

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2013 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2013 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2012 information is included for your reference. You do not need to make any 2012 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2012 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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Topic Index

ORG2

| | |
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|---|---|

General Questions

ORG3

PERSONAL INFORMATION

| | Yes | No |
|---|--------------------------|--------------------------|
| 1 Did your marital status change during 2013? If yes , explain | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Do you want to allow your tax preparer to discuss this year's return with the IRS? If no , enter another person (if desired) to be allowed to discuss this return with the IRS. Caution: Review any transferred information for accuracy. | <input type="checkbox"/> | <input type="checkbox"/> |
| Designee's Name ▶ Phone Number ▶ Personal Identification Number (5 digit PIN) ▶ | | |
| 3 Do you or your spouse plan to retire in 2014? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Were you or your spouse permanently and totally disabled in 2013? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Enter date of death for taxpayer or spouse (if during 2013 or 2014): Taxpayer: _____ Spouse: _____ | | |
| 6 Were you or your spouse a member of the U.S. Armed Forces during 2013? | <input type="checkbox"/> | <input type="checkbox"/> |

DEPENDENT INFORMATION

| | Yes | No |
|--|--------------------------|--------------------------|
| 7 a Do you have dependents who must file? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes , do you want us to prepare the return(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes , do you want to include your child's income on your return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Are any of your dependents not U.S. citizens or residents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Did you provide over half the support for any other person during 2013? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you incur adoption expenses during 2013? | <input type="checkbox"/> | <input type="checkbox"/> |

IRA, PENSION AND EDUCATION SAVINGS PLANS

| | Yes | No |
|--|--------------------------|--------------------------|
| 12 Did you receive payments from a pension or profit-sharing plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 a Did you convert all or part of a regular IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you roll over all or part of a qualified plan into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Did you contribute to a Coverdell Education Savings Account? | <input type="checkbox"/> | <input type="checkbox"/> |

ITEMS RELATED TO INCOME/LOSSES

| | Yes | No |
|---|--------------------------|--------------------------|
| 16 Did you receive any disability payments in 2013? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Did you receive tip income not reported to your employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2013? (Attach copies of any escrow statements or Forms 1099.) | <input type="checkbox"/> | <input type="checkbox"/> |
| b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? | <input type="checkbox"/> | <input type="checkbox"/> |
| c Are you planning to purchase a home soon? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Did you incur any casualty or theft losses during 2013? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Did you incur any non-business bad debts? | <input type="checkbox"/> | <input type="checkbox"/> |

PRIOR YEAR TAX RETURNS

| | Yes | No |
|--|--------------------------|--------------------------|
| 21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? If yes , enclose agent's report or notice of change. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? | <input type="checkbox"/> | <input type="checkbox"/> |

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

- | | Yes | No |
|---|--------------------------|--------------------------|
| 23 Did you have foreign income or pay any foreign taxes in 2013 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24a At any time during 2013, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2013 ? Report all interest income on Org 11 | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 Did you at any time during 2013, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTH AND LIFE INSURANCE

- | | Yes | No |
|--|--------------------------|--------------------------|
| 27a Did you or your spouse have self-employed health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 Did you have health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 Did you contribute to or receive distributions from a Health Savings Account (HSA)? | <input type="checkbox"/> | <input type="checkbox"/> |

MISCELLANEOUS

- | | Yes | No |
|---|--------------------------|--------------------------|
| 31 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2013? If yes , please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 Did you start paying mortgage insurance premiums in 2013 ? If yes , please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 Did you purchase a motor vehicle or boat during 2013 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , attach documentation showing sales tax paid. | | |
| 34 Did you purchase an energy efficient vehicle in 2013 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , enter year, make, model, and date purchased: _____ | | |
| 35 Did you donate a vehicle in 2013 ? If yes, attach Form 1098C | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 What was the sales tax rate in your locality in 2013 ? _____ % State ID _____ | | |
| 37 Did you or your spouse make gifts of over \$14,000 to an individual or contribute to a prepaid tuition plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 Did you make gifts to a trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach details. | | |
| 40 Did you or your spouse participate in a medical savings account in 2013 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.) | | |
| 41 Did you make a loan at an interest rate below market rate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 Did you pay any individual for domestic services in 2013 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 Did you pay interest on a student loan for yourself, your spouse, or your dependents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Did you, your spouse, or your dependents attend post-secondary school in 2013 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 Did a lender cancel any of your debt in 2013 ? (Attach any Forms 1099-A or 1099-C) | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 Did you receive any income not included in this Tax Organizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach information. | | |

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

- | | Yes | No |
|---|--------------------------|--------------------------|
| 47 If your tax return is eligible for Electronic Filing, would you like to file electronically? | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? | <input type="checkbox"/> | <input type="checkbox"/> |

Caution: Review transferred information for accuracy.

- 49** If **yes**, please provide the following information:
- a** Name of your financial institution
- b** Routing Transit Number (must begin with 01 through 12 or 21 through 32)
- c** Account number
- d** What type of account is this?Checking Savings

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Business/Investment Questions

ORG4

| | Yes | No |
|--|--------------------------|--------------------------|
| 1 Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Did you buy or sell any stocks or bonds in 2013? If yes , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you surrender any U.S. savings bonds during 2013? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2013? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Did you sell property or equipment on installment in 2013? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Did you have any business related educational expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you do a 'like-kind' exchange of property in 2013? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Do you have records, as described below, to support expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient. | | |
| 13 Did you purchase special fuels for non-highway use? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please list the type of use and the number of gallons for each fuel. _____ _____ _____ _____ | | |
| 14 Was Form 8903 (Domestic Production Activities Deduction) included in your 2012 federal income tax return? | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Information

ORG5

A large rectangular box containing 25 horizontal lines for writing.

W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION

Attach all copies of your W-2 forms here.

| | | | |
|----------|--|--|--------------------------|
| 1 | Employer's name | Check if not applicable for 2013 | <input type="checkbox"/> |
| | Employer's name | Check if for spouse | <input type="checkbox"/> |
| | 1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace | | <input type="checkbox"/> |
| | 2 Enter any amounts forfeited from a flexible spending account | | _____ |
| | 3 Check if the income reported is from a foreign source | | <input type="checkbox"/> |
| | 4 a Clergy: Enter your designated housing or parsonage allowance | | _____ |
| | b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value..... | | _____ |
| | c Check SE tax on: (a) housing or parsonage allowance..... | (b) W-2 wages..... | (c) both..... |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Employer's name | Check if not applicable for 2013 | <input type="checkbox"/> |
| | Employer's name | Check if for spouse | <input type="checkbox"/> |
| | 1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace | | <input type="checkbox"/> |
| | 2 Enter any amounts forfeited from a flexible spending account | | _____ |
| | 3 Check if the income reported is from a foreign source | | <input type="checkbox"/> |
| | 4 a Clergy: Enter your designated housing or parsonage allowance | | _____ |
| | b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value..... | | _____ |
| | c Check SE tax on: (a) housing or parsonage allowance..... | (b) W-2 wages..... | (c) both..... |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC

Attach all copies of your 1099-R forms here.

| | | | |
|----------|---|--|--------------------------|
| 1 | Payer's name..... | Check if not applicable for 2013 | <input type="checkbox"/> |
| | Payer's name..... | Check if for spouse | <input type="checkbox"/> |
| | 1 Check if either box applies: Rollover | Conversion to Roth IRA | <input type="checkbox"/> |
| | 2 a If a partial rollover, enter the amount rolled over | | _____ |
| | b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA | | _____ |
| | 3 Health insurance premiums deductible on Schedule A..... | | _____ |
| | 4 a If entire distribution is a Required Minimum Distribution (RMD), check this box | | <input type="checkbox"/> |
| | b If only part of distribution is RMD, enter the part that is RMD..... | | _____ |
| 2 | Payer's name..... | Check if not applicable for 2013 | <input type="checkbox"/> |
| | Payer's name..... | Check if for spouse | <input type="checkbox"/> |
| | 1 Check if either box applies: Rollover | Conversion to Roth IRA | <input type="checkbox"/> |
| | 2 a If a partial rollover, enter the amount rolled over | | _____ |
| | b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA | | _____ |
| | 3 Health insurance premiums deductible on Schedule A..... | | _____ |
| | 4 a If entire distribution is a Required Minimum Distribution (RMD), check this box | | <input type="checkbox"/> |
| | b If only part of distribution is RMD, enter the part that is RMD..... | | _____ |

