#### **ORGANIZER** Page 1 **Client Information** 2012 US 1040 1

Sandra Madison Reinhardt, CPA

1299 4th St., Ste. 300 San Rafael, CA 94901

Telephone number: (415) 453-0207 Fax number: 415-453-0406 E-mail address: smr@smr-cpa.com **Tax Return Appointment** 

Date: Time: Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2012 tax return. Please add, change, or delete information as appropriate.

#### **CLIENT INFORMATION**

Filipa	Filing status (table)
Filing Status	1=married filing separate and lived with spouse
	Year spouse died, if qualifying widow(er) (2010 or 2011)
	First name and initial
	Last name
	Title/suffix
Taxpayer	Social security number
ranpayor	Occupation
	Date of birth (m/d/y)
	Date of death (m/d/y)
	1=blind
	First name and initial
	Last name
	Title/suffix
Spouse	Social security number
орошоо	Occupation
	Date of birth (m/d/y)
	Date of death (m/d/y)
	1=blind
	In care of
	Street address
Address	Apartment number
71001033	City
	State
	ZIP code
Foreign	Region
Address	Postal code
	Country

#### **Filing Status**

- 1 = Single
- 2 = Married filing joint 3 = Married filing separate 4 = Head of household

- 5 = Qualifying widow(er)

	Home phone	
	Work phone	Daytime Phone
avnaver	Work extension	1 = Work
axpayer Contact	Daytime phone (table)	2 = Home
formation	Mobile phone	3 = Mobile
	Pager number	
	Fax number	
	E-mail address	
	Home phone	
	Work phone	
Spouse	Work extension	
Spouse Contact	Daytime phone (table)	
ormation	Mobile phone	
	Pager number	
	Fax number	
	E-mail address	

2012 1040 US Dependents

## Please add, change or delete information for 2012.

# **DEPENDENTS**

	Type of Dependent  1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only, not a dependent
Described	1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only,
Described	1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only,
Described	2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only,
Described	4 = Head of household only, not a dependent 5 = Earned income credit only,
Described	4 = Head of household only, not a dependent 5 = Earned income credit only,
Described	5 = Earned income credit only,
Described	not a dependent
Described	
Domina don't	
	1
t j Dependent	Earned Income Credit
Верепаетт	
	1 = When applicable (default)
	2 = Student age 19 to 23 3 = Disabled
	4 = Force
	5 = Suppress
+	
	NOTE: If you claim the earned
	income credit, please provide
	proof that your child is a resident of the U.S. This proof is
	typically in the form of:
t Dependent	School records or statement
	2. Landlord or property man-
	agement statement 3. Health care provider
	statement
	4. Medical records 5. Child care provider records
	6. Placement agency statement
	7. Social service records or statement
	8. Place of worship statement
	9. Indian tribe office statement 10. Employer statement
	10. Employer statement
t J Dependent	
	NOTE: If your child is disabled, please provide one of the fol-
	lowing forms of proof of disa-
	bility:
	1. Doctor statement
	<ul> <li>2. Other health care provider statement</li> </ul>
	3. Social services agency or
	program statement
l l	

2

ORGANIZER Page 4 **Miscellaneous Questions** 2012 1040 US If any of the following items pertain to you or your spouse for 2012, please check the appropriate box and provide additional information if necessary. PERSONAL INFORMATION YES NO Did your marital status change during the year? Did your address change during the year? Could you be claimed as a dependent on another person's tax return for 2012? **DEPENDENTS** Were there any changes in dependents? Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2012? Did you have any children under age 19 or full-time students under age 24 at the end of 2012, with interest and dividend income in excess of \$950, or total investment income in excess of \$1,900? INCOME Did you receive unreported tip income of \$20 or more in any month? Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? Did you receive any disability income? Did you have any foreign income or pay any foreign taxes? PURCHASES, SALES AND DEBT Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? Did you buy or sell any stocks, bonds or other investment property in 2012? Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2013? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? Did you have any debts cancelled or forgiven? Does anyone owe you money which has become uncollectible?

Page 5 ORGANIZER **Miscellaneous Questions (continued)** 2012 1040 US If any of the following items pertain to you or your spouse for 2012, please check the appropriate box and provide additional information if necessary. RETIREMENT PLANS YES NO Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? Did you transfer or rollover any amount from one retirement plan to another retirement plan? Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2012? Did you convert a traditional, SEP, or SIMPLE IRA (or other qualified retirement plan) to a Roth IRA in 2010, and defer the taxable amount of the conversion to tax year 2011 and 2012? **EDUCATION** Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or ITEMIZED DEDUCTIONS Did you incur a loss because of damaged or stolen property? Did you work out of town for part of the year? Did you use your car on the job (other than to and from work)? **ESTIMATED TAXES** Did you apply an overpayment of 2011 taxes to your 2012 estimated tax (instead of being refunded)? If you have an overpayment of 2012 taxes, do you want the excess applied to your 2013 estimated tax (instead of being refunded)? Do you expect your 2013 taxable income and withholdings to be different from 2012? **MISCELLANEOUS** Do you want to electronically file your tax return? Do you want to allocate \$3 to the Presidential Election Campaign Fund? Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? May the IRS discuss your tax return with your preparer? Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

**ORGANIZER** Page 6 **Miscellaneous Questions (continued)** US 2012 1040 If any of the following items pertain to you or your spouse for 2012, please check the appropriate box and provide additional information if necessary. **MISCELLANEOUS (continued)** YES NO Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? Was your home rented out or used for business? Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? Did you incur moving expenses due to a change of employment? Did you engage the services of any household employees? Were you notified or audited by either the Internal Revenue Service or the State taxing agency? Did you or your spouse make any gifts to an individual that total more than \$13,000, or any gifts to a trust?

Page 7 **ORGANIZER** 

**Direct Deposit & Estimates (Form 1040 ES)** 2012 US 1040 3, 6

#### Please enter all pertinent 2012 information.

#### **DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account	18	
1=electronic payment of balance due	34	
1=electronic payment of estimated tax	36	

#### **BANK INFORMATION**

	Name of Bank	D	cent to eposit xx.xx)	Ro	outing Number		Account Number	Typ Acc (Tab	Typo Inve (Tab	
19	9	24		20		21		22	71	
44	4	45		47		48		49	72	
50	0	51		67		68		69	73	

#### 2012 ESTIMATED TAX / 1040-ES (6)

Federal		Amount Paid		Date Paid	TS	2011 Voucher Amount
Overpayment applied from 2011	. 1					
1st quarter payment	. 2		3			13
2nd quarter payment	. 4		5			14
3rd quarter payment	. 6		7			15
4th quarter payment	. 8		9			16
	38		39			
Additional Estimated	40		41			
Tax Payments	42		43			
	44		45			
Paid with extension	. 10		11			802

State		Amount Paid	Date Paid	rs	2011 Voucher Amount
Overpayment applied from 2011	101				
1st quarter payment	102	103		113	
2nd quarter payment	104	105		114	
3rd quarter payment	106	107		115	
4th quarter payment		109		116	
	138	139			
Additional Estimated	140	141			
Tax Payments	142	143			
	144	145			
Paid with extension	110	111		804	

1 Type of Account 1 = Savings 2 = Checking

2 Type of Investment

1 = Checking or savings (default) 2 = Taxpayer's IRA (next year limits) 3 = Spouse's IRA (next year limits) 4 = Health savings account (HSA) 5 = Archer MSA

6 = Coverdell savings account (ESA) 7 = Other 8 = Taxpayer's IRA (current year limits) 9 = Spouse's IRA (current year limits) 10 = Series I treasury bonds

3, 6

ORGANIZERPage 820121040USDirect Deposit & Estimates (Form 1040 ES) (cont.)7.1

.012	1040	05	Direct Deposit & Estimates (Form 1040 ES) (cont.)	/.1
			Please enter all pertinent 2012 information.	
APPI	LICATION	OF 2012	2 OVERPAYMENT (7.1)	
	nave an overpa please explain		12 taxes, do you want the excess refunded?.  or applied to 2013 estimate?	
			INFORMATION  ncome to be different from 2012?	No 🗌
			income, deductions, dependents, etc.:	
			ng to be different from 2012?	No
If "yes"	explain any d	ifferences:		
				7.1

2012 1040 US Wages, Pensions, Gambling Winnings

10, 13.1, 13.2

Please enter all pertinent 2012 amounts & attach all W-2, W-2G and 1099-R forms. Last year's amounts are provided for your reference.

#### WAGES, SALARIES, TIPS (10)

	1=ret <u>ir</u>		ment	Wages, Tips,						
No.	Name of Employer (Box c)	plan (Bo 1=spouse	x 13)	Wages, Tips, Other Compensation (Box 1)	Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	2011 Wages
	800		1 2	3	4	6	8	14	18	

#### PENSIONS, IRA DISTRIBUTIONS (13.1)

					Distribution code #2			)	0	Tarrabla	Tax Withheld		Value of	
No.	Name of Payer	Distribu 1=IRA/SE 1=spous	P/SIM				Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Federal (Box 4)	State (Box 12)	Value of all IRAs at 12/31/12	2011 Distribution		
	800		1	2	810	196	3	4	6	9	34			

#### **GAMBLING WINNINGS (W-2G) (13.2)**

			Cross Winnings	Tax W		
No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Federal (Box 2)	State (Box 14)	2011 Winnings
	800	1	3	6	9	

# GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

(13.2)		2012 Amount	TS	2011 Amount
Total gambling losses	12			
Winnings not reported on Form W-2G	10			

10, 13.1, 13.2

2012 | 1040 | US | Interest & Dividend Income | 11, 12

Please enter all pertinent 2012 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms. Last year's amounts are provided for your reference.

