

Personal Data

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

Income Taxes Paid

Federal	2012 estimate date due	2012 est amount	Amount paid	Date paid	Check no.
2011 Refund	April 17, 2012				
2011 Refund applied to 2012	June 15, 2012				
2011 Balance Due	Sept. 15, 2012				
	Jan. 15, 2013				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

Resident State	2012 estimate date due	2012 est amount	Amount paid	Date paid	Check no.
2011 Refund	April 17, 2012				
2011 Refund applied to 2012	June 15, 2012				
2011 Balance Due	Sept. 17, 2012				
	Jan. 15, 2013				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

Local	2012 estimate date due	2012 est amount	Amount paid	Date paid	Check no.
2011 Refund	April 17, 2012				
2011 Refund applied to 2012	June 15, 2012				
2011 Balance Due	Sept. 17, 2012				
	Jan. 15, 2013				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

Dependents

Name:										SSN:									
First name/MI					Last name					Suffix									
SSN/TIN					Relationship					Number of months lived with you									
DOB					Does this dependent have income over \$950?					<input type="checkbox"/>									
										2012									
										2011									
Child Care Credit - qualifying expenses incurred and paid in 2012																			
Child Care Credit - portion of qualifying expenses provided by employer																			
First name/MI					Last name					Suffix									
SSN/TIN					Relationship					Number of months lived with you									
DOB					Does this dependent have income over \$950?					<input type="checkbox"/>									
										2012									
										2011									
Child Care Credit - qualifying expenses incurred and paid in 2012																			
Child Care Credit - portion of qualifying expenses provided by employer																			
First name/MI					Last name					Suffix									
SSN/TIN					Relationship					Number of months lived with you									
DOB					Does this dependent have income over \$950?					<input type="checkbox"/>									
										2012									
										2011									
Child Care Credit - qualifying expenses incurred and paid in 2012																			
Child Care Credit - portion of qualifying expenses provided by employer																			
First name/MI					Last name					Suffix									
SSN/TIN					Relationship					Number of months lived with you									
DOB					Does this dependent have income over \$950?					<input type="checkbox"/>									
										2012									
										2011									
Child Care Credit - qualifying expenses incurred and paid in 2012																			
Child Care Credit - portion of qualifying expenses provided by employer																			
First name/MI					Last name					Suffix									
SSN/TIN					Relationship					Number of months lived with you									
DOB					Does this dependent have income over \$950?					<input type="checkbox"/>									
										2012									
										2011									
Child Care Credit - qualifying expenses incurred and paid in 2012																			
Child Care Credit - portion of qualifying expenses provided by employer																			
First name/MI					Last name					Suffix									
SSN/TIN					Relationship					Number of months lived with you									
DOB					Does this dependent have income over \$950?					<input type="checkbox"/>									
										2012									
										2011									
Child Care Credit - qualifying expenses incurred and paid in 2012																			
Child Care Credit - portion of qualifying expenses provided by employer																			
First name/MI					Last name					Suffix									
SSN/TIN					Relationship					Number of months lived with you									
DOB					Does this dependent have income over \$950?					<input type="checkbox"/>									
										2012									
										2011									
Child Care Credit - qualifying expenses incurred and paid in 2012																			
Child Care Credit - portion of qualifying expenses provided by employer																			

Child and Dependent Care

Name:		SSN:	
Child Care Provider's Information		2012	2011
Social Security Number or Employer ID Number	Amount Paid		
Name			
Street Address			
City		Phone	
U.S. Only	State, ZIP		
Foreign Only	Province/State, Country, Postal Code		
		2012	2011
Social Security Number or Employer ID Number	Amount Paid		
Name			
Street Address			
City		Phone	
U.S. Only	State, ZIP		
Foreign Only	Province/State, Country, Postal Code		
		2012	2011
Social Security Number or Employer ID Number	Amount Paid		
Name			
Street Address			
City		Phone	
U.S. Only	State, ZIP		
Foreign Only	Province/State, Country, Postal Code		
		2012	2011
Social Security Number or Employer ID Number	Amount Paid		
Name			
Street Address			
City		Phone	
U.S. Only	State, ZIP		
Foreign Only	Province/State, Country, Postal Code		

Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

Name:										SSN:									
TS		Federal I.D. No.		Company Name															
		State I.D. No.																	
		Federal wages	2012		2011		Federal tax	2012		2011									
		State wages	2012		2011		State tax	2012		2011									
		Locality	2012		2011		Local tax	2012		2011									
Name:										SSN:									
TS		Federal I.D. No.		Company Name															
		State I.D. No.																	
		Federal wages	2012		2011		Federal tax	2012		2011									
		State wages	2012		2011		State tax	2012		2011									
		Locality	2012		2011		Local tax	2012		2011									
Name:										SSN:									
TS		Federal I.D. No.		Company Name															
		State I.D. No.																	
		Federal wages	2012		2011		Federal tax	2012		2011									
		State wages	2012		2011		State tax	2012		2011									
		Locality	2012		2011		Local tax	2012		2011									
Name:										SSN:									
TS		Federal I.D. No.		Company Name															
		State I.D. No.																	
		Federal wages	2012		2011		Federal tax	2012		2011									
		State wages	2012		2011		State tax	2012		2011									
		Locality	2012		2011		Local tax	2012		2011									
Name:										SSN:									
TS		Federal I.D. No.		Company Name															
		State I.D. No.																	
		Federal wages	2012		2011		Federal tax	2012		2011									
		State wages	2012		2011		State tax	2012		2011									
		Locality	2012		2011		Local tax	2012		2011									

Profit or Loss From Business Schedule C

Name:		SSN:			
TS	Principal business or profession			Business code	
Business name			Employer I.D. number		
Business address					
City					
U.S. Only		State, ZIP			
Foreign Only		Province/State, Country, Postal Code			
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other					
Activity type				Some investment is NOT at risk <input type="checkbox"/>	
You started or acquired this business during 2012 <input type="checkbox"/>			You disposed of this property during 2012 <input type="checkbox"/>		
Did you make any payments in 2012 that would require you to file Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If, Yes," did you or will you file all required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Income		2012	2011	2012	2011
Gross receipts or sales				Other income	
Returns and allowances					
Expenses		2012	2011	2012	2011
Advertising				Taxes and licenses	
Car and truck expenses				Travel	
Commissions and fees				Total meals and entertainment	
Contract labor				Utilities	
Depletion				Wages	
Employee benefit programs				Other expenses (list):	
Insurance (other than health)					
Mortgage interest (paid to banks, etc.)					
Other interest					
Legal & professional services					
Office expenses					
Pension and profit sharing plans					
Rent or lease (vehicles, machinery, and equipment)					
Rent (other business property)					
Repairs and maintenance				Other (Detail)	
Supplies				Family Health Coverage	
Cost of goods sold		2012	2011	2012	2011
Inventory at beginning of the year				Materials and supplies	
Purchases (less cost of items withdrawn for personal use)				Other costs	
Cost of labor				Inventory at end of year	
Inventory method, if not Cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other <input type="checkbox"/> There was a change of inventory method <input type="checkbox"/>					

Form 1099-G Unemployment Compensation

Name:						SSN:					
TSJ		Payer's Federal I.D. Number:									
Payer's name:											
Payer's address:											
City:											
U.S. Only				State, ZIP:							
Foreign Only				Province/State, Country, Postal Code:							
Payer's phone:						Account number:					
		2012		2011				2012		2011	
Unemployment compensation						State				State I.D.	
Unemployment compensation repaid in current year						State unemployment					
State/local tax refunds/credits						State withholding					
Tax year											
Federal tax withheld											
ATAA payments						<input type="checkbox"/> Trade/business					
Taxable grants						Market gain					
Agriculture						<input type="checkbox"/> Unemployment benefits are from railroad					