W-2G – GAMBLING OR LOTTERY WINNINGS

Attach all copies of your W-2G forms here.

| Name of Payer | Check if Spouse | Gross Winnings (Box 1) | Federal Tax Withheld (Box 2) | State Tax Withheld (Box 14) | State Code (Box 13) |
|---------------|--------------------------|------------------------|------------------------------|-----------------------------|---------------------|
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |

W-2 Amounts

ORG7A

| WAGES, SALARIES, TIPS, AND OTHER COMPENSATION | | | |
|---|--|--------------------------|--------------------------|
| Box | Description | 2013 | 2012 |
| c | Employer's name (from ORG7) | | |
| 1 | Wages, tips, etc..... | | |
| 2 | Federal income tax withheld..... | | |
| 3 | Social security wages..... | | |
| 4 | Social security tax..... | | |
| 5 | Medicare wages/tips | | |
| 6 | Medicare tax withheld..... | | |
| 13b | Check if retirement plan participant..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Social security tips | | |
| 8 | Allocated tips..... | | |
| | Unreported tips less than \$20 per month | | |
| | Unreported tips \$20 or more per month | | |
| 9 | (Not used)..... | | |
| 10 | Dependent care | | |
| 11 | Nonqualified plans..... | | |
| 13a | Check if statutory employee | <input type="checkbox"/> | <input type="checkbox"/> |
| 13c | Check if third-party sick pay | <input type="checkbox"/> | <input type="checkbox"/> |

| Box 12 W-2 Code | 2013 Box 12 Amount | 2012 Box 12 Amount | | 2013 | 2012 |
|--------------------|-----------------------|-----------------------|---------------------------------------|--------------------------|--------------------------|
| | | | If Box 12 code is: | | |
| | | | A: Attributable to RR Tier 2 tax..... | | |
| | | | M: Attributable to RR Tier 2 tax..... | | |
| | | | R: Taxpayer MSA | | |
| | | | Spouse MSA | | |
| | | | G: Not government employer | <input type="checkbox"/> | <input type="checkbox"/> |

| 2013 Box 14 Description or Code | 2013 Box 14 Amount | 2012 Box 14 Description or Code | 2012 Box 14 Amount |
|------------------------------------|-----------------------|------------------------------------|-----------------------|
| | | | |
| | | | |
| | | | |

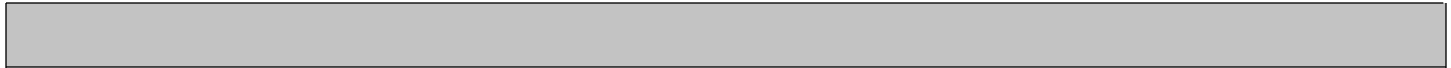
| Box 15 State | 2013 Box 16 Wages, tips, etc | 2013 Box 17 Income tax | 2012 Box 16 Wages, tips, etc | 2012 Box 17 Income tax |
|-----------------|---------------------------------|---------------------------|---------------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |

| Box 20 Locality | 2013 Box 18 Wages, tips, etc | 2013 Box 19 Income tax | 2012 Box 18 Wages, tips, etc | 2012 Box 19 Income tax |
|--------------------|---------------------------------|---------------------------|---------------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |

1099-R Amounts

ORG7B

Source From: 1099-R CSA-1099-R CSF-1099-R RRB-1099-R.....



Payer's name.....

| Box | Description | 2013 | 2012 |
|-----|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| | | | |
| | Federal income tax withheld..... | | |
| | | | |
| | | | |
| | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| | ▶ Check if a qualified Roth IRA distribution, but box 7 code is J or T, not code Q | <input type="checkbox"/> | <input type="checkbox"/> |
| | ▶ If a fully taxable disability pension, check if recipient is under the minimum retirement age | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | |
| | | | |
| | State tax withheld – State 1..... State tax withheld – State 2..... | | |
| | State/Payer's state number – State 1..... State/Payer's state number – State 2..... | | |
| | State distribution – State 1..... State distribution – State 2..... | | |
| | Local tax withheld – Locality 1..... Local tax withheld – Locality 2..... | | |
| | Name of locality – Locality 1..... Name of locality – Locality 2..... | | |
| | Local distribution – Locality 1..... Local distribution – Locality 2..... | | |
| | Inherited IRA If this distribution is from an inherited IRA, indicate the distribution is from the IRA of | | |
| | ▶ Spouse and treat as recipient's own (treat as rollover)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | ▶ Recipient, but originally was inherited from spouse's (own IRA)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | ▶ Spouse and not treat as recipient's own (taxable amount in box 2a)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | ▶ Someone other than a spouse (taxable amount in box 2a)..... | <input type="checkbox"/> | <input type="checkbox"/> |

1099-MISC Income

ORG8

MISCELLANEOUS INCOME

Attach all copies of 1099-MISC forms here.

| Box | Description | Payer 1 | Payer 2 | Payer 3 |
|-----|---|---------|---------|---------|
| | Check if spouse | | | |
| | Check if you did not receive income from this payer in 2013 | | | |
| | Payer's name | | | |
| | Payer's federal identification number or | | | |
| | Payer's social security number | | | |
| 1 | Rents | | | |
| 2 | Royalties | | | |
| 3 | Other income | | | |
| 4 | Federal income tax withheld | | | |
| 5 | Fishing boat proceeds | | | |
| 6 | Medical/health care payments | | | |
| 7 | Nonemployee compensation | | | |
| 8 | Substitute payments | | | |
| 10 | Crop insurance proceeds | | | |
| 11 | Foreign Tax Withheld | | | |
| 12 | Foreign Country | | | |
| 13 | Excess golden parachute payments | | | |
| 14 | Gross proceeds paid to an attorney | | | |
| 15a | Section 409A deferrals | | | |
| 15b | Section 409A income | | | |
| 16 | State tax withheld – 1st state | | | |
| 17 | State name – two letters – 1st state | | | |
| | Payer's state number – 1st state | | | |
| 18 | State income – 1st state | | | |
| 16 | State tax withheld – 2nd state | | | |
| 17 | State name – two letters – 2nd state | | | |
| | Payer's state number – 2nd state | | | |
| 18 | State income – 2nd state | | | |

Social Security Benefits/Form 1099-G/Other Income

ORG10

SOCIAL SECURITY BENEFITS

| | | |
|--|-----------------|---------------|
| <input checked="" type="checkbox"/> Attach all copies of SSA and RRB forms. | Taxpayer | Spouse |
| 1 Social Security Benefits from Form SSA-1099..... | | |
| 2 Federal income tax withheld from Form SSA-1099 | | |
| 3 Medicare B premiums withheld from Form SSA-1099 | | |
| 4 Medicare C premiums withheld from Form SSA-1099 | | |
| 5 Medicare D premiums withheld from Form SSA-1099 | | |
| 6 Railroad Retirement Benefits from Form RRB-1099 | | |
| 7 Federal income tax withheld from Form RRB-1099 | | |
| 8 Medicare premiums withheld from Form RRB-1099..... | | |

FORM 1099-G

Attach all copies of 1099-G forms.