## **INTEREST INCOME (11)**

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Banks, S&Ls, C/Us, etc. (Box 1)	Interest Income Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Tax-Exem Total Municipal Bonds	pt Interest In-state Municipal Bonds	Early Withdrawal Penalty (Box 2)	2011 Interest
	800 (801, 813, 802, 803)	) 1	2	3	4	19	5	18	

# **DIVIDEND INCOME (12)**

		1_+n		Dividend	l Income		Tax-Exem	ıpt Interest	Foreign	
No.	Name of Payer	1=tp 2=sp	Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)	Foreign Tax Paid (Box 6)	2011 Dividends
	800	1	2	30	3	502	18	503	16	

2012 1040 US Miscellaneous Income 14.1

Please enter all pertinent 2012 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME		2012 Amo	ount	2011	Amount
		Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)	2	5	2		
Medicare premiums paid (SSA-1099)	13	6	3		
Tier 1 RR retirement benefits (RRB-1099, box 5)	3	5	3		
1=lump-sum election for SS benefits	12	6	2		
Alimony received	5	5	5		
Taxable scholarships and fellowships	8	5	8		
Jury duty pay	28	7	8		
Household employee income not on W-2	9	5	9		
Excess minister's allowance	24	7.	4		
Alaska permanent fund dividends	21	7	1		
Income from rental of personal property	23	7	3		
Income subject to S/E tax:					
	10	6	0		
	10	6	0		
	10	6	0		
	10	6	0		
	10	6	0		
	10	6	0		
Other income (1099-MISC, box 3)					
	11	6	1		
	11	6	1		
	11	6	1		
	11	6	1		
	11	6	1		
	11	6	1		
				<u> </u>	
TAY WITHUELD					
TAX WITHHELD (not entered elsewhere)					
Federal income tax withheld	14	6	4		
State income tax withheld	15	6	5		
Local income tax withheld	16	6	6		

2012	1040	IIC	State & Local Tax Refunds / Unemployment Compensation	14.2
<b>ZUIZ</b>	U4U	l US	State & Local Tax Retunds / Unemployment Compensation	14.2

Please add, change or delete 2012 information as appropriate. Be sure to attach all 1099-G forms.

# STATE AND LOCAL TAX REFUNDS / UNEMPLOYMENT COMPENSATION (Form 1099-G)

J.12 L	TIMENT COM ENSATION (1 01111 1035-4)	2012 1099-G Amount
	Name of payer	800
	1=spouse	1
	Unemployment compensation:	
	Total received (Box 1)	2
	2012 Overpayment repaid	3
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2)	4
	1=city or local income tax refund	9
	Tax year for box 2 if not 2011 (Box 3)	5
	Federal income tax withheld (Box 4)	6
No.	ATAA/RTAA payments (Box 5)	25
	Taxable grants:	
	Federal taxable amount (Box 6)	12
	State taxable amount, if different	17
	Farm amounts:	
	Agriculture payments (Box 7)	13
	1=agriculture payments are from conservation reserve program	24
	Market gain (Box 9)	26
	Number of farm	15
	1=box 2 is trade or business income (Box 8)	14
	State income tax withheld (Box 11)	11
	·	•
	Name of payer	800
	1=spouse	1
	Unemployment compensation:	
	Total received (Box 1)	2
	2012 Overpayment repaid	3
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2)	4
	1=city or local income tax refund	9
	Tax year for box 2 if not 2011 (Box 3)	5
	Federal income tax withheld (Box 4)	6
No.	ATAA/RTAA payments (Box 5)	25
	Taxable grants:	
	Federal taxable amount (Box 6)	12
	State taxable amount, if different	17
	Farm amounts:	
	Agriculture payments (Box 7)	13
	1=agriculture payments are from conservation reserve program	24
	Market gain (Box 9).	26
	3 ( )	
	Number of farm	15
	3 ( )	

142

144

165

2012 1040 US Education Distributions (ESA's and QTP's)

Please enter all pertinent 2012 amounts and attach all 1099-Q forms. Enter qualified education expenses below that are not entered elsewhere. Last year's amounts are provided for your reference.

ESA'S A	ND QTP'S (Form 1099-Q)		2012 Amount	2011 Amount
	Name of payer	800		
	1=spouse	1		
	Qualified expenses:			
	Higher education (net of nontaxable benefits)	143		
	Elementary & secondary education (net of nontaxable benefits).	307		
	Form 1099-Q:			
	Gross distributions (Box 1)	301		
No.	Earnings (Box 2)	302		
	Basis (Box 3)	303		
	Rollover: 1=nontaxable, 2=taxable (Box 4)	304		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)	2		

2012 contributions to this ESA.....

Value of this account at 12/31/12 (plus outstanding rollovers)...

Basis in this ESA as of 12/31/11.....

	Name of payer	800	
	1=spouse	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits)	143	
	Elementary & secondary education (net of nontaxable benefits).	307	
	Form 1099-Q:		
	Gross distributions (Box 1)	301	
No.	Earnings (Box 2)	302	
<u> </u>	Basis (Box 3).	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4)	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)	2	
	ESA's only:		
	2012 contributions to this ESA	142	
	Value of this account at 12/31/12 (plus outstanding rollovers)	144	
	Basis in this ESA as of 12/31/11	165	

	1-spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)	143	
	Elementary & secondary education (net of nontaxable benefits).	307	
	Form 1099-Q:		
	Gross distributions (Box 1)	301	
No.	Earnings (Box 2)	302	
	Basis (Box 3)	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4)	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)	2	
	ESA's only:		
	2012 contributions to this ESA	142	
	Value of this account at 12/31/12 (plus outstanding rollovers)	144	 _
	Basis in this ESA as of 12/31/11	165	

14.3

14.3

**ORGANIZER** 

ESA's only:

12   1040	US	Business Income (Sch	edule C)	No 1
Please	enter all pe	ertinent 2012 amounts. Last year's	s amounts are prov	ided for your reference.
GENERAL I	NFORMA	TION		
Principal busines	s/profession	800		
Principal busines				
Business name, i				
Business address	•			
City, if different fit State, if different				
ZIP code, if differ				
Employer identific				
Other accounting				
Accounting metho	od: 1=cash. 2=	=accrual	7	
-		wer cost/market, 3=other.		
1=spouse, 2=join	t			
		business		
		or will you file all required Form(s) 1099: 1=yes, 2=n		
		nt tax		
		."terial income producing factor		
		tterial income producing factor		
1=single member	limited liability	y company	418	
INCOME			2012 Amou	nt 2011 Amount
	sales (Form 1	099-MISC, box 7)	<b>2012 Amou</b>	nt 2011 Amount
Gross receipts or		099-MISC, box 7)		nt 2011 Amount
Gross receipts or			51	nt 2011 Amount
Gross receipts or Returns and allov			51	nt 2011 Amount
Gross receipts or Returns and allov			51 52 54 54	nt 2011 Amount
Gross receipts or Returns and allov			51 52 54 54 54	nt 2011 Amount
Gross receipts or Returns and allov			51 52 54 54 54 54 54	nt 2011 Amount
Gross receipts or Returns and allow			51 52 54 54 54 54 54 54	nt 2011 Amount
Gross receipts or Returns and allov			51 52 54 54 54 54 54	nt 2011 Amount
Gross receipts or Returns and allov			51 52 54 54 54 54 54 54 54 54	nt 2011 Amount
Gross receipts or Returns and allov	vances		51 52 54 54 54 54 54 54 54 54 54	nt 2011 Amount
Gross receipts or Returns and allow Other income:  COST OF G	OODS SO		51 52 54 54 54 54 54 54 54 54 54	nt 2011 Amount
Gross receipts or Returns and allow Other income:  COST OF G  Inventory at begin	OODS SO	DLD	51 52 54 54 54 54 54 54 54 54 54	nt 2011 Amount
Gross receipts or Returns and allow Other income:  COST OF G Inventory at begin Purchases	OODS SO	<b>DLD</b> ar	51 52 54 54 54 54 54 54 54 54 54 54 54 54 54	nt 2011 Amount
COST OF G Inventory at begin Purchases Cost of items for Cost of labor	OODS SO	<b>DLD</b> ar	51 52 54 54 54 54 54 54 54 54 54 54 54 54 54	nt 2011 Amount
COST OF G Inventory at begin Purchases Cost of items for Cost of labor	OODS SO	<b>DLD</b> ar	51 52 54 54 54 54 54 54 54 54 54 54 54 54 54	nt 2011 Amount
COST OF G Inventory at begin Purchases Cost of items for Cost of labor Materials and sup	OODS SO	<b>DLD</b> ar	51 52 54 54 54 54 54 54 54 54 54 54 54 54 54	nt 2011 Amount
COST OF G Inventory at begin Purchases Cost of items for Cost of labor Materials and sup	OODS SO	<b>DLD</b> ar	51 52 54 54 54 54 54 54 54 54 54 54 54 54 54	nt 2011 Amount
COST OF G Inventory at begin Purchases Cost of items for Cost of labor Materials and sup	OODS SO	<b>DLD</b> ar	51 52 54 54 54 54 54 54 54 54 54 54 54 54 51 54 54 54 54 54 54 54 54 54 54 54 54 54	nt 2011 Amount
COST OF G Inventory at begin Purchases Cost of items for Cost of labor Materials and sup	OODS SO	<b>DLD</b> ar	51 52 54 54 54 54 54 54 54 54 54 54	nt 2011 Amount