TSJ		Payer's Federal I.D. Number:									
Payer's name:											
Payer's address:											
City, State, Zip:											
U.S. Only				State, ZIP:							
Foreign Only				Province/State, Country, Postal Code:							
Payer's phone:						Account number:					
		2012		2011				2012		2011	
Unemployment compensation						State				State I.D.	
Unemployment compensation repaid in current year						State unemployment					
State/local tax refunds/credits						State withholding					
Tax year											
Federal tax withheld											
ATAA payments						<input type="checkbox"/> Trade/business					
Taxable grants						Market gain					
Agriculture						<input type="checkbox"/> Unemployment benefits are from railroad					

Form 1099-MISC

Please attach all 1099-M(s)

Name:

SSN:

TS For Payer's Federal ID number:

Payer's name:

Address:

City:

U.S. Only State, ZIP:

Foreign Only Province/State, Country, Postal Code:

	2012	2011			2012	2011
Rents			State	State I.D.		
Royalties			State tax withheld			
Other income			State income			
Description			Name of locality			
Federal tax withheld			Local tax withheld			
Fishing boat proceeds			Local income			
Medical and health care payments			State	State I.D.		
Non-employee compensation			State tax withheld			
Substitute payments			State income			
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Name of locality			
Crop insurance proceeds			Local tax withheld			
Excess golden parachute			Local income			
Gross attorney proceeds						
Taxable Proceeds						
Section 409A deferrals						
Section 409A income						

Noncash Charitable Contributions

Name:		SSN:	
TSJ		Donee I.D.	
Name of donee organization			
Address of donee organization			
City			
U.S. Only		State, ZIP	
Foreign Only		Province/State, Country, Postal Code	
Description of donated property		Date contributed	
Physical condition of donated property		Donor's cost or adjusted basis	
Valuation method used		Fair market value	
How was it acquired?		Bargain sale price	
Date acquired		Average security price	
Property Type (if over \$5,000)			
<input type="checkbox"/>	Art valued more than \$20,000	<input type="checkbox"/>	Equipment
<input type="checkbox"/>	Qualified conservation contribution	<input type="checkbox"/>	Art valued less than \$20,000
<input type="checkbox"/>	Non-qualified conservation contribution	<input type="checkbox"/>	Other real estate
<input type="checkbox"/>		<input type="checkbox"/>	Securities
<input type="checkbox"/>		<input type="checkbox"/>	Collectibles
<input type="checkbox"/>		<input type="checkbox"/>	Intellectual Property
<input type="checkbox"/>		<input type="checkbox"/>	Vehicles
<input type="checkbox"/>		<input type="checkbox"/>	Other

TSJ		Donee I.D.	
Name of donee organization			
Address of donee organization			
City			
U.S. Only		State, ZIP	
Foreign Only		Province/State, Country, Postal Code	
Description of donated property		Date contributed	
Physical condition of donated property		Donor's cost or adjusted basis	
Valuation method used		Fair market value	
How was it acquired?		Bargain sale price	
Date acquired		Average security price	
Property Type (if over \$5,000)			
<input type="checkbox"/>	Art valued more than \$20,000	<input type="checkbox"/>	Equipment
<input type="checkbox"/>	Qualified conservation contribution	<input type="checkbox"/>	Art valued less than \$20,000
<input type="checkbox"/>	Non-qualified conservation contribution	<input type="checkbox"/>	Other real estate
<input type="checkbox"/>		<input type="checkbox"/>	Securities
<input type="checkbox"/>		<input type="checkbox"/>	Collectibles
<input type="checkbox"/>		<input type="checkbox"/>	Intellectual Property
<input type="checkbox"/>		<input type="checkbox"/>	Vehicles
<input type="checkbox"/>		<input type="checkbox"/>	Other

Other Income and Adjustments

Name:

SSN:

Income

	Taxpayer		Spouse	
	2012	2011	2012	2011
Taxable scholarships not reported on W-2				
Other income not reported above or on Form W-2				
<input type="checkbox"/> Household income <input type="checkbox"/> Prisoner income				
Interest income (If over \$1,500 report only on Interest sheet)				
Tax-exempt interest (If over \$1,500 report only on Interest sheet)				
Dividend income (If over \$1,500 report only on Dividend sheet)				
Taxable refunds: State taxes				
Local taxes				
Alimony received				
IRA distributions received. Was any portion rolled over? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pension distributions received				
Unemployment compensation received				
Portion of unemployment repaid in 2012				
Total Social Security received				
Lump sum benefits - earlier years				
Net railroad Tier One benefits received for 2012				
Other income (please list):	Investment income			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
NOL carryforward or carryback				
Real estate tax recovery				
Personal property rental income				
Gambling winnings				
Alaska Permanent Fund				

