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## **2012 TAX ORGANIZER**

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**This tax organizer has been prepared for your use in gathering the information needed for your 2012 tax return.**

**To save you time, selected information from your 2011 tax return has been entered in this organizer. Please line through any information that does not apply to your 2012 tax return.**

**In some cases, 2011 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

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## **2012 TAX ORGANIZER**

**T  
O**

**I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.**

<b>Taxpayer Signature</b>	<b>Date</b>
<b>Spouse Signature</b>	<b>Date</b>

**MICHAEL B. ALLMON & ASSOCIATES, LLP**  
*Certified Public Accountants*

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Manhattan Towers  
1230 Rosecrans Avenue, Suite 102  
Manhattan Beach, California 90266

(310) 536-0200 • FAX (310) 536-0123  
e-mail: mbacpas@mbacpas.com  
www.mbacpas.com

**TAX SEASON 2012/2013**

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2012 federal and requested state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets (such as the enclosed tax organizer) to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

Our policy is to complete all returns promptly and by their due dates as long as we have received all information needed to complete the returns one month preceding the due date. If we have not received all necessary information by that date, we will request an extension of time to file from the taxing authorities, if available.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

We will use our judgment to resolve questions in your favor where a tax law is unclear if there is a reasonable justification for doing so. Whenever we are aware that a possibly applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts), we will explain the possible positions that may be taken on your return. In accordance with our professional standards, we will follow whatever position you request, as long as it is consistent with the codes, regulations, and interpretations that have been promulgated. If the IRS should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such additional penalties or assessments. In the event, however, that you ask us to take a tax position that in our professional judgment will not meet the applicable laws and standards as promulgated, we reserve the right to stop work and shall not be liable to you for any damages that occur as a result of ceasing to render services.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to render additional invoices for the time and expenses incurred.

#### FILE RETENTION POLICY, PAPERLESS OFFICE & PAPERLESS TAX RETURNS:

Our policy is to keep client files for at least four years from the due date of the returns. We have changed our offices to a "paperless" environment. This means that our goal is to minimize the paper that we keep. Accordingly, we are pleased to announce that we can now exchange tax returns, documents, and other files with our clientele through our secure file delivery service, located on the client section of our website. Therefore, you may choose to send tax preparation documents and e-file forms to us via this secure paperless delivery service, and similarly, we may also deliver your tax returns to you using the paperless systems. **If you would like to have your tax returns delivered this way, please indicate this in the comments/notes section at the end of this letter.** We will then send you instructions as to how to access our secured site.

If you prefer, you may continue to send us paper documents, which we will scan into our computerized files. Unless you indicate otherwise to us, we will either return the paper documents to you or shred them (we intend to make the decision as to which way to proceed on a case by case basis, unless you indicate a preference to us).

We may transmit confidential information that you provide to us to third parties in order to facilitate delivering our services to you. Such transmissions would include, but not limited to, use of an outside processing service to assist in preparing the tax returns. We have secured confidentiality agreements with our service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized use of confidential information.

#### FEES:

Our fee for these services will be at our standard billing rates plus computer charges and out-of-pocket expenses. All invoices are due and payable upon presentation, and are past due after 30 days. Past due invoices are subject to our standard late fee charges, and can cause the termination of our services at our discretion.

If any dispute arises among the parties, they agree to try first in good faith to settle the dispute by mediation administered by the American Arbitration Association (AAA) under its Rules for Professional Accounting and Related Services Disputes. All unresolved disputes shall then be decided by final and binding arbitration in accordance with the Rules for Professional Accounting and Related Services Disputes of the AAA. Fees charged by any mediators, arbitrators, or the AAA shall be shared equally by all parties. **IN AGREEING TO ARBITRATION, WE BOTH ACKNOWLEDGE THAT IN THE EVENT OF A DISPUTE EACH OF US IS GIVING UP THE RIGHT TO HAVE THE DISPUTE DECIDED IN A COURT OF LAW BEFORE A JUDGE OR JURY AND INSTEAD WE ARE ACCEPTING THE USE OF ARBITRATION FOR RESOLUTION.**

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, such as gift and/or property, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

COMMENTS/ NOTES:

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For any question answered Yes, please attach supporting detail or documents.

Personal Information:

Yes No

- Did your marital status change during 2012?
If married, do you and your spouse want to file separate returns?
Did your address change during 2012?
Can you or your spouse be claimed as a dependent by another taxpayer?