Page 15

2012	1040	US	Business Income (Schedule C) (cont.)	No.	16 n2
	1040	US	Dusiliess Ilicollie (Scheudie C) (Colic)		101

Please enter all	pertinent 2012 amounts.	Last year's amounts are	provided for your reference
------------------	-------------------------	-------------------------	-----------------------------

EXPENSES		2012 Amount	2011 Amount
Accounting	201		
Advertising.			
Answering service			
-			
Bad debts from sales or service			
Bank charges			
Car and truck expenses (not entered elsewhere).			
Commissions			
Contract labor			
Delivery and freight			
Dues and subscriptions	205		
Employee benefit programs	64		
Insurance (other than health)	66		
Mortgage interest (paid to banks, etc.)			
Other interest (not entered elsewhere)	67		
Janitorial			
Laundry and cleaning			
Legal and professional			
Miscellaneous	-		
Office expense	h + +		
Outside services.			
Parking and tolls			
Pension and profit sharing plans - contributions			
Pension and profit sharing plans - admin. and education costs	<b>—</b>		
Postage	211		
Printing	212		
Rent - vehicles, machinery, & equipment (not entered elsewhere)	58		
Rent - other	72		
Repairs	73		
Security	213		
Supplies	74		
Taxes - real estate	h + +		
Taxes - payroll			
Taxes - sales tax included in gross receipts			
Taxes - other (not entered elsewhere).	<b>—</b>		
,	<b>—</b>		
Telephone			
Tools	215		
Travel	76		
Total meals and entertainment in full (50%)			
Department of Transportation meals in full (80%)	86		
Uniforms	216		
Utilities	77		
Wages	78		
Other expenses:	90		
	90		
	90		
	90		
	90		
	90		
NOTE: If you purchased or disposed of any busine		s, please complete Shee	t 22.

16 p2

2012 | 1040 | US | Capital Gains & Losses (Schedule D)

**17** 

If you sold any stocks, bonds, or other investment property in 2012, please list the pertinent information for each sale below or provide a spreadsheet file with this information.

Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity	Description of Property (Box 8)	Date Acquired (Box 1b)	Date Sold (Box 1a)	Sales Price (gross or net) (Box 2)	Cost or Basis (Box 3)	Blank=basis rep. to IRS, 1=nonrec. security (Box 6)	Expenses of Sale (if gross sales price entered)	Federal Incom Tax Withheld (Box 4)
	847	800	25	26	27	29	541	28	168
									17

2012	1040	US	Installment Sales (Form 6252)	17 p2

IOR Y	EAR INSTALLMENT SALE		2012 Amount	2011 Amount
	Description of property	. 800		
	Date acquired (m/d/y)	. 25		
э.	Date sold (m/d/y)	. 26		
	Gross profit ratio (.xxxx)			
	Current year principal payments (-1 if none)	. 36		
	Description of property.	. 800		
	Date acquired (m/d/y)			
). <u> </u>	Date sold (m/d/y)			
	Gross profit ratio (.xxxx)	. 500		
	Current year principal payments (-1 if none)	. 36		
_	Description of property			
	Date acquired (m/d/y)	. 25		
).	Date sold (m/d/y)	. 26		
	Gross profit ratio (.xxxx)	. 500		
	Current year principal payments (-1 if none)	. 36		
	Description of property	. 800		
	Date acquired (m/d/y)	. 25		
).	Date sold (m/d/y)			
,	Gross profit ratio (.xxxx)	. 500		
	Current year principal payments (-1 if none)	. 36		
	Description of property	. 800		
	Date acquired (m/d/y)	. 25		
).	Date sold (m/d/y)	. 26		
	Gross profit ratio (.xxxx)	. 500		
	Current year principal payments (-1 if none)	. 36		
	Description of property	. 800		
	Date acquired (m/d/y)	. 25		
).	Date sold (m/d/y)	. 26		
	Gross profit ratio (.xxxx)	. 500		
	Current year principal payments (-1 if none)	. 36		
	Description of property.	. 800		
	Date acquired (m/d/y)	. 25		
).	Date sold (m/d/y)	. 26		
<del></del>	Gross profit ratio (.xxxx)	. 500	<del></del>	
	Current year principal payments (-1 if none)	. 36		

Page 18

ORGANIZER

2012 1040 US Sale of Home & Moving Expenses

17, 27

If you sold your home or moved in 2012, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)		
• •	900	
escription of property (Box 3)		
te acquired (m/d/y)to sold (m/d/y). (Pay 1)		
te sold (m/d/y) (Box 1)		
sale of home		
owned and used property as main home for at least 2 of 5 years before sale.	The state of the s	
First-time homebuyer credit was previously taken on this home		
business use in year of sale		
mber of days after December 31, 2008 that home was not used as principal residence		
ljusted Basis		
ginal cost		
provements:		
justed basis	29	
tal expenses of sale	28	
	reseen circumstances yo May 6 1997	ou either:
ease complete the following information if due to a change in health, place of employment, or unfor Did not meet the ownership and use tests *, or <b>b)</b> Excluded gain on the sale of another home after		ou either:
ease complete the following information if due to a change in health, place of employment, or unfor Did not meet the ownership and use tests *, or <b>b)</b> Excluded gain on the sale of another home after excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (n	n/d/y) 152	ou either:
ase complete the following information if due to a change in health, place of employment, or unformation of not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after xcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (no sale due to change in health, employment or unforeseen circumstances	n/d/y) 152 161	ou either:
ase complete the following information if due to a change in health, place of employment, or unformation of not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after xcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (no sale due to change in health, employment or unforeseen circumstances	n/d/y) 152 161 148	ou either:
ease complete the following information if due to a change in health, place of employment, or unfol Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (no sale due to change in health, employment or unforeseen circumstances	n/d/y) 152 161 148 149	ou either:
ease complete the following information if due to a change in health, place of employment, or unformed not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (no sale due to change in health, employment or unforeseen circumstances	152 161 148 149 150 150 150 150 150 150 150 150 150 150	ou either:
ease complete the following information if due to a change in health, place of employment, or unfolloid not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (no sale due to change in health, employment or unforeseen circumstances.  In ye used as main home - taxpayer.  In ye property owned - taxpayer.  In ye property owned - spouse.  In ye property owned - spouse.	152 161 148 149 150 150 150 150 150 150 150 150 150 150	ou either:
case complete the following information if due to a change in health, place of employment, or unfor Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (no sale due to change in health, employment or unforeseen circumstances.  Ye used as main home - taxpayer.  Ye used as main home - spouse.  Ye property owned - taxpayer.  Ye property owned - spouse.  Ye property owned - spouse.  OVING EXPENSES (27) (If you moved because of a change in the location of your job)	152 161 148 149 150 151	ou either:
case complete the following information if due to a change in health, place of employment, or unfor Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (no sale due to change in health, employment or unforeseen circumstances.  Sys used as main home - taxpayer.  Sys used as main home - spouse.  Sys property owned - taxpayer.  Sys property owned - spouse.  OVING EXPENSES (27) (If you moved because of a change in the location of your job) spouse, 2=joint.	152	ou either:
case complete the following information if due to a change in health, place of employment, or unformation of not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (no sale due to change in health, employment or unforeseen circumstances.  In this is a sale of another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (no sale due to change in health, employment or unforeseen circumstances.  In this is a sale of a change in the location of your job) and the sale of a change in the location of your job) and the sale of a change in the location of your job) and the sale of a change in the location of your job) and the sale of a change in the location of your job) armed forces move due to permanent change of station.	152	ou either:
case complete the following information if due to a change in health, place of employment, or unformation of not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (no sale due to change in health, employment or unforeseen circumstances	n/d/y) 152 161 148 149 150 151	ou either:
case complete the following information if due to a change in health, place of employment, or unformation of not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (no sale due to change in health, employment or unforeseen circumstances.  Server used as main home - taxpayer.  Server yes property owned - taxpayer.  Server yes property owned - spouse.  OVING EXPENSES (27) (If you moved because of a change in the location of your job) spouse, 2=joint.  Server yes move due to permanent change of station.  Server yes from old home to new work place.	152	ou either:
case complete the following information if due to a change in health, place of employment, or unfor Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (no sale due to change in health, employment or unforeseen circumstances.  Ye used as main home - taxpayer.  Ye ys used as main home - spouse.  Ye property owned - taxpayer.  Ye property owned - spouse.  OVING EXPENSES (27) (If you moved because of a change in the location of your job) spouse, 2=joint.  Aarmed forces move due to permanent change of station.  Ye from old home to new work place.  Ye from old home to new work place.  Ye form old home to old work place.  Ye penses for transportation and storage of household goods and personal effects.  Ye doing and travel (excluding meals):	152 	ou either:
case complete the following information if due to a change in health, place of employment, or unfor Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (no sale due to change in health, employment or unforeseen circumstances.  Ye used as main home - taxpayer.  Ye used as main home - spouse.  Ye property owned - taxpayer.  Ye property owned - taxpayer.  Ye property owned - spouse.  OVING EXPENSES (27) (If you moved because of a change in the location of your job) spouse, 2=joint.  Aarmed forces move due to permanent change of station.  Ye from old home to new work place.  Ye from old home to new work place.  Ye from old home to old work place.  Ye penses for transportation and storage of household goods and personal effects.  Ye dodging and travel (excluding meals):  Lodging and travel (excluding automobile).	152	ou either:
ease complete the following information if due to a change in health, place of employment, or unfor Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (no sale due to change in health, employment or unforeseen circumstances	152	ou either:
	152	ou either:

12	1040	US	Rental & Royalty Incor	me (Sc	chedule E)	No.	18
	Please e	nter all per	tinent 2012 amounts. Last year's	s amount	ts are provided fo	or your reference.	
REN	ITAL & R	OYALTY	INCOME (Schedule E)		2012 Amount	2011 Amount	
Descri	ption of prope	erty	800		LOTE AMOUNT	2011 Amount	
	address	· ·	801				
City			820				
State			821				
ZIP co	de		822				
		ee table)					
		erty		1 1			
Numb	er of days rer	nted		34			
GEN	IERAL IN	IFORMAT	ION				
Perce	ntage of owne	ership if not 10	0% (.xxxx)	500			
Perce	ntage of tenar	nt occupancy i	f not 100% (.xxxx)	503		Type of Propert	ty
1=spo	use, 2=joint.			33		1 = Single Family Reside	ence
1=qua	lified joint ver	nture		108		2 = Multi-Family Resider 3 = Vacation/Short-Term	nce
If requi	red to file Form(s	) 1099, did you or	will you file all required Form(s) 1099: 1=yes, 2=n	0 112		4 = Commercial	II NCII
			royalty			5 = Land 6 = Royalties	
						7 = Self-Rental	
	•						
1-51110	jie member iii	inited hability (	company	410			
INC	OME				2012 Amount	2011 Amount	
Rents	or royalties re	eceived		110			
NOTE	rental agend	nses are relate by fees, advert	d only to the rental activity. These including, and office supplies.				
			where).				
	-						
				· · · <del>- · -   -</del>			
	· ·						
				<del> </del>			
9						<u> </u>	
Licens	gement fees .			19			
Licens Manag							
Licens Manag Miscel	laneous			24			
Licens Manag Miscel Mortga Qualif	llaneous age interest (p ied mortgage	paid to banks, insurance pre	etc.)	24 9 62			
Licens Manag Miscel Mortga Qualif Exces	llaneous age interest (p ied mortgage s mortgage in	paid to banks, insurance pre	etc.) miums	24 9 62			

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Painting and decorating. 20

Page 20

ORGANIZER Rental & Royalty Income (Sch. E) (cont.) US 2012 1040 No. 18 p2 Please enter all pertinent 2012 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals. **DIRECT EXPENSES (continued)** Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies. 2012 Amount 2011 Amount Pest control.... 21 Plumbing and electrical..... 17 11 Repairs..... 12 13 Taxes - other (not entered elsewhere) ..... 25 Telephone ...... 22 Utilities ..... 14 15 Other: 27 27 27 **OIL AND GAS** Production type (preparer use only)..... Cost depletion..... 43 Percentage depletion rate or amount ...... 502 76 State cost depletion, if different (-1 if none)..... State % depletion rate or amount, if different (-1 if none) .....

#### VACATION HOME

-		1	1
Number of days personal use	35		
Number of days owned (if optional method elected).	53		

#### INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising	204	·	
Association dues	216	·	
Auto and travel (not entered elsewhere)	205		
Cleaning and maintenance	206		
Commissions	207		
Gardening	218		
Insurance	208		
Legal and professional fees	210		
Licenses and permits	223		
Management fees	219		
Miscellaneous	224		
Mortgage interest (paid to banks, etc.)	209		
Qualified mortgage insurance premiums	262		
Excess mortgage interest	267		
Other interest (not entered elsewhere)	229		
Painting and decorating	220		

2012 1040 US Rental & Royalty Income (Sch. E) (cont.) No.	18 p3
---	-------

Please enter all pertinent 2012 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

## **INDIRECT EXPENSES (continued)**

NOTE:Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

These include repairs, insulance, and allittles.		2012 Amount	2011 Amount
Pest control	221		
Plumbing and electrical	217		
Repairs			
Supplies			
Taxes - real estate			
Taxes - other (not entered elsewhere)	225		
Telephone	222		
Utilities			
Wages and salaries	215		
Other:	-		
	227		
	227		
	227		
	227		
	227		
	227		
	227		
	227		
	227		

Farm Income (Schedule F/Form 4835) 2012 1040 US No. 19 Please enter all pertinent 2012 amounts. Last year's amounts are provided for your reference. **GENERAL INFORMATION** Employer ID number..... 801 Accounting method: 1=cash, 2=accrual ..... 5 1=spouse, 2=joint ...... 84 64 18 Received applicable subsidy this year: 1=yes, 2=no..... If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no. 112 1=did not "materially participate" (Schedule F only)..... 65 85 1=did not actively participate (Form 4835 only)..... 1=real estate professional (Form 4835 only)..... 3 1=single member limited liability company..... 418 504 % of ownership if not 100% (.xxxx) (Form 4835 only)..... **FARM INCOME** Cash method: 2012 Amount 2011 Amount Sales of livestock and other resale items..... Sales of products raised..... 8 Accrual method: Sales of livestock, produce, etc..... 17 23 Beginning inventory of livestock, etc..... Cost of livestock, etc. purchased..... 24 Ending inventory of livestock, etc..... 25 Other farm income: Taxable cooperative distributions..... 10 Total agricultural program payments (other than CRP)..... 11 12 Taxable agricultural program payments (other than CRP)..... 141 142 Taxable conservation reserve program payments ..... Commodity credit loans reported under election..... 13 Total commodity credit loans forfeited or repaid..... 73 Taxable commodity credit loans forfeited or repaid..... 74 Total crop insurance proceeds received in 2012. . 14 75 Taxable crop insurance proceeds received in 2012..... Taxable crop insurance proceeds deferred from 2011..... 76 15 Custom hire (machine work) income not included above.....

12	1040	US	Farm Income (Sch. F/I	orm	4835) (cont.)	No.	19
Please enter all pertinent 2012 amounts. Last year's amounts are provided for your reference.							
FAR	RM INCO	ME (conti	nued)				
Other	income:				2012 Amount	2011 Aı	nount
				16			
				16			
•				16			
				16			
				16			
				16			
•				16			
•				16 16			
•				10			
FAR	RM EXPE	NSES					
Car ar	nd truck expe	nses (not ente	ered elsewhere)	60			
Chem	icals			27			
Conse	ervation exper	nses		28			
Custo	m hire (mach	ine work)		40			
Emplo	oyee benefit p	orograms		31			
Feed <sub>I</sub>	purchased			32			
Fertiliz	zers and lime			33			
			etc.)				
			here)				
			ributions				
			- admin. and education costs				
			equipment (not entered elsewhere)				
				-			
•							
			ne				
			expenses (also enter below)				
	expenses:						
				53			
				53			
				53			
				53			
•				53			
•				53			
•				53			
•				53			
				53			
				53		1	

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2012	1040	US	Partnership and S corporation Information	20.1,20.2

Please add, change or delete 2012 information as appropriate. Be sure to attach all Schedule K-1s.

# **PARTNERSHIP INFORMATION (20.1)**

No.	Name of Partnership	Fartnership Employer Identification Number		Additional Amounts Invested in Partnership
	800	801	802	161

# **S CORPORATION INFORMATION (20.2)**

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation
	800	801	802	161

20.1,20.2

Please add, change or delete 2012 information as appropriate. Be sure to attach all Schedule K-1s and Schedule Qs.

# **ESTATE OR TRUST INFORMATION (20.3)**

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number
	800	801	802

## **REMIC INFORMATION (20.4)**

No.	Name of REMIC	Employer Identification Number
	800	801

OTTO, THE				rage 2
2012	1040	US	Asset Disposition List	22

If you disposed of any business assets in 2012, please enter date sold, sales price, and expenses of sale. For real estate transactions, be sure to attach all 1099-S forms and closing statements.

No.	Description of Property (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale
	800	2	16	61	3	62
			<u>l</u>	<u> </u>		

2012 1040 US Asset Acquisition List 22 p2

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2012, please enter all pertinent information below.