Other Adjustments

Name:

SSN:

Adjustments

	Taxpayer		Spouse	
	2012	2011	2012	2011
Educator Expenses				
Self-employed SEP, SIMPLE and qualified plans				
Keogh contributions to defined contribution plan				
Keogh contributions to defined benefit plan				
Self-employed health insurance premium payments				
Penalty on early withdrawal of savings				
Alimony paid Name: SSN:				
Alimony paid Name: SSN:				
IRA contributions for 2012				
Student loan interest				
Jury duty pay given to employer				
Forestation or reforestation expense				
Repaid sub-pay previously reported				
Contributions to Section 501(c)(18) pension plan				
Expenses from casual rental or personal property				
Whistleblower fees				
Contributions by certain chaplains to Section 403(b) plans				
Certain fees and costs for actions involving unlawful discrimination claims				
Other adjustments (please list):				

Itemized Deductions

Name:		SSN:			
MEDICAL and DENTAL					
	2012	2011	GIFTS TO CHARITY (attach receipts)	2012	2011
Health insurance premiums			Total gifts by cash or check		
Long term care premiums			30% limitation		
Number of medical miles			Charitable miles		
Other medical and dental expenses (list):			Other than by cash or check		
			Carryover from prior year subject to:		
			QCC - qualified farmer or rancher		
			QCC - non-qualified farmer or rancher		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
TAXES YOU PAID			20% limitation		
State and local income taxes			JOB EXPENSES (list):		
Sales tax			Unreimbursed employee expenses		
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
Personal property taxes					
Other taxes (list):					
INTEREST YOU PAID					
Home mortgage interest and points on Form 1098					
Home mortgage interest not on Form 1098			Tax preparation fees		
SSN/EIN:			Other Expense (list):		
Name:					
Street:					
City:					
U.S. Only State, ZIP					
Foreign Only Province/State, Country, Postal Code			MISCELLANEOUS DEDUCTIONS		
			Other deductions not subject to 2% limit		
Portion of amount above that is home equity interest					
Points not reported on Form 1098					
Qualified mortgage insurance premiums					
Investment interest					

Mortgage Interest

Name:					SSN:			
TSJ		For		Business name	Product			
Recipient/Lender Information:						2012	2011	
Federal ID #				Mortgage interest received				
Name				Points paid				
Address				Refund overpaid interest				
City				Mortgage insurance premiums				
U.S. Only State, ZIP				Real Estate taxes paid				
Foreign Only Province/State, Country, Postal Code								
Account number								
TSJ		For		Business name	Product			
Recipient/Lender Information:						2012	2011	
Federal ID #				Mortgage interest received				
Name				Points paid				
Address				Refund overpaid interest				
City				Mortgage insurance premiums				
U.S. Only State, ZIP				Real Estate taxes paid				
Foreign Only Province/State, Country, Postal Code								
Account number								
TSJ		For		Business name	Product			
Recipient/Lender Information:						2012	2011	
Federal ID				Mortgage interest received				
Name				Points paid				
Address				Refund overpaid interest				
City				Mortgage insurance premiums				
U.S. Only State, ZIP				Real Estate taxes paid				
Foreign Only Province/State, Country, Postal Code								
Account number								
TSJ		For		Business name	Product			
Recipient/Lender Information:						2012	2011	
Federal ID #				Mortgage interest received				
Name				Points paid				
Address				Refund overpaid interest				
City				Mortgage insurance premiums				
U.S. Only State, ZIP				Real Estate taxes paid				
Foreign Only Province/State, Country, Postal Code								
Account number								

Expenses for Business Use of Your Home

Name:

SSN:

TSJ For

Business Use of Home

2012

2011

Square feet of home used exclusively for business

Total square feet of home

Use of Home for Daycare

2012

2011

Area used part time for business

Total hours used for daycare

Total hours available

Did you live in the home all year? Yes No

Expenses

Expenses directly related to business use **only**

Total Household expenses

Did you claim office in home expenses last year? Yes No

2012

2011

2012

2011

Deductible mortgage interest

Real estate taxes

Excess mortgage interest

Insurance

Rent

Repairs and maintenance

Utilities

Other expenses

Cost of Home

2012

2011

Enter the **smaller** of your home's adjusted basis or its fair market value

Does this include the value of the land? Yes No

Value of land

Date placed in service

Date taken out of service

Employee Business Expense

Name:

SSN:

TS Occupation

Part I - Employee Business Expense and Reimbursements

2012

2011

Rural mail carrier

Parking fees, tolls, and local transportation, including train, bus, etc.

Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do Not** include meals and entertainment

Other business expenses

Meals and entertainment expenses

DOT meals

Enter reimbursements received from your employer that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for

Other business expenses

Meals and entertainment expenses

Portion of total expenses that is for impairment-related work expenses of disabled employee

Portion of total expenses that is for Armed Forces reservist

Qualifying performing artist Fee-based state or local government official Pastor

Business Vehicle Expenses

Vehicle Description

Vehicle 1

Vehicle 2

2012

2011

2012

2011

Enter the date vehicle was placed in service

Total miles vehicle was driven during 2012

Business miles

Average daily roundtrip commuting distance

Commuting miles included in total miles above

Taxes

Gasoline, oil, repairs, vehicle insurance, etc.

Vehicle rentals

Inclusion amount

Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)

Enter cost or other basis

Enter section 179 deduction

Enter depreciation method and percentage

If an employer provided vehicle, was personal use during off duty hours permitted? Yes No

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

Do you have evidence to support your deduction? Yes No

If "Yes", is the evidence written? Yes No

Credit for Federal Tax on Fuels

Name:		SSN:		Gallons USED	2011
1a	Off-highway business use				
1b	Use on a farm for farming purposes				
1c	Other non-taxable use of gasoline	Type			
1d	Exported				
2a	Aviation gasoline used in commercial aviation				
2b	Aviation gasoline other nontaxable use	Type			
2c	Exported				
2d	LUST tax on aviation fuels used in foreign trade				
3a	Nontaxable use	Type	Visible evidence of dye		
3b	Use on a farm for farming purposes				
3c	Use in trains				
3d	Used in intercity/local bus				
3e	Exported				
4a	Nontaxable use	Type	Visible evidence of dye		
4b	Use on a farm for farming purposes				
4c	Intercity and local buses				
4d	Exported				
4e	Nontaxable use taxed at \$.044	Type			
4f	Nontaxable use taxed at \$.219	Type			
5a	Kerosene taxed at \$.244				
5b	Kerosene taxed at \$.219				
5c	Nontaxable use taxed at \$.244	Type			
5d	Nontaxable use taxed at \$.219	Type			
5e	LUST tax on aviation fuel used in foreign trade				
6	Ultimate vendor ID #				
6a	Use by a state or local government		Visible evidence of dye		
6b	Use in certain intercity and local buses				
7	Ultimate vendor ID #				
7a	Kerosene for state and local government		Visible evidence of dye		
7b	Sales from blocked pump				
7c	Certain intercity and local buses				
8	Ultimate vendor ID #				
8a	Use in commercial aviation taxed at \$.219				
8b	Commercial aviation taxed at \$.244				
8c	Nonexempt noncommercial aviation				
8d	Other nontaxable uses taxed at \$.244	Type			
8e	Other nontaxable uses taxed at \$.219	Type			
8f	LUST tax on aviation fuels used in foreign trade				