Dependents:

- Were there any changes in dependents from the prior year?
Note: Include non-child dependents for whom you provided more than half the support
Did you pay for child care while you worked or looked for work?
Do you have any children under age 18 with unearned income more than \$950?
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$950?
Did you adopt a child or begin adoption proceedings during 2012?

Purchases, Sales and Debt:

- Did you have any debts canceled, forgiven or refinanced during 2012?
Did you start a new business, purchase a new rental property, farm or acquire any new interest in any partnership or S corporation during 2012?
Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2012?
Did you sell, exchange or purchase any real estate in 2012? If so, please attach closing statements.
Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?
Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan?
Did you pay any student loan interest in 2012?
Are your total mortgages on your first and/or second residence greater than \$1,000,000? If so, please provide the principal balance and interest rate at the beginning and the end of the year.
Did you have an outstanding home equity loan at the end of 2012? If so, please provide the principal balance and interest rate at the beginning and end of the year.
Did you take out a home equity loan in 2012?
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?
Did you or your mortgagee receive any mortgage assistance payments? If Yes, enclose and Forms 1098-MA.



**Purchases, Sales and Debt (continued):**

	Yes	No
Did you engage in any put or call transactions? If Yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
Did you close any open short sales during 2012?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell any securities not reported on your Form 1099-B?	<input type="checkbox"/>	<input type="checkbox"/>

**Itemized Deductions:**

Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any casualty or theft losses during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any large purchases, such as motor vehicles and boats?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any casualty or loss attributable to a federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>

**Miscellaneous:**

Did you or your spouse have any transactions pertaining to a medical savings account (MSA) during 2012? If you received a distribution from an MSA, please include Form 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse have any transactions pertaining to a health savings account (HSA) during 2012? If you received a distribution from an HSA, please include Form 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?	<input type="checkbox"/>	<input type="checkbox"/>		
In 2010 did you or your spouse convert an IRA into a Roth IRA and not elect to include the taxable amount in your 2010 taxable income?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you rollover any amounts from a qualified retirement plan to a Roth IRA or Designated Roth Account and not elect to include the taxable distribution in your 2010 taxable income?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include Form 1099-Q.	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your dependents incur any post-secondary education expenses, such as tuition?	<input type="checkbox"/>	<input type="checkbox"/>		
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered? <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr><td style="text-align: center;"><b>Months</b></td></tr> <tr><td style="text-align: center;"> </td></tr> </table>	<b>Months</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Months</b>				
Did you move to a different home because of a change in the location of your job?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you pay in excess of \$1,000 in any quarter, or \$1,800 during the year for domestic services performed in or around your home to individuals who could be considered household employees?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you receive unreported tip income of \$20 or more in any month of 2012?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse receive distributions from long-term care insurance contracts? If Yes, please include Form 1099-LTC.	<input type="checkbox"/>	<input type="checkbox"/>		
Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse own any foreign financial assets?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you create or transfer money or property to a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle in 2012?	<input type="checkbox"/>	<input type="checkbox"/>		





Miscellaneous: (continued)

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you received a punitive damage award or an award for damages other than for physical injuries or illness? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you notified by the IRS or other taxing authority of any changes in prior year returns? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you lose your job during 2012 because of foreign competition and pay for your own health insurance? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you install any energy efficiency improvements, or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been an identity theft victim and have you contacted the IRS? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, please furnish the 6-digit identity protection PIN issued to you by the IRS .....  |                          | _____                    |
| Did you engage in any bartering transactions? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any work outside of the U.S. or pay any foreign taxes? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse serve in the military or were you or your spouse on active duty? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse claim a homebuyer credit for a home purchased in 2008? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

Gifts:

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc., with a total (aggregate) value in excess of \$13,000 to any individual during the year? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any gifts to a trust for any amount during the year? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you or your spouse have a life insurance trust? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you assist in the purchase of any asset (auto, home) for any individual during the year? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you forgive any indebtedness to any individual, trust or entity during the year? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above gift questions, please complete Form 34 and/or 35 in the back of the Organizer.

Severance/Retirement:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you retire or change jobs in 2012? .....                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive deferred, retirement or severance compensation? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

Date

If Yes, enter the date received (Mo/Da/Yr).

