

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				
Spouse Name				
Address				
City				
Foreign State/Province				
Foreign Country				
Taxpayer Date of Birth				
Occupation				
Daytime phone: Ext:				
Evening phone: Ext:				
Cell:				
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

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

Dependents

Name:

SSN:

Name:							SSN:		
First name/MI	Last name		Suffix						
SSN/ITIN	Relationship		Number of months lived with you						
DOB	Does this dependent have income over \$1000?	<input type="checkbox"/>	2013				2012		
Child Care Credit - qualifying expenses incurred and paid in 2013									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI	Last name		Suffix						
SSN/ITIN	Relationship		Number of months lived with you						
DOB	Does this dependent have income over \$1000?	<input type="checkbox"/>	2013				2012		
Child Care Credit - qualifying expenses incurred and paid in 2013									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI	Last name		Suffix						
SSN/ITIN	Relationship		Number of months lived with you						
DOB	Does this dependent have income over \$1000?	<input type="checkbox"/>	2013				2012		
Child Care Credit - qualifying expenses incurred and paid in 2013									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI	Last name		Suffix						
SSN/ITIN	Relationship		Number of months lived with you						
DOB	Does this dependent have income over \$1000?	<input type="checkbox"/>	2013				2012		
Child Care Credit - qualifying expenses incurred and paid in 2013									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI	Last name		Suffix						
SSN/ITIN	Relationship		Number of months lived with you						
DOB	Does this dependent have income over \$1000?	<input type="checkbox"/>	2013				2012		
Child Care Credit - qualifying expenses incurred and paid in 2013									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI	Last name		Suffix						
SSN/ITIN	Relationship		Number of months lived with you						
DOB	Does this dependent have income over \$1000?	<input type="checkbox"/>	2013				2012		
Child Care Credit - qualifying expenses incurred and paid in 2013									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI	Last name		Suffix						
SSN/ITIN	Relationship		Number of months lived with you						
DOB	Does this dependent have income over \$1000?	<input type="checkbox"/>	2013				2012		
Child Care Credit - qualifying expenses incurred and paid in 2013									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI	Last name		Suffix						
SSN/ITIN	Relationship		Number of months lived with you						
DOB	Does this dependent have income over \$1000?	<input type="checkbox"/>	2013				2012		
Child Care Credit - qualifying expenses incurred and paid in 2013									
Child Care Credit - portion of qualifying expenses provided by employer									

Child and Dependent Care

Name: _____ **SSN:** _____

Child Care Provider's Information 2013 2012

Social Security Number or Employer ID Number Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP

Province/State,
Country, Postal Code

Foreign Only

Social Security Number or Employer ID Number 2013 2012

Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP

Province/State,
Country, Postal Code

Foreign Only

Social Security Number or Employer ID Number 2013 2012

Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP

Province/State,
Country, Postal Code

Foreign Only

Social Security Number or Employer ID Number 2013 2012

Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP

Province/State,
Country, Postal Code

Foreign Only

Wages and Salaries

Please attach all W-2(s).

Name: _____ **SSN:** _____

TS	Federal I.D. No.	Company Name						
	State I.D. No.							
	Federal wages	2013	2012	Federal tax	2013	2012	2012	
	State wages	2013	2012	State tax	2013	2012	2012	
	Local wages	2013	2012	Local tax	2013	2012	2012	

TS	Federal I.D. No.	Company Name						
	State I.D. No.							
	Federal wages	2013	2012	Federal tax	2013	2012	2012	
	State wages	2013	2012	State tax	2013	2012	2012	
	Local wages	2013	2012	Local tax	2013	2012	2012	

TS	Federal I.D. No.	Company Name						
	State I.D. No.							
	Federal wages	2013	2012	Federal tax	2013	2012	2012	
	State wages	2013	2012	State tax	2013	2012	2012	
	Local wages	2013	2012	Local tax	2013	2012	2012	

TS	Federal I.D. No.	Company Name						
	State I.D. No.							
	Federal wages	2013	2012	Federal tax	2013	2012	2012	
	State wages	2013	2012	State tax	2013	2012	2012	
	Local wages	2013	2012	Local tax	2013	2012	2012	

TS	Federal I.D. No.	Company Name						
	State I.D. No.							
	Federal wages	2013	2012	Federal tax	2013	2012	2012	
	State wages	2013	2012	State tax	2013	2012	2012	
	Local wages	2013	2012	Local tax	2013	2012	2012	

TS	Federal I.D. No.	Company Name						
	State I.D. No.							
	Federal wages	2013	2012	Federal tax	2013	2012	2012	
	State wages	2013	2012	State tax	2013	2012	2012	
	Local wages	2013	2012	Local tax	2013	2012	2012	

Profit or Loss From Business Schedule C

Name: _____ **SSN:** _____

TS Principal business or profession Business code
 Business name Employer I.D.
 Business address number
 City

U.S. Only State, ZIP
Foreign Only Province/State, Country, Postal Code

Accounting method, if not cash Accrual Other Some investment is NOT at risk

Activity type You started or acquired this business during 2013 You disposed of this property during 2013

Did you make any payments in 2013 that would require you to file Form(s) 1099? Yes No