| Box | Description | Payer 1 | Payer 2 | Payer 3 |
|-----|---|--------------------------|--------------------------|--------------------------|
| | Check if Spouse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Check if Joint..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Payer's name..... | | | |
| 1 | Unemployment compensation..... | | | |
| a | Unemployment benefits you repaid in 2013 | | | |
| 2 | State and local income tax refunds | | | |
| 3 | Enter the tax year from 1099-G box 3 | | | |
| a | If tax year is 2012 or prior, enter the taxable portion of the amount reported in box 2 | | | |
| 4 | Federal income tax withheld..... | | | |
| 5 | RTAA payments..... | | | |
| 6 | Taxable grants | | | |
| 7 | Agriculture payments | | | |
| 8 | Check if box 2 amount is from trade or business | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Market gain | | | |
| 10a | Two-letter state abbreviation | _____ | _____ | _____ |
| | Two or three-letter local abbreviation | _____ | _____ | _____ |
| b | State identification number | | | |
| 11 | State income tax withheld..... | | | |

OTHER INCOME

| Nature and Source | 2013 Taxpayer | 2013 Spouse | 2012 Combined |
|---|------------------|----------------|------------------|
| 1 Alimony received | | | |
| 2 Recovery of bad debts previously deducted | | | |
| 3 Jury duty pay..... | | | |
| 4 Gambling winnings not reported on W2G/1099 | | | |
| 5 Income from not for profit activities (hobbies) | | | |
| 6 Income from the rental of personal property | | | |
| 7 Other miscellaneous income items: Description: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

1099-INT Amounts

ORG11A

| Box | Form 1099-INT | 2013 | 2012 |
|------------|---|------|------|
| | Payer Name | | |
| 2 | Early withdrawal penalty | | |
| 4 | Federal taxes withheld | | |
| 5 | Investment expenses | | |
| 6 | Foreign taxes paid | | |
| 7 | Foreign country | | |
| 9 | Private activity bond interest | | |
| | Percent of private activity bond amount included in total interest | | |
| 11 | State (postal code) | | |
| 12 | State ID | | |
| 13 | State taxes withheld | | |
| 11a | State (postal code) | | |
| 12a | State ID | | |
| 13a | State taxes withheld | | |
| | Types of adjustments:* | | |
| | <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> H <input type="checkbox"/> U | | |
| | Amount of adjustment | | |

*Type of adjustment:
 N = Nominee distribution
 O = Original issue discount (OID) adjustment
 B = Amortizable bond premium (ABP) adjustment
 A = Accrued interest adjustment
 H = Other adjustment
 U = U.S. Savings bond interest previously reported

1099-DIV Amounts

ORG11B

| Box | Form 1099-DIV | 2013 | 2012 |
|------------|--|------|------|
| | Payer Name | | |
| 2b | Unrecaptured Section 1250 gain | | |
| 2c | Section 1202 gain | | |
| 2d | Collectibles (28%) gain | | |
| 3 | Nondividend distributions (Nontaxable distributions) | | |
| 4 | Federal taxes withheld | | |
| 5 | Investment expenses | | |
| 6 | Foreign tax paid | | |
| 7 | Foreign country | | |
| 10 | Exempt-interest dividends (not included in box 1 or box 3) | | |
| 11 | Private activity bond amount included above | | |
| | OR | | |
| | Percent of private activity bond amount included in total exempt-interest dividends (Enter 75 percent as 75.00) | | |
| 12 | State taxes withheld | | |
| 13 | State (postal code) | | |
| 14 | State ID | | |
| 12a | State taxes withheld | | |
| 13a | State (postal code) | | |
| 14a | State ID | | |
| | U.S. government interest in dividends | | |
| | Margin interest paid in 2013 | | |
| | Types of adjustments: Nominee <input type="checkbox"/> Other <input type="checkbox"/> ESOP <input type="checkbox"/> | | |
| | Amount of adjustment | | |

Medical and Tax Expenses

ORG13

| MEDICAL AND DENTAL EXPENSES | 2013 | 2012 |
|---|-------------|-------------|
| 1 Prescription medications..... | | |
| 2 Health insurance premiums (enter Medicare B on ORG10)..... | | |
| 3 Qualified long-term care premiums | | |
| a Taxpayer's gross long-term care premiums | | |
| b Spouse's gross long-term care premiums | | |
| c Dependent's gross long-term care premiums | | |
| 4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity..... | | |
| 5 Insurance reimbursement..... | | |
| 6 Doctors, dentists, etc | | |
| 7 Hospitals, clinics, etc | | |
| 8 Lab and X-ray fees..... | | |
| 9 Expenses for qualified long-term care..... | | |
| 10 Eyeglasses and contact lenses | | |
| 11 Medical equipment and supplies | | |
| 12 Miles driven for medical purposes..... | | |
| 13 Ambulance fees and other medical transportation costs..... | | |
| 14 Lodging..... | | |
| 15 Other medical and dental expenses: | | |
| a _____ | | |
| b _____ | | |
| c _____ | | |
| d _____ | | |
| e _____ | | |
| f _____ | | |
| g _____ | | |
| h _____ | | |
| i _____ | | |
| j _____ | | |
| TAXES | 2013 | 2012 |
| Enter state and local income taxes on ORG7, ORG8, ORG10, and ORG40. | | |
| 16 Real estate taxes paid on principal residence | | |
| 17 Real estate taxes paid on additional homes or land | | |
| 18 Auto registration fees based on the value of the vehicle..... | | |
| 19 Other personal property taxes | | |
| 20 Other taxes: | | |
| _____ | | |
| _____ | | |

Interest Paid and Cash Contributions

ORG14

| HOME MORTGAGE INTEREST PAID | | | |
|-----------------------------|---------------------------|------|------|
| Lender's Name | Check if NOT on Form 1098 | 2013 | 2012 |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |

| POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME | | |
|---|---------------------------|------|
| Lender's Name | Check if NOT on Form 1098 | 2013 |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |

| SELLER FINANCED MORTGAGE | | |
|--------------------------|--------------------|---------|
| Individual's Name | Identifying Number | Address |
| | | |
| | | |

| OTHER PERSON RECEIVING FORM 1098 | |
|----------------------------------|---------|
| Form 1098 Recipient's Name | Address |
| | |
| | |

| OTHER POINTS | | | | | |
|---|--------------------------|-------------|--------------|---------------------|----------------------|
| Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage. | | | | | |
| Lender's Name | Loan Over | Points Paid | Date of Loan | Loan Length (years) | 2012 Points Deducted |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |

| INVESTMENT INTEREST | | |
|---|------|------|
| | 2013 | 2012 |
| Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc) | | |

Interest Paid and Cash Contributions (continued)

ORG14

LIMITED HOME MORTGAGE DEDUCTION

If your mortgage balance exceeded \$1 million (\$500,000 for married filing separately) or your home equity debt exceeded \$100,000 (\$50,000 for married filing separately) during 2013 complete the following:

| | Loan 1 | Loan 2 | Loan 3 | Loan 4 | Loan 5 |
|---|--------|--------|--------|--------|--------|
| 1 Interest paid in 2013 | | | | | |
| Points paid in 2013 | | | | | |
| Months loan outstanding | | | | | |
| Principal pd on loan in 2013. | | | | | |
| 2 Home acquisition debt: | | | | | |
| Beginning of year balance .. | | | | | |
| Additional borrowed in 2013 .. | | | | | |
| 3 Home equity debt: | | | | | |
| Beginning of year balance .. | | | | | |
| Additional borrowed in 2013 .. | | | | | |
| 4 Grandfathered debt: (before 10/14/1987) | | | | | |
| Beginning of year balance .. | | | | | |
| Additional borrowed in 2013 .. | | | | | |
| 5 Fair market value of homes on date debt was last secured by home | | | | | |
| 6 Home acquisition and grandfathered debt on date last secured by home | | | | | |