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account while not taking any distribution? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|



Miscellaneous: (continued)

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you received a punitive damage award or an award for damages other than for physical injuries or illness? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you notified by the IRS or other taxing authority of any changes in prior year returns? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you lose your job during 2012 because of foreign competition and pay for your own health insurance? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you install any energy efficiency improvements, or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been an identity theft victim and have you contacted the IRS? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, please furnish the 6-digit identity protection PIN issued to you by the IRS .....  |                          |                          |
| Did you engage in any bartering transactions? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make gifts of more than \$13,000 to any individual? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any foreign income or pay any foreign taxes during 2012? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse serve in the military or were you or your spouse on active duty? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse claim a homebuyer credit for a home purchased in 2008? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

Severance/Retirement:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you retire or change jobs in 2012? .....                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive deferred, retirement or severance compensation? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, enter the date received (Mo/Da/Yr). 

Date

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Did you or your spouse turn 70 1/2 during the year and have money in an IRA or other retirement account while not taking a distribution? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|



# Personal Information

**Taxpayer:**

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

**Spouse:**

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

**Contact Information:**

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

Province or County \_\_\_\_\_

Foreign Country \_\_\_\_\_

Taxpayer Daytime/Work Phone \_\_\_\_\_ Spouse Daytime/Work Phone \_\_\_\_\_

Taxpayer Evening/Home Phone \_\_\_\_\_ Spouse Evening/Home Phone \_\_\_\_\_

Taxpayer Cell Phone \_\_\_\_\_ Spouse Cell Phone \_\_\_\_\_

Taxpayer Fax Number \_\_\_\_\_ Spouse Fax Number \_\_\_\_\_

Taxpayer Email Address \_\_\_\_\_

Spouse Email Address \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

May the IRS or other taxing authority discuss the return with the preparer? .....  
Is the taxpayer claimed as a dependent on someone else's tax return? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Are you considered legally blind per IRS regulations? .....  
Do you want to contribute to the Presidential Election Campaign Fund? .....

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Dependents and Wages

### Dependent Information:

Did dependent have income over \$3,800?

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Yes or No

Please provide the name of any person living with you who is claimed as a dependent on someone else's tax return \_\_\_\_\_

Please list the years that a release of claim to exemption is given for a dependent child not living with you . . . . . \_\_\_\_\_

### Wages and Salaries: Please enclose all copies of your current year Forms W-2

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER1	Medicare	State	Local



# Electronic Filing

**Electronic Filing:** Please enclose all copies of your current year Forms W-2

Electronic filing is the means by which your return is transmitted directly to the IRS. The IRS has implemented an electronic filing mandate requiring certain preparers to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return .....

Do not electronically file the state return(s) .....

The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN? **Yes** **No**  
Taxpayer .....

Spouse .....

If No, please enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_



# Interest Income

**Interest Information:**

Please enclose copies of all Forms 1099-INT or other documents for interest received

Tax-Exempt Interest Code:    1 - 1099-INT    2 - Private Activity Bond    3 - Both

TSJ	Name of Payer	Savings & Loans, Bank and Other	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2011 Interest Amount
<b>Total</b>						

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	2012 Interest Amount	2011 Interest Amount

Address of Individual to Whom Mortgage Interest Was Paid

**Enter Any Additional Information:**


**Note: Please list all items sold during the year on Form 7.**



# Dividend Income

5B

## Dividend Information:

Please enclose copies of all Forms 1099-DIV or other documents for dividends received

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
<b>Total</b>					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Code	Tax-Exempt Interest	2011 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
<b>Total</b>		

## Enter Any Additional Information:


Note: Please list all items sold during the year on Form 7.



# Foreign Assets

5C

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

### General Information:

TSJ \_\_\_\_\_  
 Title of filer \_\_\_\_\_  
 Enter all countries where you have foreign bank accounts \_\_\_\_\_

### Foreign Identification:

Passport \_\_\_\_\_  Yes  No  
 If not passport, enter description \_\_\_\_\_  
 Number \_\_\_\_\_  
 Country of issue \_\_\_\_\_

### Information on Foreign Financial Accounts:

1 - Bank Account    2 - Securities Account    3 - Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name
A				
B				

Street Address	City	State	ZIP/Postal Code	Country
A				
B				

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Last Name or Organization Name	First Name	Middle Initial	Taxpayer ID Number	# of Joint Owners
A				
B				

1 - No financial interest    2A - Joint ownership - spouse is joint owner    2B - Joint ownership - other joint owner

Street Address	City	State	ZIP/Postal Code	Country	Ownership Code
A					
B					

1 - Deposit    2 - Custodial

Type	Foreign Currency	Exchange Rate	Source of Exchange	Acct Open	Acct Closed	Joint	No Tax Items Reported
A							
B							

### Foreign Bank Accounts and Trusts:

At any time during 2012, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?  Yes  No  
 If Yes, enter name of foreign country \_\_\_\_\_  
 Were you the grantor of, or transferor to, a foreign trust that existed during 2012, whether or not you had any beneficial interest in it?  Yes  No