	B	Dolated	Prep	arer Use	Only	Date Placed	Cost	Preparer U	se Only
No.	Description of Property	Related Business or Activity	Form	No. of Form	Category	Date Placed in Service	or Basis	Current Section 179	Method
	800		18	19	1	2	3	8	4
-									

2012 1040 US **Vehicle Expenses** No. **22** p3

GENERAL INFORMATION		2012 Amount	2011 Amount
Description of vehicle	800		
1=no evidence to support your deduction	30		
1=no written evidence to support your deduction	31		
1=vehicle is available for off-duty personal use	39		
1=no other vehicle is available for personal use	40		
1=vehicle used primarily by more than 5% owner	41		
Number of months your job required a vehicle (if not 12 months)	333		
AUTOMOBILE MILEAGE  Total mileage (for the tay year)	26		_
Total mileage (for the tax year)	36		
Business mileage			
Commuting mileage (for the tax year)			_
Average daily round-trip commute	334		
ACTUAL EXPENSES			
Parking fees and tolls (business portion only)	335		
Gasoline, lube, oil	338		
Repairs	339		
Tires	340		
Insurance	341		
Miscellaneous	342		
Auto license (other than personal property taxes)	343		
Personal property taxes (based on car's value)	344		
Interest (car Ioan) (for Schedule C, E & F)	345		
	350		
Vehicle rent or lease payments	550		
Vehicle rent or lease payments	351		

2012 1040 US Adjustments to Income 24

Please enter all pertinent 2012 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIO	NS	2 Amount	2011 Amount
	Taxpayer	Spouse	Taxpayer Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older)		51	
Contributions made to date	3	53	
1=covered by plan, 2=not covered	5	55	1
2012 payments from 1/1/13 to 4/15/13	8	58	
ROTH IRA CONTRIBUTIONS		30	J
KOTTIKA CONTRIBUTIONS		<u> </u>	1
Roth IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older).	27	77	
Contributions made to date	30	77 80	
		60	J
SEP, SIMPLE AND QUALIFIED PL	ANS (KEOGH)		1
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)	10	60	
	10		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)	11	61	
Defined benefit contributions you expect to make.	13	63	
Self-employed SEP (25%/1.25) contributions you			
made or expect to make (1=maximum)	12	62	
Plan contribution rate if not .25 (.xxxx)	501	551	
Individual 401k: SE elective deferrals (except Roth) (1=max.)	44	94	
Individual 401k: SE designated Roth contributions (1=max.)	144	194	] [
SIMPLE contributions:			
Self-employed SIMPLE contributions you			
made or expect to make (1=maximum)	22	72	<u> </u>
Employer matching rate if not .03 (.xxxx)	502	552	<u> </u>
1=nonelective contributions (2%)	24	74	
Contributions made to date	14	64	
ADJUSTMENTS TO INCOME			
Self-employed health insurance:			
Total premiums (excluding long-term care)	16	66	
Long-term care premiums	26	76	
Student loan interest paid (1098-E, box 1)	23	73	
Educator expenses (kindergarten thru grade 12)	28	78	
Jury duty pay given to employer	43	93	
Expenses from rental of personal property	37	87	
Other adjustments to income:	T T		, ,
<u> </u>	19	69	
	19	69	<u> </u>
<del></del>	19	69	] [
Alimony paid: Taxpayer		Spouse	
Recipient's first name 39		89	
Recipient's last name 40		90	
Recipient's SSN 41		91	
Amount paid	2011 amt:	68	2011 amt:

2012 1040 US Itemized Deductions 25

Please enter all pertinent 2012 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

#### **MEDICAL AND DENTAL EXPENSES**

NOTE:Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.				
•		2012 Amount	TS	2011 Amount
Prescription medicines and drugs	4			
Doctors, dentists and nurses	5			
Hospitals and nursing homes	6			
Insurance premiums not entered elsewhere (excl. LT care $\&$ amts. paid $\mbox{w/pre-tax}$ dollars).	7			
Long-term care premiums - taxpayer	17			
Long-term care premiums - spouse	58			
Insurance reimbursement (enter as a positive number)	8			
Lodging and transportation:				
Out-of-pocket expenses	9			
Medical miles driven	52			
Other medical and dental expenses:				
•	10			
	10			
	10			
			<u> </u>	
TAXES PAID (State and local withholding and 2012 estimates are a	automatic	)		
State income taxes - 1/12 payment on 2011 state estimate	11			
State income taxes - paid with 2011 state return extension	12			
State income taxes - paid with 2011 state return.	13			
State income taxes - paid for prior years and/or to other state	14			
City/local income taxes - 1/12 payment on 2011 city/local estimate	211			
City/local income taxes - paid with 2011 city/local extension	212			
City/local income taxes - paid with 2011 city/local extension	213			
City/local illcome taxes - paid with 2011 city/local return	210			
SALES AND USE TAXES PAID				
State and local sales taxes (except autos and special items)	91	Ī		
Use taxes paid on 2012 purchases.	92			
Use taxes paid with 2011 state return	96			
Sales tax on autos not included above	349			
Sales tax on boats, aircraft, other special items	93			
OTHER TAXES PAID				
Real estate taxes - principal residence:	15	T		
	15	<u> </u>		
	15			
	15			
		T	1 1	
Real estate taxes - property held for investment	16			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)	18			
Foreign income taxes	19			
Other taxes:				
	20			
	20			
	20			

**Itemized Deductions (continued)** 2012 US 1040 **25** p2

Please enter all pertinent 2012 amounts. Last year's amounts are provided for your reference.

INT	ΓFR	FST	$P\Delta$	ID
111		LOI	ГА	ıv

21 21 21 21 23 23 23 39 24 24		
23 23 23 39 24 24		
23 23 23 39 24 24		
23 23 39 24 24		
23 39 24 24		
23 39 24 24		
39 24 24		
24 24		II.
24		
24		
27		
30		
ion):		
		1
32		
32		
32		
31		
53		
)	onor maintains a	32 32 32 32 32 32 31

2012 1040 US Itemized Deductions (continued) 25 p3

Please enter all pertinent 2012 amounts. Last year's amounts are provided for your reference.

NI	$\sim$	$\Gamma \cap \Lambda$	CL	COM	JTRI	DI I		ıc
ıv	l JI		.7П	1.11	4 I R I	נוח	1 11 71	v . ¬

NOTE:Use	Sheet 26	if total	noncash	contributions	are over	\$500.	No d	deduction	is allowed	d for	contribution	ons of	clothing	and	household	items
that	are not in	i aood i	used cond	dition or bette	er. In add	dition. a	a dec	duction for	r anv item	n with	n minimal	mone	tarv valŭ	e ma	v be denie	.d.

0% limitation (see above):		2012 Amount	TS	2011 Amount
	33			
	33			
	33			
	33			
% limitation (see above):				
,	34			
	34			
	34			
	34			
% capital gain property (gifts of capital gain property to 50% limit orgs.):			1 1	
and the second of the second o	35			
	35			
	35			
	35			
% capital gain property (gifts of capital gain property to non-50% limit org				
The capital gain property (gins of capital gain property to non-30% illint of	36			
	36			
	36			
	-			
	36			
MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit) nion and professional dues	42			
nion and professional dues				
nion and professional dues	nses):			
nion and professional dues	nses): 43 43			
nion and professional dues	43 43 43			
nion and professional dues	43 43 43 43			
nion and professional dues	43 43 43 43 43			
nion and professional dues	43 43 43 43			
nion and professional dues	1ses): 43 43 43 43 43 43			
nion and professional dues	43 43 43 43 43 43 44			
nion and professional dues	43 43 43 43 43 43 44 44			
nion and professional dues	43 43 43 43 43 43 44 44 44			
nion and professional dues	43 43 43 43 43 43 44 44 44			
nion and professional dues	43 43 43 43 43 43 43 44 44 44 44			
ther unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses the expense of expenses (uniforms and protective clothing, of essional subscriptions, employment agency fees, and certain edu. expenses the expense of expenses (uniforms and protective clothing, of essional subscriptions, employment agency fees, and certain edu. expenses (uniforms and protective clothing, of essional subscriptions, employment agency fees, and certain edu. expenses (uniforms and protective clothing, of essional subscriptions) expenses (uniforms and protective clothing) expenses (uniforms and	43 43 43 43 43 43 43 44 44 44 44 44			
ther unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses vestment expense:	43 43 43 43 43 43 43 44 44 44 44 44 44 4			
ther unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses vestment expense:	43 43 43 43 43 43 43 44 44 44 44 44			
ther unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses vestment expense:	43 43 43 43 43 43 43 44 44 44 44 44 44 4			
ther unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses vestment expense:	43 43 43 43 43 43 43 44 44 44 44 44 45 46			
ther unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses vestment expense:	43 43 43 43 43 43 43 44 44 44 44 44 45 46			
ther unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses vestment expense:	43 43 43 43 43 43 43 43 44 44 44 44 44 4			
ther unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses vestment expense:	43 43 43 43 43 43 43 43 44 44 44 44 45 46			
ther unreimbursed employee expenses (uniforms and protective clothing, rofessional subscriptions, employment agency fees, and certain edu. expenses expenses expenses (uniforms and protective clothing, rofessional subscriptions, employment agency fees, and certain edu. expenses expe	43 43 43 43 43 43 43 43 44 44 44 44 45 46			
	43 43 43 43 43 43 43 43 44 44 44 44 45 46			

2012 1040 US Itemized Deductions (continued) 25 p4

Please enter all pertinent 2012 amounts. Last year's amounts are provided for your reference.