Credit for Federal Tax on Fuels

Name:		SSN:		Gallons USED	2011
9 Registration number					
9a Ethanol alcohol mixtures					
9b Alcohol mixtures other than ethanol					
10 Registration number					
10a Biodiesel mix					
10b Agri-biodiesel mix					
10c Renewable diesel mixtures					
11a Liquefied petroleum gas		Type			
11b "P series" fuels		Type			
11c Compressed Natural Gas (GGE = 126.67 cu. ft.)		Type			
11d Liquefied hydrogen		Type			
11e Any liquid fuel from the Fischer-Tropsch process		Type			
11f Liquid fuel derived from biomass		Type			
11g Liquefied natural gas		Type			
11h Liquefied gas derived from biomass		Type			
12 Ultimate Vendor ID #					
12a Liquefied petroleum gas					
12b "P series" fuels					
12c Compressed natural gas					
12d Liquefied hydrogen					
12e Liquid fuel derived from coal					
12f Liquid fuel from biomass					
12g Liquefied natural gas					
12h Liquefied gas derived from biomass					
12i Compressed gas derived from biomass (GGE = 122 cu. ft.)					
13 Registration number					
13a State or local government diesel					
13b State or local government kerosene					
13c State or local government aviation					
14a Nontaxable use		Type			
14b Exported					
15 Registration number					
15a Blender credit					
16a Exported dyed diesel					
16b Exported dyed kerosene					

Residential Energy Credits

Name:

SSN:

TSJ

Were improvements or costs made to your main home located in the US?

Yes No

Address of main home

City, State, ZIP

Were improvements or costs related to the construction of this main home?

Yes No

Enter the nonbusiness energy property credit that you took in:

2007

2008

2010

2011

Qualified energy efficient improvements

Insulation material or systems primarily designed to reduce heat loss or gain

Exterior doors that meet or exceed Energy Star requirements

Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain

Exterior windows and skylights that meet or exceed Energy Star requirements

Enter the amount of window expense you claimed in:

2007

2008

2010

2011

Residential energy property costs

Energy efficient building property costs

Qualified natural gas, propane, or oil furnace or hot water boiler

Advanced main air circulating fan used in a natural gas, propane, or oil furnace

Residential Energy Efficient Property Credit

Qualified solar electric property costs

Qualified solar water heating property costs

Qualified small wind energy property costs

Qualified geothermal heat pump property costs

Was qualified fuel cell property installed on or in your main home in US?

Yes No

Address of main home

City, State, ZIP

Qualified fuel cell property costs

Kilowatt capacity of property on line 22

Amount of unused credit from 2011 Form 5695, line 28

Energy Credits

Name:

SSN:

8834 - Qualified Electric Vehicle Credit

	TSJ	Vehicle 1	Vehicle 2
Year of vehicle			
Make of vehicle			
Model of vehicle			
Vehicle Identification Number			
Date vehicle was placed in service			
Cost of vehicle			
Business/investment use percentage			
Section 179 expense deduction			
Credits from passive activities			

8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

	TSJ	Vehicle 1	Vehicle 2
Year of vehicle			
Make of vehicle			
Model of vehicle			
Vehicle Identification Number			
Date vehicle was placed in service			
Tentative Credit			
Business/Investment use percentage			

Form 8908 - Energy Efficient Home Credit

	TSJ	
		Total number of qualified energy efficient homes meeting the 50% standard that were sold during the year
		Total number of qualified energy efficient manufactured homes meeting the 30% standard that were sold during the tax year

Form 8910 - Alternative Motor Vehicle Credit

	TSJ	Vehicle 1	Vehicle 2
Year of vehicle			
Make of vehicle			
Model of vehicle			
Vehicle Identification Number			
Date vehicle was placed in service			
Maximum credit allowable			
Cost of converting vehicle to plug-in electric drive motor			
Section 179 expense deduction			
Business/investment use percentage			

Auto Expense Worksheet

Name:

SSN:

For

Business name and Profession/Product

Description

Date placed in service

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

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

Do you have evidence to support your deduction? Yes No

If "Yes," is the evidence written? Yes No

Enter the number of miles your vehicle was used for:

2012

2011

a Business miles

b Commuting

c Other

Expenses:

2012

2011

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list): Apply Business %