# Business Income and Cost of Goods Sold

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_  
 Employer ID number \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state and ZIP code \_\_\_\_\_  
 Method of inventory \_\_\_\_\_  
 Method of accounting \_\_\_\_\_

### Business Questions for 2012:

Did you dispose of this business? _____	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date? _____ (Mo/Da/Yr)		
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

	2012 Amount	2011 Amount
Health insurance premiums paid for yourself and your dependents _____		

### Income:

Please enclose copies of all Forms 1099-K

	2012 Amount	2011 Amount
Other gross receipts or sales _____		
Less returns and allowances _____		

### Cost of Goods Sold:

	2012 Amount	2011 Amount
Beginning inventory _____		
Purchases less cost of items withdrawn for personal use _____		
Cost of labor (do not include amounts paid to yourself) _____		
Materials and supplies _____		

Other Costs of Cost of Goods Sold:

Description	2012 Amount	2011 Amount
Ending inventory _____		

### Other Income:

Description	2012 Amount	2011 Amount



# Business Expenses and Property & Equipment

6A

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

**Expenses:**

- Advertising .....
- Car and truck expenses .....
- Parking fees and tolls .....
- Commissions and fees .....
- Contract labor .....
- Employee benefit programs and health insurance (other than pension and profit-sharing plans) .....
- Insurance (other than health) .....
- Interest - mortgage (paid to banks, etc.) .....
- Interest - other .....
- Legal and professional fees .....
- Office expense .....
- Pension and profit-sharing plans .....
- Rent or lease - vehicles, machinery and equipment .....
- Rent or lease - other business property .....
- Repairs and maintenance .....
- Supplies (not included in Cost of Goods Sold) .....
- Taxes and licenses .....
- Travel .....
- Meals and entertainment .....
- Utilities .....
- Wages .....
- Dependent care benefits .....

2012 Amount	2011 Amount

**Other Expenses:**

Description	2012 Amount	2011 Amount

Property and Equipment: Please attach a list if more space is needed

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price



# Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Listed Property Questions for 2012:

Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

### If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle:

Description of vehicle .....

Date placed in service ..... (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for your personal use?  Yes  No

Was your vehicle available for use during off-duty hours?  Yes  No

### Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year .....

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc .....

Interest .....

Taxes .....

Fair market value of leased vehicle .....

Vehicle rentals/leases .....

Vehicle 1	
Description of vehicle	
Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2012 Miles	2011 Miles
2012 Amount	2011 Amount

Vehicle 2	
Description of vehicle	
Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2012 Miles	2011 Miles
2012 Amount	2011 Amount



# Business Expenses

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business \_\_\_\_\_ %

	2012 Amount	2011 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		

Description	2012 Amount	2011 Amount
Other Business Expenses:		

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

2012 Amount	2011 Amount
Amount received for other expenses .....	
Amount received for meals and entertainment .....	

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

### Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle \_\_\_\_\_  
Date vehicle was placed in service \_\_\_\_\_ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No  
Was your vehicle available for personal use during off-duty hours?  Yes  No

2012	2011
Total miles .....	
Total business miles .....	
Average daily commuting miles .....	
Total commuting miles for the year .....	
Gasoline and oil .....	
Repairs .....	
Insurance .....	
Interest .....	
Taxes .....	
Value of employer provided vehicle .....	
Temporary vehicle rentals .....	
Fair market value of leased vehicle .....	
Vehicle leases .....	

Description	2012 Amount	2011 Amount
Other Vehicle Expenses:		



# Sales of Stocks, Securities, Capital Assets & Installment Sales

**Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:**

**Please enclose all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year**

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions .....	<input type="checkbox"/>	<input type="checkbox"/>
Exchange of any securities or investments for something other than cash .....	<input type="checkbox"/>	<input type="checkbox"/>
Sales of inherited property .....	<input type="checkbox"/>	<input type="checkbox"/>
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale .....	<input type="checkbox"/>	<input type="checkbox"/>
Commodity sales, short sales or straddles .....	<input type="checkbox"/>	<input type="checkbox"/>
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest .....	<input type="checkbox"/>	<input type="checkbox"/>
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock .....	<input type="checkbox"/>	<input type="checkbox"/>
Debts that became uncollectible .....	<input type="checkbox"/>	<input type="checkbox"/>
Securities that became worthless .....	<input type="checkbox"/>	<input type="checkbox"/>
Sale of any property where you will receive payments in future years .....	<input type="checkbox"/>	<input type="checkbox"/>