CASH CONTRIBUTIONS

| Name of Donee Organization | Check if Statement Exists for Gifts \$250 or More | 2013 | 2012 |
|----------------------------|---|------|------|
| | <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"/> | | |
| | <input type="checkbox"/> | | |

| | | |
|---|--|--|
| Charitable miles driven | | |
| Miles driven to deliver noncash contributions | | |
| Parking fees, tolls, and local transportation | | |

Noncash Contributions

ORG14A

| Name of Donee Organization | Check if Statement Exists for Gifts of \$250 or More | Fair Market Value | Prior Year Fair Market Value |
|----------------------------|--|-------------------|------------------------------|
| A _____ | | | |
| B _____ | | | |
| C _____ | | | |
| D _____ | | | |
| E _____ | | | |
| F _____ | | | |
| G _____ | | | |
| H _____ | | | |
| I _____ | | | |

Note: Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

| Description of Donated Property | Type** | Address of Donee Organization |
|---------------------------------|--------|-------------------------------|
| A _____ | | |
| B _____ | | |
| C _____ | | |
| D _____ | | |
| E _____ | | |
| F _____ | | |
| G _____ | | |
| H _____ | | |
| I _____ | | |

| Method for Fair Market Value* | Date of Contribution | Complete these columns only for each contribution over \$500 | | |
|-------------------------------|----------------------|---|-----------------|-----------|
| | | Date Acquired (month, year) | How Acquired*** | Your Cost |
| A _____ | | | | |
| B _____ | | | | |
| C _____ | | | | |
| D _____ | | | | |
| E _____ | | | | |
| F _____ | | | | |
| G _____ | | | | |
| H _____ | | | | |
| I _____ | | | | |

***Methods of determining FMV:**

- | | | |
|---------------|--------------------------|-------------------|
| Appraisal | Capitalization of income | Present value |
| Average share | Comparative sales | Replacement cost |
| Catalog | Consignment shop | Reproduction cost |

****Type of Donated Property**

- | | | |
|---------------------------------|-----------------------------------|--|
| Household/clothing items | Business equipment | Intellectual property |
| Motor vehicle, boat or airplane | Business inventory | Real property, conservation property |
| Art, other than self-created | Stock, publicly traded | Real property, other than conservation |
| Art, self-created | Stock, other than publicly traded | Other personal property |
| Collectibles | Securities, other than stock | Other intangible property |

*****How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions

ORG15

| MISCELLANEOUS DEDUCTIONS (2% LIMITATION) | | 2013 | 2012 |
|--|--|------|------|
| Employee Business Expenses | | | |
| Note: If you have any travel, transportation, meals or entertainment expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses. | | | |
| 1 | Union and professional dues | | |
| 2 | Professional subscriptions | | |
| 3 | Uniforms and protective clothing | | |
| 4 | Job search costs | | |
| 5 | Other unreimbursed employee expenses: | | |
| a | _____ | | |
| b | _____ | | |
| c | _____ | | |
| d | _____ | | |
| e | _____ | | |
| Other Expenses Subject to the 2% Limitation | | | |
| Treat all MACRS assets for this activity as qualified Indian reservation property? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Treat all assets acquired after August 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No | | | |
| Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Check to code assets as Investment Expense <input type="checkbox"/> | | | |
| Use ORG50 to record dispositions. | | | |
| Use ORG51A to enter additional assets. | | | |
| Use ORG11a for investment expenses related to interest income. | | | |
| Use ORG11b for investment interest related to dividend income. | | | |
| 6 | Tax return preparation fees | | |
| 7 | Investment counsel and advisory fees | | |
| 8 | Certain attorney and accounting fees | | |
| 9 | Safe deposit box rental | | |
| 10 | IRA custodial fees | | |
| 11 | Other expenses (list): | | |
| a | _____ | | |
| b | _____ | | |
| c | _____ | | |
| d | _____ | | |
| e | _____ | | |
| OTHER MISCELLANEOUS DEDUCTIONS | | 2013 | 2012 |
| 12 | Federal estate tax paid on income in respect of a decedent | | |
| 13 | Amortizable bond premiums (acquired before 10/23/86) | | |
| 14 | Gambling losses (to the extent of gambling income) | | |
| 15 | Claim repayments | | |
| 16 | Unrecovered investment in annuity | | |

Employee Business Expenses

ORG17

Occupation in which expenses were incurred

Check box if spouse's employee expenses. If blank, taxpayer assumed.....

Check box if a fee-basis state or local government official

Check box if subject to Department of Transportation (DOT) hours of service limits.....

Treat all MACRS assets for activity as qualified Indian reservation property?..... Yes No

Treat all assets acquired after August 27, 2005 as qualified GO Zone property?..... Regular Extension No

Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?..... Yes No

Was this activity located in a Qualified Disaster Area..... Yes No

| EXPENSES | 2013 | 2012 |
|--|------|------|
| 1 Parking fees, tolls, and local transportation..... | | |
| 2 Travel expenses while away from home (excluding meals/entertainment expenses)..... | | |
| 3 Meals and entertainment expenses..... | | |
| 4 Business gifts..... | | |
| 5 Education..... | | |
| 6 Home office expenses (Preparer Use Only – complete ORG17A)..... | | |
| 7 Trade publications..... | | |
| 8 Depreciation expense other than vehicle (Preparer Use Only)..... | | |
| 9 Carryover of Section 179 expense from prior year..... | | |
| 10 Other: _____ _____ _____ | | |

| EMPLOYER REIMBURSEMENTS | 2013 | 2012 |
|--|------|------|
| Enter amounts not reported in Box 1 on Form W-2 (include amounts reported under code 'L' in Box 12 of Form W-2). | | |
| 11 Reimbursements for other than meals and entertainment..... | | |
| 12 Reimbursements for meals and entertainment..... | | |

| QUALIFIED PERFORMING ARTIST | 2013 | 2012 |
|---|--|--|
| 13 Did you perform services in the performing arts as an employee for at least two employers during the year, and receive from at least two of those employers wages of \$200 or more per employer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| IMPAIRMENT-RELATED WORK EXPENSES | 2013 | 2012 |
|--|--|--|
| 14 If you are disabled, were any of your expenses for attendant care at your place of employment, or were any of your expenses in connection with your place of employment that enabled you to work? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Employee Business Expenses (continued)

ORG17

| GENERAL VEHICLE INFORMATION | Vehicle 1 | Vehicle 2 |
|--|---|---|
| 15 Description of vehicle..... | | |
| 16 Date placed in service..... | | |
| 17 Enter detail on lines 17a and 17b, or total on line 17c: | | |
| a Ending mileage reading..... | | |
| b Beginning mileage reading..... | | |
| c Total miles for the year (line 17a less line 17b)..... | | |
| 18 Business miles..... | | |
| 19 Total commuting miles..... | | |
| 20 Average daily commuting miles..... | | |
| STANDARD MILEAGE RATE | Vehicle 1 | Vehicle 2 |
| 21 Do you qualify for standard mileage? (Preparer Use Only) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22 Is this a leased vehicle? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ACTUAL EXPENSES | Vehicle 1 | Vehicle 2 |
| 23 Gasoline, oil, repairs, insurance, etc..... | | |
| 24 Vehicle registration fee (excluding property tax)..... | | |
| 25 Vehicle lease or rental fee..... | | |
| 26 Inclusion amount (Preparer Use Only) | | |
| 27 Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2)..... | | |
| 28 Depreciation (Preparer Use Only) | | |
| VEHICLE DEPRECIATION/DISPOSITIONS | Vehicle 1 | Vehicle 2 |
| 29 Cost or basis..... | | |
| 30 Is this an electric vehicle? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 31 Is this qualified Indian reservation property?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 32 Type of vehicle (Preparer Use Only) | | |
| 33 Section 179 expense (Preparer Use Only) | | |
| 34 Qualified Property for Economic Stimulus? (Preparer Use) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 35 Qualified Property for Qualified Disaster Area? (Preparer Use) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36 Qualified Property for Kansas Disaster Zone (Preparer Use) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37 Qualified property for GO Zone? (Preparer Use Only) | <input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A | <input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A |
| 38 Percentage for Special Depreciation Allowance? (Preparer Use) | <input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A | <input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A |
| 39 Elect OUT of Special Depreciation Allowance? (Preparer Use) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 40 Elect 30% in place of 50% Allowance? (Preparer Use) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 41 Date sold..... | | |
| 42 Date acquired, if different from line 16..... | | |
| 43 Sales price..... | | |
| 44 Expense of sale..... | | |
| 45 Gain/loss basis, if different (Preparer Use Only) | | |
| 46 AMT gain/loss basis, if different (Preparer Use Only) | | |
| VEHICLE QUESTIONS | | |
| 47 Was your vehicle available for personal use during off-duty hours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 48 Is another vehicle available for personal use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 49 Do you have evidence to support the business use claimed?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 50 If yes , is the evidence written? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Employee Home Office Expense