If "Yes," did you or will you file all required Forms 1099? Yes No

	2013	2012	2013	2012
Income				
Gross receipts or sales			Other income	
Returns and allowances				
Expenses				
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				
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"/>				
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	

Supplemental Income and Loss
Part I - Income or Loss From Rental Real Estate and Royalties

Name: SSN:

TSJ Property description Activity Type

Did you make any payments in 2013 that would require you to file Form(s) 1099? Yes No

If "Yes," did you or will you file all required Forms 1099? Yes No

Property Address
City

U.S. Only State, ZIP

Foreign Only Province/State, Country, Postal Code

Single Family Residence Vacation / Short Term Rental Land Self-Rental

Multi-Family Residence Commercial Royalties Other

Fair Rental Days Personal use days Qualified Joint Venture

If multi-dwelling unit and the taxpayer occupies part, enter the percentage occupied by the taxpayer

This is your main home Some investment is NOT at risk Property was 100% disposed of in 2013 Property is a Single Member LLC

Income: 2012 2013

Rent Income

Royalties from oil, gas, mineral, copyright or patent

Expenses: Direct expense 2012 Indirect expense 2012

Advertising

Auto and travel

Cleaning and maintenance

Commissions

Insurance

Legal and professional fees

Management fees

Interest - mortgage

Interest - other

Repairs

Supplies

Taxes

Utilities

Other: (list)

Ownership Percentage

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	2013
Unemployment compensation repaid in current year	<input type="checkbox"/> Trade/business		
State/local tax refunds/credits	Market gain		
Tax year	State	State I.D.	
Federal tax withheld	State unemployment		
RTAA payments	State withholding		
Taxable grants	<input type="checkbox"/> Unemployment benefits are from railroad		
Agriculture			
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	2013
Unemployment compensation repaid in current year	<input type="checkbox"/> Trade/business		
State/local tax refunds/credits	Market gain		
Tax year	State	State I.D.	
Federal tax withheld	State unemployment		
RTAA payments	State withholding		
Taxable grants	<input type="checkbox"/> Unemployment benefits are from railroad		
Agriculture			

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: _____

	2013	2012	2013	2012
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				
Social Security Benefit Statement				
TS	2013	2012	TS	2012
Net benefits			Net benefits	
Medicare premiums			Medicare premiums	
Income tax withheld			Income tax withheld	

Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

Name:		SSN:	
TS	Payer's name:	Payer's Federal ID Number:	
Address: City:			
U.S. Only	State, Zip	2012	2013
Foreign Only	Province/State, Country, Postal Code	2012	2013
Disability indicator		<input type="checkbox"/>	<input type="checkbox"/>
Report as wages on 1040		<input type="checkbox"/>	<input type="checkbox"/>
Gross distribution	Name of locality		
Taxable amount	Local income tax withheld		
Total distribution	Local distribution	<input type="checkbox"/>	
Capital gain	State		State I.D.
Federal income tax withheld	State income tax withheld		
Employee contributions or insurance premiums	State distribution		
Distribution code(s)	Name of locality		
IRA/SEP/SIMPLE Roth: Y/N ___	Local income tax withheld	<input type="checkbox"/>	
Your percentage of total distribution	Local distribution		
TS	Payer's name:	Payer's Federal ID Number:	
Address: City:			
U.S. Only	State, Zip	2012	2013
Foreign Only	Province/State, Country, Postal Code	2012	2013
Disability indicator		<input type="checkbox"/>	<input type="checkbox"/>
Report as wages on 1040		<input type="checkbox"/>	<input type="checkbox"/>
Gross distribution	Name of locality		
Taxable amount	Local income tax withheld		
Total distribution	Local distribution	<input type="checkbox"/>	
Capital gain	State		State I.D.
Federal income tax withheld	State income tax withheld		
Employee contributions or insurance premiums	State distribution		
Distribution code(s)	Name of locality		
IRA/SEP/SIMPLE Roth: Y/N ___	Local income tax withheld	<input type="checkbox"/>	
Your percentage of total distribution	Local distribution		

Other Income and Adjustments

Name:

SSN:

Income

	Taxpayer		Spouse	
	2013	2012	2013	2012
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 2013				
Total Social Security received				
Lump sum benefits - earlier years				
Net railroad Tier One benefits received for 2013				
Other income (please list):				Investment income
NOL carryforward or carryback				
Real estate tax recovery				
Personal property rental income				
Gambling winnings				
Alaska Permanent Fund				
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Expenses for Business Use of Your Home

Name:

SSN:

TSJ | For

Business Use of Home

2013

2012

Square feet of home used exclusively for business

Total square feet of home

Use of Home for Daycare

2013

2012

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
	2013	2012	2013
Did you claim office in home expenses last year? <input type="checkbox"/> Yes <input type="checkbox"/> No			2012
Deductible mortgage interest			
Real estate taxes			
Excess mortgage interest			
Insurance			
Rent			
Repairs and maintenance			
Utilities			
Other expenses			
Cost of Home			2013
			2012

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		2013	2012
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	
	2013	2012	2013	2012
Enter the date vehicle was placed in service				
Total miles vehicle was driven during 2013				
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