TSJ	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Gross Sales Price (Less Commissions)
A				
B				
C				
D				
E				
F				
G				
H				

	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A			
B			
C			
D			
E			
F			
G			
H			

**Installment Sales:** Do not include interest received in principal amount

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2012 Principal Received	2011 Principal Received



Individual Retirement Account (IRA):

TS Name of payer

IRA Questions for 2012:

- Are you covered by an employer's retirement plan?
If no, is your spouse covered by an employer's retirement plan?
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
Did you receive distributions in 2012 from a traditional IRA, Roth IRA or Qualified Education Account?
Did you convert a traditional IRA to a Roth IRA in 2012?
Did you use your IRA as security for a loan this year?
Did you have any transactions with your IRA during the year?
If Yes, please explain.

Table with 2 columns: Yes, No

IRA Values, Rollovers, and Distributions: Please enclose copies of all Forms 1099-R

Total value of all traditional IRAs on December 31, 2012
Outstanding rollovers on December 31, 2012
IRA distributions received during 2012
Total distributions converted to Roth IRAs
Total retirement plans converted to Roth IRAs

Contributions: Please enclose copies of all Forms 5498

IRA:
Contributions in 2012 for the 2012 tax return
Contributions in 2013 for the 2012 tax return
Amount for 2012 you choose to be treated as nondeductible
Roth IRA:
Contributions made for the 2012 tax year

Pensions and Annuities: Please enclose all Forms 1099-R and any nontaxable distribution details

Table with 8 columns: TSJ, Name of Payer, 2012 Gross Distributions, Taxable Amount, Federal Tax Withheld, State Tax Withheld, Is this a Rollover? IRA?, 2011 Gross Distributions

Self-Employed Retirement Plan: Please enclose copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?
Do you want to contribute the maximum amount allowed?
Contributions to:
Simplified employee pension plan
Defined benefit plan
Defined contribution plan
SIMPLE plan

Table with 2 main columns: Taxpayer, Spouse. Sub-columns: Yes, No, 2012 Amount



# Rental and Royalty Income and Expenses

**Location of Property:** \_\_\_\_\_  
 TSJ .....  
 Type of property .....

Yes	No

Have you prepared or will you prepare all required Forms 1099? .....

Ownership percentage if not 100% .....  
 How many days was this property rented at fair market value? .....  
 How many days was this property used personally (including use by family members)? .....

2012	2011
%	

**Income:**

Please enclose copies of all Forms 1099-K

Rents received .....  
 Royalties received .....  
 Other Income: .....

2012 Amount	2011 Amount

Description	2012 Amount	2011 Amount

**Expenses:**

Advertising .....  
 Auto and travel .....  
 Cleaning and maintenance .....  
 Commissions .....  
 Insurance .....  
 Legal and other professional fees .....  
 Management fees .....  
 Mortgage interest paid to banks, etc. ....  
 Mortgage interest paid to individuals .....  
 Other interest .....  
 Repairs .....  
 Supplies .....  
 Taxes .....  
 Utilities .....  
 Dependent care benefits .....  
 Employee benefits .....  
 Other Expenses: .....

2012 Amount	2011 Amount

Description	2012 Amount	2011 Amount



# Partnership, S Corporation, Estate, Trust and REMIC Income

Partnership Income: Please enclose all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Please enclose all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income: Please enclose all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income: Please enclose all Schedules Q

TSJ	Entity Name	Employer ID Number





# Miscellaneous Income, Adjustments and Alimony

Please enclose Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-G and 1098-E

**Miscellaneous Income and Adjustments:**

	TSJ _____		TSJ _____	
	2012 Amount	2011 Amount	2012 Amount	2011 Amount
Taxable pensions and annuities received				
Nontaxable pensions and annuities received				
Federal withholding on pensions and annuities				
State withholding on pensions and annuities				
Unemployment compensation received				
Unemployment compensation repaid in 2012				
Social security benefits received				
Social security benefits repaid in 2012				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2012				
Taxable IRA distributions				
Nontaxable IRA distributions				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

**State and Local Income Tax Refunds:**

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

**Other Income:**

TSJ	Nature and Source	2012 Amount	2011 Amount

**Alimony Paid or Received:**

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2012 Amount	2011 Amount



# Itemized Deductions - Medical and Taxes

### Medical and Dental Expenses:

TSJ	2012 Amount	2011 Amount

Prescription medicines and drugs .....

Total medical insurance premiums paid (Do not include medicare premiums paid) .....

Long-term care expenses .....