ORG17A

for:
copy:

Elect the simplified method instead of entering actual expenses

| GENERAL INFORMATION | 2013 | 2012 |
|---|------|------|
| 1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage) | | |
| 2 Area used only partly for day care (square footage) | | |
| 3 Total area of home (square footage) | | |
| 4 Daycare hours | | |
| a Number of weeks used for daycare, if less than full year | | |
| b Number of days used for day care each week | | |
| c Number of days closed for holidays, vacations, etc | | |
| d Number of hours used for daycare each day | | |
| 5 Total wages from this business | | |
| 6 Enter the percent of wages above that are from the business use of this home | | |
| 7 Gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only) ... | | |
| 8 Any losses from this business shown on Schedule D or Form 4797 (Preparer Use Only) | | |

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

| EXPENSES | 2013 | | 2012 | |
|---|--------|----------|--------|----------|
| | Direct | Indirect | Direct | Indirect |
| 9 Casualty losses (Preparer Use Only) | | | | |
| 10 Mortgage interest/points on Form 1098 | | | | |
| 11 Interest not on Form 1098 | | | | |
| 12 Points not of Form 1098 | | | | |
| 13 Real estate taxes | | | | |
| 14 Qualified mortgage insurance | | | | |
| 15 Other insurance | | | | |
| 16 Rent | | | | |
| 17 Repairs and maintenance | | | | |
| 18 Utilities | | | | |
| 19 Other expenses (e.g., rent) | | | | |
| 20 Carryover of operating expenses | | | | |
| 21 Excess casualty losses (Preparer Use Only) | | | | |
| 22 Depreciation of your home (Preparer Use Only) | | | | |
| 23 Carryover of excess casualty losses and depreciation | | | | |

DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this occupation, please complete the following information.

| 24 | Description | Date Acquired (MM/DD/YY) | Date Placed in Service (MM/DD/YY) | Cost (include land for residence only) |
|----|---|-----------------------------|---|--|
| | Residence | | | |
| | Addition/Improvement | | | |
| | Addition/Improvement | | | |
| | Addition/Improvement | | | |
| | Addition/Improvement | | | |
| 25 | Enter the land value included in cost for residence | | | |

Car And Truck Expenses

(Employees use ORG17 – Employee Business Expenses)

ORG18

for:

| GENERAL INFORMATION- | Vehicle 1 | Vehicle 2 | Vehicle 3 |
|--|--|--|--|
| 1 Description of vehicle..... | | | |
| 2 Date placed in service..... | | | |
| 3 Enter detail on lines 3a and 3b, or total on line 3c: | | | |
| a Ending mileage reading..... | | | |
| b Beginning mileage reading..... | | | |
| c Total miles for the year (line 3a less line 3b)..... | | | |
| 4 Business miles..... | | | |
| 5 Total commuting miles..... | | | |
| STANDARD MILEAGE RATE | Vehicle 1 | Vehicle 2 | Vehicle 3 |
| 6 Do you qualify for standard mileage? (Preparer Use)..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7 Is this a leased vehicle?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ACTUAL EXPENSES | Vehicle 1 | Vehicle 2 | Vehicle 3 |
| 8 Gasoline, oil, repairs, insurance, etc..... | | | |
| 9 Vehicle registration fee (excluding property tax)..... | | | |
| 10 Vehicle lease or rental fee..... | | | |
| 11 Inclusion amount (Preparer Use Only)..... | | | |
| 12 Depreciation (Preparer Use Only)..... | | | |
| 13 Parking fees, tolls, and local transportation..... | | | |
| 14 Portion of vehicle registration fee based on value..... | | | |
| 15 Interest on vehicle..... | | | |
| DEPRECIATION/DISPOSITIONS | Vehicle 1 | Vehicle 2 | Vehicle 3 |
| 16 Cost or basis..... | | | |
| 17 Is this an electric vehicle?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18 Is this qualified Indian reservation property?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 Type of vehicle (Preparer Use)..... | | | |
| 20 Section 179 expense (Preparer Use)..... | | | |
| 21 Qualified Property for Economic Stimulus? (Preparer Use)..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22 Qualified Property for Qualified Disaster Area? (Preparer Use)..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23 Kansas Disaster Zone? (Preparer Use)..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24 Qualified GO Zone Property (Preparer Use)..... | <input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A | <input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A | <input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A |
| 25 Percentage for SDA? (Preparer Use)..... | <input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No | <input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No | <input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No |
| 26 Elect OUT of SDA? (Preparer Use)..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27 Elect 30% in place of 50% SDA (Preparer Use)..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 28 Date sold..... | | | |
| 29 Date acquired, if different from line 2..... | | | |
| 30 Sales price..... | | | |
| 31 Expense of sale..... | | | |
| 32 Gain/loss basis, if different (Preparer Use)..... | | | |
| 33 AMT gain/loss basis, if different (Preparer Use)..... | | | |
| VEHICLE QUESTIONS | Vehicle 1 | Vehicle 2 | Vehicle 3 |
| 34 Is another vehicle available for personal use?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 35 Was vehicle available during off duty hours?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36 Was vehicle used primarily by a greater than 5% owner or related person?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37 Do you have evidence to support the business use claimed?..... | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 38 If yes , is the evidence written?..... | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Business Income and Expenses

ORG19

GENERAL INFORMATION

1 Check ownership **Taxpayer** **Spouse** **Joint**

2 Business name

3 a Business street address.....

b 1 City, State and Zip Code, or

2 Foreign country.....

4 Principal business/profession

5 Employer ID number.....

6 Business code (**Preparer Use Only**)

7 Was this business fully disposed of in a fully taxable transaction during 2013?..... **Yes** **No**

8 Accounting method:
 Cash Accrual Other (specify)

9 Method used to value closing inventory:
 Cost Lower of Other (explain)

Yes **No**

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory?
 (If yes, attach explanation)

11 Did you materially participate in the operation of this business during 2013?

12 Did you start or acquire this business during 2013?

13 a Did you make any payments in 2013 that require you to file Forms 1099?

b If yes, did you or will you file all the required Forms 1099?

14 At-risk determination:
a Is all of the investment in this activity at risk?

b Is some of the investment in this activity not at risk?

15 Did you have unallowed passive losses in 2012?

16 a Treat all MACRS assets for this activity as qualified Indian reservation property?

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property?..... **Regular** **Extension** **No**

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?

d Was this business located in a Qualified Disaster Area?