OTHER MISCELLANEOUS DEDUCTIONS		2012 Amount	TS	2011 Amount
Estate tax, section 691(c)	49			
Other miscellaneous deductions:	·			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			

2012 1040 US Itemized Deductions (continued) 25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- 1. Total home equity debt exceeded \$100,000 at any time during 2012 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
- 2. Total home acquisition debt exceeded \$1,000,000 at any time during 2012 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

# Please enter all pertinent 2012 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

2012 Amount

Fair market value of the property on the date that the last debt was secured	493		
Home acquisition and grandfather debt on the date that the last debt was secured $\dots$	494		
LOAN INFORMATION			
Loan #1	l l		
Lender's name	820		
Form (see table)			
Number of form	417		
1=taxpayer, 2=spouse, blank=joint	496		
Interest paid	401		
Points paid	402		
Total principal paid	404		
Lump sum principal payment (if paid off)	403		
Months outstanding (if not 12)	405		
Home acquisition debt balance - beginning of year	407		
Home acquisition debt borrowed in 2012	408		
Home equity debt balance - beginning of year	410		
Home equity debt borrowed in 2012	411		
Grandfather debt balance - beginning of year	413		
Loan #2	, <b>.</b>		
Lender's name	830		
Form (see table)	436		
Number of form	437		
1=taxpayer, 2=spouse, blank=joint	497		
Interest paid	421		
Points paid	422		
Total principal paid	424		
Lump sum principal payment (if paid off)	423		
Months outstanding (if not 12)	425		
Home acquisition debt balance - beginning of year	427		
Home acquisition debt borrowed in 2012	428		
Home equity debt balance - beginning of year	430		
Home equity debt borrowed in 2012			
Grandfather debt balance - beginning of year			
a.aa.a.a assessaidness sognining of your	100		<u>l</u>

Form

1 = Schedule A (default)

2 = Business use of home

3 = Schedule E

2011 Amount

**ORGANIZER** 

**Noncash Contributions (Form 8283)** US 2012 1040

If your total noncash contributions are in excess of \$500 in 2012, please complete the information below for each donee using the following guidelines:

- \* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- \* A deduction for contributions of clothing or other household items that are not in good used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DOMATED	DDODEDTV	INICODMATION
IJCJNA I F I J	PRUPPRIT	INFORMATION

DOMAILE	) I IVOI L	RTY INFORMATION					
	Name of cha	aritable organization (donee)	800				
		ess					
	State		831				
	ZIP code		832				
	1=spouse, 2	2=joint	1				
	Property de	scription (other than vehicle)	803				
		Identification number (VIN)	204				
No.	Vehicle	Year (yyyy)	14				
	VOITICIO	Make and model	829				
		Condition and mileage	830				
	Date of conf	tribution (m/d/y)	5				
	Date acquire	ed by donor (m/y)	6				
	How acquire	ed by donor (Table 1 or describe)	804				
	Donor's cos	t or basis	7				
	Fair market	value	8				
Method used to determine FMV (Table 2 or describe)			805				
	1						
		aritable organization (donee)	i i				
		9SS					
		•••••					
			831				
	IZIP code			l l			
	1=spouse, 2	2=joint	1				
	1=spouse, 2	2=joint	1 803				
No 🗆	1=spouse, 2	2=joint scription (other than vehicle)	1 803 204				
No.	1=spouse, 2	2=joint scription (other than vehicle)	1 803 204 14				
No.	1=spouse, 2 Property des	2=joint scription (other than vehicle)	1 803 204 14 829				
No.	1=spouse, 2 Property de: Vehicle	Pejoint Scription (other than vehicle) Identification number (VIN). Year (yyyy) Make and model. Condition and mileage	1 803 204 14 829 830				
No.	1=spouse, 2 Property de  Vehicle  Date of conf	2=joint scription (other than vehicle). Identification number (VIN). Year (yyyy). Make and model. Condition and mileage. tribution (m/d/y).	1 803 204 14 829 830 5				
No.	1=spouse, 2 Property de:  Vehicle  Date of continue acquire	Pejoint Scription (other than vehicle) Identification number (VIN). Year (yyyy). Make and model. Condition and mileage tribution (m/d/y). ed by donor (m/y)	1 803 204 14 829 830 5 6				
No.	1=spouse, 2 Property de:  Vehicle  Date of continue acquire How acquire	2=joint scription (other than vehicle) Identification number (VIN) Year (yyyy) Make and model Condition and mileage tribution (m/d/y) ed by donor (Table 1 or describe)	1 803 204 14 829 830 5 6 804				
No.	1=spouse, 2 Property de:  Vehicle  Date of continue acquire How acquire Donor's cos	Rejoint scription (other than vehicle).  Identification number (VIN). Year (yyyy). Make and model. Condition and mileage.  tribution (m/d/y). ed by donor (m/y). ed by donor (Table 1 or describe). t or basis.	1 803 204 14 829 830 5 6 804 7				
No.	Date of control Date acquire Donor's cos Fair market	Rejoint scription (other than vehicle).  Identification number (VIN). Year (yyyy).  Make and model. Condition and mileage. tribution (m/d/y). ed by donor (m/y). ed by donor (Table 1 or describe). t or basis. value.	1 803 204 14 829 830 5 6 804 7 88 8				
No.	Date of control Date acquire Donor's cos Fair market	Rejoint scription (other than vehicle).  Identification number (VIN). Year (yyyy). Make and model. Condition and mileage.  tribution (m/d/y). ed by donor (m/y). ed by donor (Table 1 or describe). t or basis.	1 803 204 14 829 830 5 6 804 7 88 8				

1	How Proper	y was Acquired	2	2 Method Used to Determine FMV	
	1 = Purchase 2 = Gift	3 = Inheritance 4 = Exchange		1 = Appraisal 2 = Thrift shop value For other methods,	3 = Catalog 4 = Comparable sales see IRS Pub. 561.

26

26

2012	1040	US	Business Use of Home (Form 8829)	No.	29
------	------	----	----------------------------------	-----	----

Please enter 2012 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME		2012 Amount	2011 Amount
Form	45		
Number of form (e.g., enter 2 for Schedule C number 2)	46		
Business use area (square footage)	2		
Total area of home (square footage)	1		
Total hours facility used (for daycare facilities only)	3		
Total hours available (if not 8,760)			
% (.xx) or amount of gross income from home if not 100% (-1 if none)			
% (.xx) or amount of expenses from home if not 100% (-1 if none)			
INDIRECT EXPENSES			
NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.			
Mortgage interest	11		
Real estate taxes			
Qualified mortgage insurance premiums			
Casualty losses			
Insurance			
Miscellaneous			
Rent	h		
Repairs and maintenance			
Utilities	<b>-</b>		
	<b>-</b>		
Excess mortgage interest	19		
Other indirect expenses:			
	20		
	20		
	20		
	20		
DIRECT EXPENSES			
NOTE: Direct expenses benefit only the business part of your home. They in painting or repairs made to specific areas or rooms used for busines	iclude s.		
Mortgage interest	21		
Real estate taxes	22		
Qualified mortgage insurance premiums	52		
Casualty losses	23		
Insurance	24		
Miscellaneous	25		
Rent	26		
Repairs and maintenance	27		
Utilities	28		
	29		
Excess mortgage interest	<b>—</b>		
	30		
	ı <		
Allowable casualty losses	31		
Allowable casualty losses			
Excess casualty losses  Allowable casualty losses  Other direct expenses:	32		
Allowable casualty losses	32		
Allowable casualty losses	32		

012	1040	US	Employee/Vehicle Bus.	Fyn	(Form 2106)	No.	30
012	1040	03	Employee/Vernicle Bus.	LVh	. (1 01111 2 1 00)		<u> </u>
	Please e	nter all pe	rtinent 2012 amounts. Last year's a	mou	nts are provided for y	our reference.	•
GEN	NERAL IN	FORMA <sup>-</sup>	TION				
Occup	oation, if differ	ent from For	m 1040	800			
				-			
	-		e C, 2=second, etc.)				
			pped, 3=fee-basis government official				
FMI	PI OYFF I	RUSINES	SS EXPENSES				
					2012 Amount	2011 Amo	unt
			es	44 45			
			entertainment not on W-2, box 1				
			rain, etc.)				
			n home overnight	<del>- '- +</del>			
		-	n Form W-2, box 1	12			
	business exp						
	·			10			
				10			
				10			
				10			
				10			
				10			
				10			
				10			
				10			
				10			

2012	1040	US	Vehicle Expenses (Form 2106) (cont.)	No.	<b>30</b> p2
------	------	----	--------------------------------------	-----	--------------

VEHICLE INFORMATION		2012 Ame	2011 A
l=vehicle used primarily by more than 5% owner	11	2012 Amount	2011 Amount
I=vehicle is available for off-duty personal use			_
=no other vehicle is available for personal use	-		-
=no evidence to support your deduction.	-		_
=no written evidence to support your deduction.			_
VEHICLE 1			
Description of vehicle	801		
Date placed in service (m/d/y)	15		
Fotal mileage (for the tax year)	16		
Business mileage	17		
Commuting mileage (for the tax year)	19		
Average daily round-trip commute	18		
Number of months of vehicle business use (if not 12)	80		
Parking fees and tolls (business portion only)	70		
Actual expenses:			
Gasoline, lube, oil	51		
Repairs	52		
Tires.	53		
Insurance	54		
Miscellaneous	22		
Auto license (other than personal property taxes)	55		
Personal property taxes (based on car's value)	56		
Interest (car loan) (for Schedule C, E & F).	57		
	-		
Vehicle rent or lease payments			
Inclusion amount (enter as positive)			
	24		1
VEHICLE 2			ı
Description of vehicle	802		
Date placed in service (m/d/y)	29		
Total mileage (for the tax year)	30		
Business mileage	31		
Commuting mileage (for the tax year)	33		
Average daily round-trip commute			
Number of months of vehicle business use (if not 12)			
Parking fees and tolls (business portion only)	71		
Actual expenses:			
Gasoline, lube, oil	61		
Repairs	62		
Tires	63		
Insurance	64		
Miscellaneous	36		
Auto license (other than personal property taxes)	65		
	66		<del> </del>
Personal property taxes (based on car's value)	+		
Interest (car loan) (for Schedule C, E and F)	67		
Vehicle rent or lease payments			<u> </u>
Inclusion amount (enter as positive).			_
Value of employer-provided vehicle on Form W-2 (2106).			