Total insurance reimbursement .....

Number of miles traveled for medical care .....

Lodging .....

Doctors, dentists, etc. ....

Hospitals .....

Lab fees .....

Eyeglasses and contacts .....

Cobra assistance premiums in 2012 .....

2012 Amount	2011 Amount

Taxpayer long-term care insurance premiums paid .....

Spouse long-term care insurance premiums paid .....

### Other Medical Expenses:

TSJ	Description	2012 Amount	2011 Amount

### Taxes Paid: Please include copies of your tax bills

TSJ	2012 Amount	2011 Amount

Personal property taxes paid (include vehicle taxes) .....

General sales taxes paid on specified items .....

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2012 Amount	2011 Amount

### Other Taxes Paid:

TSJ	Description	2012 Amount	2011 Amount

If you purchased or sold your home in 2012, did you include any taxes from your closing statement in the amounts above?  Yes  No



Mortgage Questions for 2012:

	<b>Yes</b>	<b>No</b>
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, please enclose the closing statement.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? . . . . . _____		
Did you purchase a new home or sell your former home during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2012 Amount	2011 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2012 Amount	2011 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2012 Amount	2011 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2012 Amount	2011 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2012 Amount	2011 Amount



Cash Contributions:

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity. Attach Forms 1098-C received from the charity.

Table with 4 columns: TSJ, Organization or Description of Contribution, 2012 Amount, 2011 Amount

Table with 4 columns: TSJ, Conservation Real Property, 2012 Amount, 2011 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2012 Miles, 2011 Miles. Row for Number of miles traveled performing volunteer work for qualified charitable organizations.

Noncash Contributions Totaling Less Than or Equal to \$500:

Table with 4 columns: TSJ, Description of Donated Property, 2012 Amount, 2011 Amount

Noncash Contributions Totaling More Than \$500: Please enclose all Forms 1098-C or other documentation.

Form with fields for: TSJ, Description of the donated property, Donee organization name, Donee organization address, Date the property was acquired by the taxpayer (Mo/Da/Yr), Date the property was donated (Mo/Da/Yr), Cost or basis of the donated property, Fair market value of the donated property.

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal, Thrift shop value, Catalog, Comparable sale

Other - please explain

Which of the following describes how this donated property was acquired?

- Purchase, Gift, Inheritance, Exchange



# Itemized Deductions - Miscellaneous

### Miscellaneous Itemized Deductions:

TSJ	2012 Amount	2011 Amount

- Union and professional dues .....
- Tax preparation fee .....
- Professional subscriptions .....
- Hobby expense (To extent of income) .....
- Safe deposit box .....
- Uniforms and protective clothing .....
- Work tools .....
- Gambling losses .....
- Estate taxes .....

### Other Itemized Deductions:

#### Examples:

- Certain legal and accounting fees
- Investment expenses
- Custodial fees
- Employment agency fees
- Certain educational expenses

TSJ	Description	2012 Amount	2011 Amount

### Casualty or Theft Loss:

TSJ .....

Property description .....

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use
- Business use
- Income producing
- Employee Use
- Personal use due to Hurricane Katrina
- Personal use attributable to a federally declared disaster between 2007 and 2009
- Personal use attributable to Midwestern disaster area
- Personal use attributable to Kansas disaster area
- Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Date acquired (Mo/Da/Yr) .....

Date damaged or lost (Mo/Da/Yr) .....

Original cost or other basis .....

Fair market value before casualty .....

Fair market value after casualty .....

Cost of replacement .....

Insurance reimbursement .....



# Itemized Deduction - Business Use of Home

### Partial Use of Your Home for Business:

2012	2011

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2012 Amount	2011 Amount	2012 Amount	2011 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2012 Amount	2011 Amount	2012 Amount	2011 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



# Employee Business Expenses

TS: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Business Expenses:** Enter all expenses at 100 percent

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A \_\_\_\_\_ %

2012 Amount	2011 Amount

- Parking fees and tolls .....
- Local transportation .....
- Travel expenses .....
- Meals and entertainment .....
- Other Business Expenses:

Description	2012 Amount	2011 Amount

**Reimbursements:** Please list only reimbursements NOT reported in Box 1 of your Form W-2

2012 Amount	2011 Amount

- Amount received for other expenses .....
- Amount received for meals and entertainment .....