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

| INCOME | 2013 | 2012 |
|--|------|------|
| 17 Gross receipts or sales..... | | |
| 18 Returns and allowances plus other adjustments..... | | |
| 19 Other income (include federal/state gas tax credit/refund) | | |

| COST OF GOODS SOLD – IF APPLICABLE | 2013 | 2012 |
|--|------|------|
| 20 Inventory at beginning of year | | |
| 21 Purchases | | |
| 22 Items withdrawn for personal use | | |
| 23 Cost of labor (do not include your salary) | | |
| 24 Materials and supplies | | |
| 25 Other costs | | |
| 26 Inventory at end of year..... | | |

Business Income and Expenses (continued)

ORG19

| EXPENSES | 2013 | 2012 |
|--|------|------|
| Business name _____ | | |
| 27 Advertising | | |
| 28 Car and truck expenses (complete ORG18)..... | | |
| 29 Commissions and fees | | |
| 30 Contract labor | | |
| 31 Depletion | | |
| 32 Depreciation and Section 179 deduction (Preparer Use Only)..... | | |
| 33 Employee benefit programs: | | |
| a Employee health insurance premiums | | |
| b Other employee benefit programs | | |
| 34 Insurance (other than health) | | |
| 35 Self-employed health insurance attributable to this business | | |
| 36 Interest: | | |
| a Mortgage paid to banks not reported to you on Form 1098..... | | |
| b Other | | |
| 37 Legal and professional services | | |
| 38 Office expenses | | |
| 39 Pension and profit-sharing plans | | |
| 40 Rent or lease: | | |
| a Machinery and equipment (enter vehicle lease on ORG18) | | |
| b Other business property..... | | |
| 41 Repairs and maintenance | | |
| 42 Supplies (not included in cost of goods sold) | | |
| 43 Taxes and licenses not reported to you on Form 1098 | | |
| 44 Travel, meals, and entertainment: | | |
| a Travel..... | | |
| b Meals and entertainment subject to 50% limit | | |
| c Meals subject to 80% limit..... | | |
| d Meals and entertainment not subject to limit..... | | |
| 45 Utilities | | |
| 46 Gross wages | | |
| 47 Other expenses: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| 48 Expenses for business use of your home (Preparer Use Only)..... | | |
| Complete ORG20 for Business Use of Home. | | |
| 49 Qualified pension plan start-up costs..... | | |

Business Use of Home

ORG20

for:
copy:

Elect the simplified method instead of entering actual expenses

| GENERAL INFORMATION | 2013 | 2012 |
|--|------|------|
| 1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage) | | |
| 2 Area used only partly for day care (square footage) | | |
| 3 Total area of home (square footage) | | |
| 4 Daycare hours | | |
| a Number of weeks used for daycare, if less than full year | | |
| b Number of days used for day care each week | | |
| c Number of days closed for holidays, vacations, etc | | |
| d Number of hours used for daycare each day | | |
| 5 Enter the date you began using this home office for this business | | |
| 6 If part of your income is from a place of business other than this home, enter % of gross income from business use of this home | | |
| 7 Adjustment to gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only) | | |
| 8 Adjustment to losses from this business shown on Schedule D or Form 4797 (Preparer Use Only) | | |

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

| EXPENSES | 2013 | | 2012 | |
|--|--------|----------|--------|----------|
| | Direct | Indirect | Direct | Indirect |
| 9 Casualty losses (Preparer Use Only) | | | | |
| 10 Total mortgage interest/points | | | | |
| 11 Mortgage interest/points on Form 1098 | | | | |
| 12 Interest not on Form 1098 | | | | |
| 13 Points not of Form 1098 | | | | |
| 14 Real estate taxes | | | | |
| 15 Excess mortgage interest (Preparer Use) | | | | |
| 16 Qualified mortgage insurance | | | | |
| 17 Other insurance | | | | |
| 18 Rent | | | | |
| 19 Repairs and maintenance | | | | |
| 20 Utilities | | | | |
| 21 Other expenses (e.g., rent) | | | | |
| 22 Carryover of operating expenses | | | | |
| 23 Excess casualty losses (Preparer Use Only) | | | | |
| 24 Depreciation of your home (Preparer Use Only) | | | | |
| 25 Carryover of excess casualty losses and depreciation | | | | |

DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this business, please complete the following information.

| 26 | Description | Date Acquired (MM/DD/YY) | Date Placed in Service (MM/DD/YY) | Cost (include land for residence only) |
|-----------|---|-----------------------------|---|--|
| | Residence | | | |
| | Addition/Improvement | | | |
| | Addition/Improvement | | | |
| | Addition/Improvement | | | |
| | Addition/Improvement | | | |
| 27 | Enter the land value included in cost for residence | | | |

Sales of Stocks and Securities

ORG21

Attach all copies of Forms 1099-B and/or 1099-S here.

| 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"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

- 1 Did you exchange any securities for other securities or any other property held for investment?
- 2 Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale?
- 3 Did you engage in any transactions involving traded options?.....
- 4 Did you engage in any transactions involving commodity future contracts and straddle positions?.....
- 5 Did you engage in any transactions involving *employee* stock options?
- 6 Schedule D included in the 2012 Federal income tax return?

Do not include installment sales transactions here. Complete information on Installment Sales Income (ORG23) instead. See notes below for entries to be made on lines 1d, 4a, 4b and 5

FORMS 1099-B, 1099-S – SALES OF STOCKS, BONDS, REAL ESTATE, ETC.

Transaction number.....

1a Check if this sale was reported to you on Form 1099-B or substitute statement

b If so, check if Box 6a is marked (i.e., this is the sale of noncovered security).....

c If so, check if Box 6b is marked (i.e., the basis amount was reported to the IRS).....

d If so, select type of gain (loss) indicated in Box 1c *.....

2 Description of property

3a Date acquired **b** Date sold

4a Type of transaction *** **b** Property ownership **

5 Holding period *

6 Sales price

7 Cost or other basis

8 Wash sale loss disallowed.....

9 Federal Tax withheld (if any).....

10a State..... **b** State identification **c** State tax withheld

Transaction number.....

1a Check if this sale was reported to you on Form 1099-B or substitute statement

b If so, check if Box 6a is marked (i.e., this is the sale of noncovered security).....

c If so, check if Box 6b is marked (i.e., the basis amount was reported to the IRS).....

d If so, select type of gain (loss) indicated in Box 1c *.....

2 Description of property

3a Date acquired **b** Date sold

4a Type of transaction *** **b** Property ownership **

5 Holding period *

6 Sales price

7 Cost or other basis

8 Wash sale loss disallowed.....

9 Federal Tax withheld (if any).....

10a State..... **b** State identification **c** State tax withheld

*** Type of Holding Period**

- S = Short-term (one year or less)
- L = Long-term (more than one year)
- ** Type of Ownership**
- T = Taxpayer Ownership
- S = Spouse Ownership
- J = Joint Ownership

***** Type of Transaction**

- S = Regular Sale of Stocks, Bonds, etc
- W = Wash Sale
- M = Collectible (28% Rate)
- P = Personal Loss on Noninvestment Property
- X = Expired (options, etc)
- O = Worthless Securities
- K = Bankrupt
- N = Nonbusiness Bad Debt
- E = Stock sales to ESOP's or EWOC's

Rent and Royalty Income and Expenses

ORG25

BASIC PROPERTY INFORMATION

Property description: _____
 Property type: * _____ If type is other, enter a description: _____
 Location (street address): _____
 City: _____ State: _____ Zip: _____
 If a foreign address: Foreign province or state: _____
 Foreign postal code: _____ Foreign Country: _____

1 Check property owner **Taxpayer** **Spouse** **Joint**

| | | |
|---|--------------------------|--------------------------|
| 2 a Did you make any payments that would require you to file Form(s) 1099? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes , did you or will you file all required Forms(s) 1099? | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|--|--------------------------|--------------------------|
| 3 a Enter the ownership percentage (if not 100%)..... | | |
| b If not 100%, are you reporting 100% of the income and expenses? | <input type="checkbox"/> | <input type="checkbox"/> |