Foreign Income Exclusion (Form 2555) US 2012 1040 No. 31.1 Please enter all pertinent 2012 information. **GENERAL INFORMATION** Foreign address of taxpayer, if different from Form 1040: Street address..... 800 City..... 821 822 Postal code..... 823 824 Employer: 801 Name..... U.S. street address ..... 802 825 826 827 Foreign street address ..... 803 828 829 Foreign postal code..... 830 831 Foreign country..... Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other... 11 Employer type, if other..... 804 Type of exclusion revoked if revoked in earlier year (if applicable): Tax year revocation was effective 806. 12. 806 12. 806. 12. 807 Country of citizenship..... City and country of separate foreign residence if maintained due to Number of days during tax year at separate foreign address (if applicable) adverse living conditions (if applicable): 808. 13. 808 13 808 13 Dates tax home(s) were established (m/d/y) Tax homes(s) during tax year: 809. 14 14 809 809 14

2012	1040	US	Foreign Income Exclusion (2555)	No.	<b>31.1</b> p2
------	------	----	---------------------------------	-----	----------------

## Please enter all pertinent 2012 information.

### TRAVEL INFORMATION

NOTE: Please enter all travel for 2012 as well as travel for 2013 known to date.

Travel Type (table)	Name of country (if not United States)	Date arrived	Date left	Days in U.S. on business
18	810	19	20	21
18	810	19	20	21
18	810	19	20	21
18	810	19	20	21
18	810	19	20	21
18	810	19	20	21
18	810	19	20	21
18	810	19	20	21
18	810	19	20	21
18	810	19	20	21

# **BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST**

Beginning date for bona fide residence (m/d/y)	24	
Ending date for bona fide residence (m/d/y)	25	
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer	26	

ivames or	family living abroad with taxpayer (if applicable):		Period family lived abroad
811		813	
811		813	
811		813	

1=submitted statement to country of bona fide residence	27	
1=required to pay income tax to country of bona fide residence	28	
Contractual terms relating to length of employment abroad	814	
Type of visa you entered foreign country under	815	
Explanation why visa limited stay or employment in country (if applicable)	816	

Address of home in U.S. maintained while living abroad (if applicable):	1=U.S. home re (if applicable		
817	29	818	819
817	29	818	819
817	29	818	819

_		
Principal country of employment	820	

#### FOREIGN HOUSING EXPENSES 2012 Amount 2011 Amount Location of housing expenses: Qualifying days in location (multiple locations only)

46	47			
46	47			
46	47		 _	

### **Travel Type**

1 = Travel to U.S. (default) 2 = Travel to foreign country 3 = Travel to restricted country

1040	US	Foreign Income Exclusion (Form 2555)	No.	31.2
1	040	040 US	040 US Foreign Income Exclusion (Form 2555)	040 US Foreign Income Exclusion (Form 2555)

Please enter all pertinent 2012 amounts and attach all W-2 forms, or other wage statements. Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

	2012 Amount	2011 Amoun
Name or number	157	
=spouse	178	
=retirement plan (Box 13).	2	
lame of employer (Box c)	1	
Vages, tips, other compensation (Box 1)		
ederal income tax withheld (Box 2)		
Social security tax withheld (Box 4)		
Medicare tax withheld (Box 6)	1	
state income tax withheld (Box 17)		
ocal income tax withheld (Box 19)		
FOREIGN ALLOWANCES, REIMBURSEME	NTS AND OTHER EARN	ED INCOME
	135	
Home (lodging)		
Meals		
Car	137	
Other properties or facilities:	120	
38	138	
38	138	
38   38.	138 138.	
<del></del> ,	1993	<u> </u>
Allowances and Reimbursements		
	1 1 2 0	
-		
amily	140	
amilyducation	140 141	
amilyducationlome leave	140 141 142	
amilyducationlome leave	140 141 142	
amilyducation.  Iducation.  Iome leave  Auarters.  Other purposes:	140 141 142 143	
amilyducationlome leave	140 141 142 143	
amily.  Education.  Home leave.  Quarters.  Other purposes:  44  44	140 141 142 143 144 144	
amily	140 141 142 143 144 144 144	
amily. Iducation. Iome leave. Ouarters. Other purposes: 44 44	140 141 142 143 144 144	
amily	140 141 142 143  144 144 144 144 144 144	
amily.  Education.  Home leave.  Quarters.  Other purposes:  44  44  44  Meals and lodging provided for the convenience of the Employer (excludable under section 119).	140 141 142 143  144 144 144 144 144 144	
amily.  ducation.  lome leave.  duraters.  ther purposes:  44  44  leals and lodging provided for the convenience of the mployer (excludable under section 119).	140 141 142 143  144 144 144 144 144 144	
amily.  ducation. ome leave.  duarters.  ther purposes:  44  44  44  leals and lodging provided for the convenience of the mployer (excludable under section 119).  Other Foreign Earned Income  32	140 141 142 143 144 144 144 144 144 145	
amily.  ducation.  lome leave.  tuarters.  ther purposes:  44  44  44  leals and lodging provided for the convenience of the mployer (excludable under section 119)  Other Foreign Earned Income  32  32	140	
44  44  44  Meals and lodging provided for the convenience of the employer (excludable under section 119)  Other Foreign Earned Income  32  32  32  32	140 141 142 143  144 144 144 144 145  132 132 132 132 132	
amily.  Education.  Home leave.  Duarters.  Other purposes:  44  44  44  Meals and lodging provided for the convenience of the employer (excludable under section 119)  Other Foreign Earned Income  32  32  32  32	140	
ducation.  Iducation.  Iducation.  Iducation.  Iducation.  Idealore leave.  Iduarters.  Id	140 141 142 143  144 144 144 144 145  132 132 132 132 132	
Aducation.  Iducation.  Iducat	140 141 142 143  144 144 144 144 145  132 132 132 132 132 132 132 132 132	
family. Education. Home leave. Quarters. Other purposes:  44  44  44  Meals and lodging provided for the convenience of the Employer (excludable under section 119)  Other Foreign Earned Income  32  32  32  32  32  32  32  32  32  32  32  32	140 141 142 143  144 144 144 144 145  132 132 132 132 132 132 132 132 132 132 132 132 132 1332 1332 1332 1332 1332	

2012 1040 US Health Savings Accounts (8889) 32.1

Please enter all pertinent 2012 amounts & attach all 1099-SA forms. Last year's amounts are provided for your reference.

# **HSA CONTRIBUTIONS**

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2012, a high deductible health plan is one with an annual deductible that is not less than \$1,200 for self-only coverage or \$2,400 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$6,050 for self-only coverage or \$12,100 for family coverage.

		2012 Am	ıoun	ıt		2011 A	mount
		Taxpayer		Spouse	_	Taxpayer	Spouse
1=self-only coverage, 2=family coverage	3		53				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)	5		55				
Contributions included above that were made after you became eligible for Medicare	32		82				
Contributions made to date	39		89				
HSA DISTRIBUTIONS					_		
Total HSA distribution received (1099-SA, box 1)	15		65				
Distributions included above that were rolled over to another HSA	16		66		-		
Total unreimbursed qualified medical expenses	17		67		L		

2012 1040 US Child and Dependent Care Expenses (Form 2441)