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

**Vehicle:**

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A \_\_\_\_\_ %

Description of vehicle .....  
Date vehicle was placed in service ..... (Mo/Da/Yr)

- Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No
- Was your vehicle available for personal use during off-duty hours?  Yes  No

2012	2011

- Total miles .....
- Total business miles .....
- Average daily commuting miles .....
- Total commuting miles for the year .....
- Gasoline and oil .....
- Repairs .....
- Insurance .....
- Taxes .....
- Value of employer provided vehicle .....
- Temporary vehicle rentals .....
- Fair market value of leased vehicle .....
- Vehicle leases .....
- Other Vehicle Expenses:

Description	2012 Amount	2011 Amount



# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No  
Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in 2011 but paid in 2012 .....  
Employer-provided dependent care benefits that were forfeited in 2012 .....  
2011 carryover used in grace period .....

### Child/Dependent Care Providers:

**Provider 1:**

Name .....  
Street address .....  
City, state and ZIP code .....  
Social security number OR .....  
Employer identification number .....  
Telephone number (California only) .....

	2012 Amount	2011 Amount
Expenses incurred and paid in 2012 .....		
Expenses incurred and not paid in 2012 .....		

**Provider 2:**

Name .....  
Street address .....  
City, state and ZIP code .....  
Social security number OR .....  
Employer identification number .....  
Telephone number (California only) .....

	2012 Amount	2011 Amount
Expenses incurred and paid in 2012 .....		
Expenses incurred and not paid in 2012 .....		

### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2012 Expenses Incurred	2011 Expenses Incurred

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses. They do not include room, board or books.

**Please enclose copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	Grade	2012 Qualified Expenses





# Household Employment Taxes

### General Information:

TSJ .....

Employer identification number .....

Did you pay any one household employee cash wages of \$1,800 or more in 2012?  Yes  No

Did you withhold any federal income tax from wages paid to any household employee?  Yes  No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2011 or 2012?  Yes  No

### Social Security, Medicare and Income Taxes:

	2012 Amount	2011 Amount
Cash wages subject to social security taxes .....		
Cash wages subject to Medicare taxes (if different than cash wages subject to social security) .....		
Federal income tax withheld .....		
State disability plan payments subject to social security taxes .....		
State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) .....		

### Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state?  Yes  No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax?  Yes  No

State	Total Cash Wages Subject to FUTA	2011 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2013

Name of State	Total Taxable Wages	Contribution Paid to Unemployment Fund	X	2011 Amount



# Federal Tax Payments

### Refund Application:

If you have an overpayment of 2012 taxes, do you want the excess:

Refunded .....  Yes  No  
 Applied to your 2013 estimated tax liability  Yes  No

### Federal Estimated Tax Payments:

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2012 1st Quarter Estimate ..... (Due 04-17-2012)		
2012 2nd Quarter Estimate ..... (Due 06-15-2012)		
2012 3rd Quarter Estimate ..... (Due 09-17-2012)		
2012 4th Quarter Estimate ..... (Due 01-15-2013)		

2011 overpayment applied to 2012 estimate .....

### Tax Planning Information for Tax Year 2013:

Do you expect any of the following to occur in 2013?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- A change in your marital status .....
- A change in the number of your dependents .....
- A substantial change in your income .....
- A substantial change in your withholding .....
- A substantial change in deductions .....

If you answered Yes to any of the above questions, please provide details.




# State and City Tax Payments

### State and City Estimated Tax Payments:

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2012 1st Quarter Estimate .....  
 2012 2nd Quarter Estimate .....  
 2012 3rd Quarter Estimate .....  
 2012 4th Quarter Estimate .....

2011 overpayment applied to 2012 estimate .....

Balance of prior year(s)' tax paid in 2012 plus  
 amount paid with 2011 extensions .....

Estimated tax payments for 2011 paid in 2012 .....

### State and City Estimated Tax Payments:

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2012 1st Quarter Estimate .....  
 2012 2nd Quarter Estimate .....  
 2012 3rd Quarter Estimate .....  
 2012 4th Quarter Estimate .....

2011 overpayment applied to 2012 estimate .....

Balance of prior year(s)' tax paid in 2012 plus  
 amount paid with 2011 extensions .....

Estimated tax payments for 2011 paid in 2012 .....

### State and City Estimated Tax Payments:

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2012 1st Quarter Estimate .....  
 2012 2nd Quarter Estimate .....  
 2012 3rd Quarter Estimate .....  
 2012 4th Quarter Estimate .....

2011 overpayment applied to 2012 estimate .....

Balance of prior year(s)' tax paid in 2012 plus  
 amount paid with 2011 extensions .....

Estimated tax payments for 2011 paid in 2012 .....