4 Is this a rental property? (If **yes**, answer questions 5 through 11; if **no**, skip to question 12.) Yes No

5 Did you have personal use of this property or rent it for part of the year at less than fair rental value? Yes No

6 For all rental properties, **enter the number of days** during 2013 that:

| | | |
|--|--|--|
| a The property was rented at fair rental value | | |
| b The property was used personally or rented at less than fair rental value | | |
| c You owned the property, if not the entire year | | |

| | | |
|--|--------------------------|--------------------------|
| 7 a Does this rental have multiple living units and you live in one of the units? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes , enter percentage of rental use | | |

8 Did you actively participate in this property's management during 2013? Yes No

9 Did you materially participate in this property's management during 2013? Yes No

10 Do you want to treat this property as non-passive?..... Yes No

11 Did this property have unallowed passive losses in 2012? Yes No

12 Did you dispose of this property in a fully taxable transaction? Yes No

13 Check this box if some of this investment was **not** at-risk.....

14 a Treat all MACRS assets for this activity as qualified Indian reservation property? Yes No

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property?..... **Regular** **Extension** **No**

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes No

d Was this activity located in a Qualified Disaster Area?..... Yes No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

| INCOME | 2013 | 2012 |
|---|------|------|
| 15 Rents or royalties received | | |

- | | | |
|--------------------------|---|---|
| * Property Types: | 1 Single family residence 2 Multi-family residence 3 Vacation/short-term rental 4 Commercial | 5 Land 6 Royalties 7 Self-rental 8 Other |
|--------------------------|---|---|

Rent and Royalty Income and Expenses (continued)

ORG25

| EXPENSES | 2013 | 2012 |
|---|------|------|
| Property location | | |
| 16 Advertising | | |
| 17 a Automobile (complete ORG18 for autos)..... | | |
| b Travel..... | | |
| 18 Cleaning and maintenance | | |
| 19 Commissions..... | | |
| 20 a Mortgage insurance premiums – qualified | | |
| b Other insurance | | |
| 21 Legal and professional fees | | |
| 22 Management fees | | |
| 23 a Mortgage interest paid to banks – qualified..... | | |
| b Mortgage interest paid to banks – other..... | | |
| 24 Other interest | | |
| 25 Repairs..... | | |
| 26 Supplies..... | | |
| 27 a Real estate taxes..... | | |
| b Other taxes..... | | |
| 28 Utilities | | |
| 29 Other expenses: | | |
| a | | |
| b | | |
| c | | |
| d | | |
| e | | |
| 30 a Depreciation and Section 179 deduction (Preparer Use Only) | | |
| b Depletion (Preparer Use Only) | | |

Adjustments to Income

ORG28

| TRADITIONAL IRA CONTRIBUTIONS | Taxpayer | Spouse |
|--|--------------------------|--------------------------|
| 1 Traditional IRA contributions made for 2013 | | |
| 2 Check if you were covered by a retirement plan at work..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Check if you wish to make an additional contribution to your traditional IRA before the due date of your return..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 If line 3 is checked, check this box to contribute the maximum allowable amount..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Or enter the amount you wish to contribute | | |
| If you (a) received traditional IRA distributions during 2013 and you have made nondeductible IRA contributions to any of your traditional IRAs, including SIMPLE IRAs, OR (b) choose to make any nondeductible traditional IRA contributions for 2013, please provide this information: | | |
| 6 Enter the value of all of your IRAs on 12/31/2013 | | |
| 7 Enter the value of all recharacterizations after 12/31/2013 | | |
| 8 Enter the amount of any outstanding rollovers as of 1/1/2013 | | |
| If you received IRA distributions during 2013, please complete ORG7. | | |
| ROTH IRA CONTRIBUTIONS | Taxpayer | Spouse |
| 1 Roth IRA contributions made for 2013..... | | |
| 2 Check if you wish to make an additional contribution to your Roth IRA before the due date of your return..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 If line 2 is checked, check this box to contribute the maximum allowable amount..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Or enter the amount you wish to contribute | | |
| SELF-EMPLOYED PENSION CONTRIBUTIONS | Taxpayer | Spouse |
| Money Purchase Plan Keogh and Multiple Plans: | | |
| 1 a Payments made and/or expected to be made to a money purchase Keogh plan for 2013..... | | |
| b Check this box if you wish to contribute the maximum amount to your money purchase Keogh for 2013 | <input type="checkbox"/> | <input type="checkbox"/> |
| Profit Sharing Plan Keogh: | | |
| 2 a Payments made and/or expected to be made to a profit sharing Keogh for 2013 | | |
| b Check this box if you wish to contribute the maximum amount to your profit sharing Keogh for 2013 | <input type="checkbox"/> | <input type="checkbox"/> |
| Defined Benefit Plan Keogh: | | |
| 3 Payments made and/or expected to be made to a defined benefit Keogh plan for 2013..... | | |
| SEP: | | |
| 4 a Payments made and/or expected to be made to a SEP for 2013..... | | |
| b Check this box if you wish to contribute the maximum amount to your SEP for 2013 | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-Employed SIMPLE Plan: | | |
| 5 a Payments made and/or expected to be made to a self-employed SIMPLE plan for 2013 | | |
| b Enter matching contributions only to report on Form 1040 to a self-employed SIMPLE plan for 2013 | | |
| Individual 401(k): | | |
| 6 a Elective deferrals made and/or expected to be made to an Individual 401(k) plan for 2013 | | |
| b Catch-up contributions made and/or expected to be made to an Individual 401(k) for 2013 | | |
| c Employer matching profit-sharing contribution made and/or expected to be made to an Individual 401(k) plan for 2013..... | | |
| d Check this box if you wish to contribute the maximum amount to your Individual 401(k) for 2013 | <input type="checkbox"/> | <input type="checkbox"/> |
| Roth 401(k): | | |
| 7 a Elective deferrals made or expected to be made to a designated Roth 401(k) plan for 2013 | | |
| b Catch-up contributions made or expected to be made to a designated Roth 401(k) plan for 2013 | | |
| ALIMONY PAID | | |
| Recipient's name | Recipient's SSN | Alimony paid |
| 1 | | |
| 2 | | |

Child and Dependent Care Expenses

ORG35

CHILD AND DEPENDENT CARE EXPENSES

Enter below the persons or organizations who provided the child and dependent care.

| First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name <hr/> Provider Phone | Provider Address | ID Number SSN on first line OR EIN on second line | Amount Paid |
|---|---|--|---|
| 1 | Care at above address? <input type="checkbox"/> | Tax-Exempt .. <input type="checkbox"/> | Foreign <input type="checkbox"/> |
| 2 | Care at above address? <input type="checkbox"/> | Tax-Exempt .. <input type="checkbox"/> | Foreign <input type="checkbox"/> |
| 3 | Care at above address? <input type="checkbox"/> | Tax-Exempt .. <input type="checkbox"/> | Foreign <input type="checkbox"/> |
| 4 | Care at above address? <input type="checkbox"/> | Tax-Exempt .. <input type="checkbox"/> | Foreign <input type="checkbox"/> |

| EXPENSES | 2013 | 2012 |
|--|------|------|
| 1 Total employment taxes paid on wages for child care expenses | | |
| 2 Total expenses paid in 2013 but not incurred in 2013 | | |
| 3 Total expenses incurred in 2013 but not paid in 2013 | | |
| 4 Medical expenses paid for qualifying persons unable to care for themselves | | |

| STUDENT/DISABLED PERSON INFORMATION FOR 2013 | Taxpayer | Spouse |
|--|----------|--------|
| 5 If taxpayer or spouse was a full-time student or disabled in 2013, answer the following questions: | | |
| a Number of months that taxpayer/spouse was a full-time student or disabled | | |
| b Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here | | |

Education Information

ORG36

Education expenses were paid in 2012

EDUCATION TUITION AND FEES

Attach all Form 1098-Ts and a list of your qualified expenses.