33.1.33.2

Please enter all pertinent 2012 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

care expenses (33.1) enses incurred but not paid in 2012. enefits forfeited in 2012.  ID EXPENSES QUALIFYIN  name. name. of birth (m/d/y). al security number. lified dependent care expenses rred and paid in 2012. sabled. bouse, 2=joint.	3 6 IG FOF	Ę	Spouse  3 6  ENT CARE	CREDIT  2011 amt:	Spouse
name	6   17   18   22   19   20   23   21	Ę	66		
name	17 18 22 19 20 23 21		- 1		
name of birth (m/d/y). al security number. dified dependent care expenses rred and paid in 2012. sabled. douse, 2=joint.  name. name. of birth (m/d/y).	17 18 22 19 20 23 21	R DEPENDI	ENT CARE		
name of birth (m/d/y). al security number. dified dependent care expenses rred and paid in 2012. sabled. douse, 2=joint.  name. name. of birth (m/d/y).	17 18 22 19 20 23 21	R DEPENDI	ENT CARE		
name of birth (m/d/y) al security number lified dependent care expenses rred and paid in 2012 sabled bouse, 2=joint name name of birth (m/d/y)	18 22 19 20 23 21			2011 amt:	
of birth (m/d/y).  al security number.  lified dependent care expenses rred and paid in 2012.  sabled.  bouse, 2=joint.  name.  name.  of birth (m/d/y).	22 19 20 23 21			2011 amt:	
al security number.  lified dependent care expenses rred and paid in 2012.  sabled.  bouse, 2=joint.  name.  name.  of birth (m/d/y).	19 20 23 21			2011 amt:	
name	20 23 21			2011 amt:	
name	23 21			2011 amt:	
name	23 21			2011 amt:	
name	21				
name of birth (m/d/y)					
name of birth (m/d/y)	17				
name of birth (m/d/y)	17				
of birth (m/d/y)	10				
	18				
	22				
al security number	19				
lified dependent care expenses rred and paid in 2012	00			2011	
				2011 amt:	
oouse, 2=joint	21				
name	17				
name	18				
of birth (m/d/y)	22				
	19				
lified dependent care expenses					
rred and paid in 2012	20			2011 amt:	
	23				
oouse, 2=joint	21				
ORGANIZATIONS PROV	IDING	CARE (33.	2)		
			<del>-</del> /		
'					
	<del> </del>				
	<del> </del>				
				2011 amti	
				zuii aiiit.	
oouse, 2–joiiit	10				
e of provider	10				
'					
ount paid to care provider in 2012	14			2011 amt:	
and paid to care provider in 2012	15				
	sabledoouse, 2=joint	21   21   21   21   21   21   21   21	21   21   21   21   22   22   23   24   24   25   26   26   26   27   27   27   28   28   29   29   29   29   29   29	21   21   21   22   22   23   22   23   24   24   25   26   26   27   27   27   27   27   27	21   27   28   29   29   20   20   20   20   20   20

33.1,33.2

2012	1040	US	Qualified Adoption Expenses (Form 8839)	3	

Please enter all pertinent 2012 information. Last year's amounts are provided for your reference.

ELICIDI I	E CHILDRI	-N		
ELIGIBLI	CHILDRI	LIN	2012 Amount	2011 Amount
	First name		11	
	Last name		12	
	Identification	n number	13	
	Date of birth	(m/d/y)	14	
	1=born before	re 1995 and was disabled	15	
	1=special ne	eeds child	16	
No.	1   '	ild	17	
L	.	was not final in 2012	22	
		2011 for adoption not finalized by end of 2012	23	
	Qualified Adoption	Prior years for adoption of foreign child finalized in 2012	26	
	Expenses		20	
	Paid in	2011 and 2012 for adoption finalized in 2012		
	1	2012 for adoption finalized before 2012	24	
	1=spouse, 2	=joint	21	
	First name		11	
	Last name		12	
	Identification	n number	13	
	Date of birth	(m/d/y)	14	
	1=born before	re 1995 and was disabled	15	
	1=special ne	eeds child	16	
No.	1   '	ild	17	
<u> </u>	.	was not final in 2012	22	
		2011 for adoption not finalized by end of 2012	23	
	Qualified Adoption	Prior years for adoption of foreign child finalized in 2012	26	
	Expenses	2011 and 2012 for adoption finalized in 2012	20	
	Paid in		24	
	1	2012 for adoption finalized before 2012		
	1=spouse, 2	=joint	21	
	T			
			11	
			12	
	Identification	n number	13	
	Date of birth	(m/d/y)	14	
	1=born before	re 1995 and was disabled	15	
	1=special ne	eeds child	16	
No.	1=foreign ch	ild	17	
	1=adoption v	was not final in 2012	22	
		2011 for adoption not finalized by end of 2012	23	
	Qualified Adoption	Prior years for adoption of foreign child finalized in 2012	26	
	Expenses	2011 and 2012 for adoption finalized in 2012	20	
	Paid in	· · · · · · · · · · · · · · · · · · ·	24	
	1-0000000	2012 for adoption finalized before 2012		
	i=spouse, 2	=joint	21	

2012 1040 US Education Credits / Tuit	tion Deduction No.	38
---------------------------------------	--------------------	----

Please complete the information below if you paid qualified education expenses in 2012 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.

Last year's amounts are provided for your reference.

STI	ID	EN	JT	IN	FC	)D	M A	TI	$\mathbf{O}$	N
3 I I	JU	יוםי	N I	ПV	Гι	JR	IVIÆ	١ı	U	IVI

1=taxpayer, 2=spouse	17	
First name	12	
Last name	13	
Social security number	14	
Number of years hope credit claimed	23	
Number of years American opportunity credit claimed.  1=student was NOT entrolled at least half-time for at least one academic period that began	35	
in 2012 at an eligible institution in a qualified program	41	
1=student completed first four years of post-secondary education before 2012	32	
of a controlled substance.	42	

# **EDUCATIONAL INSTITUTION ATTENDED (#1)**

Name	850
Street address	851
City	852
State	853
ZIP code	854
1=2012 Form 1098-T received	43
1=2012 Form 1098-T received with Box 2 & 7 completed	44
Federal ID number from Form 1089-T	858

# **EDUCATIONAL INSTITUTION ATTENDED (#2)**

Name	850
Street address	851
City	852
State	853
ZIP code	854
1=2012 Form 1098-T received	43
1=2012 Form 1098-T received with Box 2 & 7 completed	44
Federal ID number from Form 1089-T	858

# **QUALIFIED EDUCATION EXPENSES**

<b>~</b> 0. 1 1		2012 Amount	2011 Amount
Qualified tuition & fees paid in 2012 (net of refund or assistance, & not entered elsewhere)	16		
Books & supplies required to be purchased from institution	27		
Books & supplies not entered above	28		
Amount of prior year refund or assistance *	20		

<sup>\*</sup> Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

2012 1040 US Household Employment Taxes (Schedule H) 42

Please enter all pertinent 2012 information. Last year's amounts are provided for your reference.

# HOUSEHOLD EMPLOYMENT TAXES

NOTE:If you paid any one household employee cash wages of \$1,700 or more in 2012; withheld federal income tax during 2012 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2011 or 2012 to household employees, please complete the following:

Employer identification number	1	
1=spouse, 2=joint	2	

Social security, Medicare and income taxes:		2012 Amount	2011 Amount
1=paid any one employee cash wages of \$1,700 or more	4		
1=withheld federal income tax for household employee	5		
Total cash wages subject to social security taxes	6		
Total cash wages subject to Medicare taxes	7		
Federal income tax withheld	8		
Advance earned income credit payments	9		
Taxes withheld from state disability payments	33		

### Federal unemployment tax:

1=paid total cash wages of \$1,000 or more in any calendar quarter of 2011 or 2012	10	
Total cash wages subject to FUTA tax	11	
1=paid unemployment contributions to only one state	12	
1=paid all state unemployment contributions by 4/15/13	13	
1=all wages taxable for FUTA were also taxable for state unemployment	14	
Name of state	15	
Contributions paid to state unemployment fund	17	

12	1040	US	Parent's Election to	Report	Child's Inc.	No
	Ple	ease enter	all pertinent 2012 amounts &	attach all 1	099-INT and 1099-D	IV forms.
CHII	LD'S INFO	DMATIC	Last year's amounts are pro	vided for y	our reference.	
СПП		MIMATIC				
First n	ame					
	ame					
	security numb					
	of birth (m/d/y)					
	taxable to fed					
i=non	taxable to stat	.e	18			
INTE	EREST IN	COME (F	orm 1099-INT)			
Banks	, credit unions	, etc. (Box 1)	):		2012 Amount	2011 Amount
-				3		
				3		
U.S. b	onds, I-bills,	etc. (nontaxa	ble to state) (Box 3):	17		
-				17		
Tay a:	vomnt interest			17		
	kempt interest			16		
	•					
	:state municipa :ments:	ai DOHUS		4		<u> </u>
,		ıtion		5		
				<del> </del>		
			T in error)			
	•	•		<del> </del>		
	•			<del> </del>		
Foreig						
•		authority over	foreign account	9		
1=interest in or authority over foreign account				<del> </del>		
1=grantor/transferor or received distribution from foreign trust				-		
			interest (included above) (6251)			
	•	,	, , , ,			•
ואוט	DEND IN	COIVIE (F	orm 1099-DIV)			
Total o	ordinary divide	nds (Box 1a)	:	,		
_				11		
_				11		
				29		
rotal o	capital gain dis	stributions (B	ox 2a):	T		
-				13		
		1050 : /	D 013	13		
	•	•	Box 2b)	-		
Collectibles (28%) gain (Box 2d)						
				12		
	kempt interest			1 =		
Total municipal bonds			-			
	ee distribution			21		
				14		
Ordinary dividends						
Qualified dividends			<del> </del>			
	anital dain dict			25		<u> </u>
Ca			included above			

2	012	1040	US	Additional Information	
	Please furnish any additional information or supporting details not provided elsewhere in this tax organizer.				
_					
_					
_					
_					
_					
_					
_					
-					
_					
_					
_					
_					
_					
_					
_					
_					
_					
_					
_					
_					