# Gifts Made Outright to an Individual

NOTE: Only complete Forms 34 and/or 35 if in 2012:

- You made gifts of cash or marketable securities to an individual that exceeded \$13,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, please include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, please provide details below.

If your most recent gift tax return was not prepared by us, please include a copy.

For gifts other than cash, please include a copy of any appraisal(s) of assets.

If no appraisal is available, please describe how the value was determined.

For each gift made outright to an individual during the year, please provide the following information:

### Gift 1:

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....			
Address of person .....			
Your relationship to the person (e.g., son, granddaughter or friend) .....			
Age of the person .....			
Date(s) of gift(s) ..... (Mo/Da/Yr) .....			
Description and amount of assets gifted (e.g., \$13,000 in cash or 500 shares of ABC stock) .....			
Cost basis of assets gifted if other than cash .....			
Value of assets gifted if other than cash .....			

### Gift 2:

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....			
Address of person .....			
Your relationship to the person (e.g., son, granddaughter or friend) .....			
Age of the person .....			
Date(s) of gift(s) ..... (Mo/Da/Yr) .....			
Description and amount of assets gifted (e.g., \$13,000 in cash or 500 shares of ABC stock) .....			
Cost basis of assets gifted if other than cash .....			
Value of assets gifted if other than cash .....			



# Gifts Made in Trust

**NOTE: Complete this form only if you have made gifts in or to a trust during the year.**

**For each gift made in trust during the year, please provide the following information:**

Name of trust receiving the gift .....

Name of the trustee .....

Address of the trustee .....

Trust identification number .....

Name of the beneficiary of the trust .....

Your relationship to the beneficiary  
(e.g., son, granddaughter or friend) .....

Age of the beneficiary .....

Date(s) of gift(s) ..... (Mo/Da/Yr) .....

Description and amount of assets gifted  
(e.g., \$13,000 in cash or 500 shares of ABC stock) .....

Cost basis of assets gifted if other than cash .....

Value of assets gifted if other than cash .....

For gifts other than cash, please include a copy of any appraisal(s) of assets. If no appraisal is available, please describe how the value was determined.

**Please include a copy of the following:**

**A copy of the trust document(s) unless previously furnished to us.**

**A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.**



General Information:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax [ ]

Residency Information:

Complete this section only if you were a resident of any other state during any portion of the year. Taxpayer Spouse. If you became a resident of California in 2012, enter - State of prior residence abbreviation - Date of move (Mo/Da/Yr). If you became a nonresident of California in 2012, enter - New state of residence abbreviation - Date of move (Mo/Da/Yr). If you were a military nonresident, enter state of residence abbreviation. If you were a military nonresident, enter state stationed in abbreviation. If you were a prior resident of California, enter the date you moved back to California (Mo/Da/Yr). If you were a prior resident of California, enter the date you left California (Mo/Da/Yr). Did you own homes and/or properties in California during 2012? Yes No Yes No. How many days during 2012 were spent in California? Date entered California if prior to 2012 (Mo/Da/Yr). Date left California if prior to 2012 (Mo/Da/Yr).

Voluntary Contributions: Enter the amount you wish to contribute on your 2012 tax return to the following funds:

Table with 2 columns: Fund Name and Amount. Funds include California Seniors Special Fund, Alzheimer's Disease/Related Disorders Fund, California Fund for Senior Citizens, Rare and Endangered Species Preservation Program, Children's Trust Fund for the Prevention of Child Abuse, California Breast Cancer Research Fund, California Firefighters' Memorial Fund, Emergency Food Assistance Program, California Peace Officer Memorial Fund, California Sea Otter Fund, CA Cancer Research Fund, Municipal Shelter Spay-Neuter Fund, ALS/Lou Gehrig's Disease Research Fund, Child Victims of Human Trafficking Fund, California YMCA Youth and Government Fund, California Youth Leadership Fund.



**Renter’s Credit:**

List the address(es) of residence(s) in California and the dates you rented during 2012:

Street Address	City, State, and ZIP code	Dates Rented in 2012	
		From (Mo/Da/Yr)	To (Mo/Da/Yr)

List name, address and telephone number of the person(s) you paid rent to:

Name	Street Address	City, State and ZIP Code	Telephone Number

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Are you a dependent or minor living with or under the care of another? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the property you rented in 2012 exempt from property tax? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you claim the homeowner’s property tax exemption anytime during 2012? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your spouse claim the homeowner’s property tax exemption anytime during 2012? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If you and your spouse file separate returns and lived in the same rental property, do you wish to claim 100% of this credit? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**Enter Any Additional California Information:**
