related education expenses	6		
7	Trade publications	7		
8		8		
9		9		
10		10		
11		11		
12		12		
Employer Reimbursements				
13	Enter employer reimbursements reported under code "L" in box 12 of Form W-2	13		
14	Enter other employer reimbursements not reported to you in box 1 of Form W-2	14		
15	Enter the total expense for meals and entertainment for the period covered by the reimbursements	15		

Vehicle Information			Vehicle 1 - Current Year Amount	Vehicle 1 - Prior Year Amount	Vehicle 2 - Current Year Amount	Vehicle 2 - Prior Year Amount
16	Date vehicle was placed in service	16				
17	Cost of vehicle	17				
18	Total miles driven for the year	18				
19	Business miles driven during the year	19				
20	Commuting miles (included in total miles driven for the year)	20				
21	Average daily roundtrip commuting miles	21				
22	Parking fees and tolls	22				
23	Vehicle Interest	23				
24	Vehicle Personal Property tax	24				
If claiming actual expenses continue:						
25	Gasoline, oil and repairs	25				
26	Vehicle Insurance	26				
27	Vehicle registration fees	27				
28	Vehicle lease or rental	28				
29	____________________	29				
30	Value of employer-provided vehicle (if 100% is included in W-2)	30				

Name ______________________ SSN ______________

Child and Dependent Care Expenses

1	Amount of dependent care benefits forfeited	1	
2	Amount of dependent care expenses incurred in 2011 and paid in 2012	2	

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2012
3					
4					
5					

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2012
6	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
7	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
8	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
9	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
10	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	