| EDUCATOR EXPENSES | 2013 | 2012 |
|--|------|------|
| 1 a Taxpayer educator expenses..... | | |
| b Spouse educator expenses..... | | |

STUDENT LOAN INTEREST PAID

Student Loan Interest Reported on a 1098-E in 2013

2 a Enter detail below or total interest in Part 2b

| Lender's Name | 2013 | 2012 |
|--|------|------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Student Loan Interest | 2013 | 2012 |
| 2 b Enter the total interest paid on qualified student loans..... | | |

FORM 1099-Q

3 Enter 1099-Q detail below.

| State Code | Name of Payer or Program | Gross Distribution Box 1 | Earnings Box 2 | * Type Box 5 |
|------------|--------------------------|--------------------------|----------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

* For the Type Code, enter the following:
 P = Private Qualified Tuition Program
 S = State Qualified Tuition Program
 E = Coverdell ESA

Tax Payments

ORG40

2013 ESTIMATED TAX PAYMENTS

| | Federal | | State | | | Local | | |
|--------------------------------------|---------|--------|-------|--------|----|-------|--------|----|
| | Date | Amount | Date | Amount | ID | Date | Amount | ID |
| 1 Qtr 1 due by 04/17/13..... | | | | | | | | |
| 2 Qtr 2 due by 06/15/13..... | | | | | | | | |
| 3 Qtr 3 due by 09/17/13..... | | | | | | | | |
| 4 Qtr 4 due by 01/15/14 | | | | | | | | |
| 5 a Additional payments ... | | | | | | | | |
| b Additional payments ... | | | | | | | | |
| c Additional payments ... | | | | | | | | |
| d Additional payments ... | | | | | | | | |

OTHER TAX PAYMENTS

| | Federal | State | Local |
|---|---------|-------|-------|
| 6 2012 overpayment applied to 2013 | | | |
| 7 Balance due paid with 2012 return | | | |
| 8 a 2012 Quarter 4 payments paid in 2013 | | | |
| b 2012 extension payments paid in 2013 | | | |
| 9 Other taxes paid in 2013 for prior years (include explanation) | | | |

2014 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2014, please enter the increase or decrease below.

Income

- 10** Wages..... Taxpayer _____
Spouse..... _____
- 11** Self-Employment Income..... Taxpayer _____
Spouse..... _____
- 12** Capital Gains (sale of stock, real estate, etc)..... _____
- 13** Other Income:
Description

Deductions

- 14** Allowable Itemized Deductions
- 15** Other deductions (such as alimony paid, early withdrawal penalties, etc):
Description
- 16** Federal Withholding.....
- 17** Number of personal exemptions expected for 2014

ADDITIONAL INFORMATION

- 18** Check to use your 2013 tax amount for your 2014 estimate.....
- 19** If you have an overpayment of 2013 taxes, check the box to indicate how you want your overpayment applied.
 - a** Apply entire overpayment to next year and refund excess
 - b** Apply entire overpayment to first quarter and refund excess
- 20** Amount to apply if not entire overpayment..... _____
- 21** Number of installments for estimated tax (1 - 4)

K-1 Partnership – Partner's Questions

ORG45

| | | | |
|----------|---|--|--|
| ▶ | <input checked="" type="checkbox"/> | Attach all copies of K-1s from partnerships. | |
| 1 | Name of partnership | | |
| | Partnership identification number | | Tax shelter registration number |
| | 1 | Ownership | <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint |
| | 2 | Is this the final K-1 for this partnership? | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2 | Name of partnership | | |
| | Partnership identification number | | Tax shelter registration number |
| | 1 | Ownership | <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint |
| | 2 | Is this the final K-1 for this partnership? | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 | Name of partnership | | |
| | Partnership identification number | | Tax shelter registration number |
| | 1 | Ownership | <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint |
| | 2 | Is this the final K-1 for this partnership? | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4 | Name of partnership | | |
| | Partnership identification number | | Tax shelter registration number |
| | 1 | Ownership | <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint |
| | 2 | Is this the final K-1 for this partnership? | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5 | Name of partnership | | |
| | Partnership identification number | | Tax shelter registration number |
| | 1 | Ownership | <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint |
| | 2 | Is this the final K-1 for this partnership? | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 | Name of partnership | | |
| | Partnership identification number | | Tax shelter registration number |
| | 1 | Ownership | <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint |
| | 2 | Is this the final K-1 for this partnership? | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

K-1 S Corporation – Shareholder's Questions

ORG46

| | | | |
|----------|---|--|--|
| ▶ | <input checked="" type="checkbox"/> | Attach all copies of K-1s from S Corporations. | |
| 1 | Name of S Corporation _____ | | |
| | S Corporation identification number _____ | | Tax shelter registration number ... _____ |
| | 1 Ownership | <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse <input type="checkbox"/> Joint |
| | 2 Is this the final K-1 for this S Corporation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Name of S Corporation _____ | | |
| | S Corporation identification number _____ | | Tax shelter registration number ... _____ |
| | 1 Ownership | <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse <input type="checkbox"/> Joint |
| | 2 Is this the final K-1 for this S Corporation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 | Name of S Corporation _____ | | |
| | S Corporation identification number _____ | | Tax shelter registration number ... _____ |
| | 1 Ownership | <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse <input type="checkbox"/> Joint |
| | 2 Is this the final K-1 for this S Corporation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 | Name of S Corporation _____ | | |
| | S Corporation identification number _____ | | Tax shelter registration number ... _____ |
| | 1 Ownership | <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse <input type="checkbox"/> Joint |
| | 2 Is this the final K-1 for this S Corporation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5 | Name of S Corporation _____ | | |
| | S Corporation identification number _____ | | Tax shelter registration number ... _____ |
| | 1 Ownership | <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse <input type="checkbox"/> Joint |
| | 2 Is this the final K-1 for this S Corporation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 | Name of S Corporation _____ | | |
| | S Corporation identification number _____ | | Tax shelter registration number ... _____ |
| | 1 Ownership | <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse <input type="checkbox"/> Joint |
| | 2 Is this the final K-1 for this S Corporation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

State Information Worksheet

ORG60

GENERAL INFORMATION

| | | |
|--|--------------------------|--------------------------|
| | Taxpayer | Spouse |
| 1 Enter your state of residence | | |
| 2 Check the appropriate box if: | Taxpayer | Spouse |
| a Full year resident..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b Part year resident..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c Nonresident | <input type="checkbox"/> | <input type="checkbox"/> |
| | Date of entry: _____ | Date of exit: _____ |
| 3 Resident locality: _____ | | |
| 4 County: _____ School district: _____ School district number: _____ | | |
| | Taxpayer | Spouse |
| 5 Check if disabled | <input type="checkbox"/> | <input type="checkbox"/> |

STATE CREDITS

| 6 Description/type of credit (for example, solar energy, carpool) | Code | Amount |
|---|------|--------|
| a _____ | | |
| b _____ | | |
| c _____ | | |
| d _____ | | |
| e _____ | | |

VOLUNTARY STATE CONTRIBUTIONS

| 7 Description/type of contribution (for example, wildlife, cancer) | Code | Amount |
|--|------|--------|
| a _____ | | |
| b _____ | | |
| c _____ | | |
| d _____ | | |
| e _____ | | |

MISCELLANEOUS QUESTIONS

| | | | |
|--|--|--|--------------------------|
| | | Yes | No |
| 8 Did you file a state return for 2012? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Do you want state forms and instructions sent to you next year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Do you want any applicable penalty and interest calculated and added to the return? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 How do you want your state refund (if any) applied? | | | |
| a Refunded <input type="checkbox"/> | b Apply to 2014 estimates <input type="checkbox"/> | c Apply to 2014 taxes <input type="checkbox"/> | |
| 12 Additional state information: _____ | | | |
| _____ | | | |
| _____ | | | |