

2013	1040	US	Client Information	1
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Tax Return Appointment

Date:

Time:

Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2013 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)			Filing Status 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)
	1=married filing separate and lived with spouse			
	Year spouse died, if qualifying widow(er) (2011 or 2012)			
Taxpayer	First name and initial			
	Last name			
	Title/suffix			
	Social security number			
	Occupation			
	Date of birth (m/d/y)			
	Date of death (m/d/y)			
Spouse	1=blind			
	First name and initial			
	Last name			
	Title/suffix			
	Social security number			
	Occupation			
	Date of birth (m/d/y)			
Address	Date of death (m/d/y)			
	1=blind			
	In care of			
	Street address			
	Apartment number			
Foreign Address	City			
	State			
	ZIP code			
	Region			
	Postal code			
	Country			

2013**1040****US****Client Information (continued)****1** p2

Please add, change or delete information for 2013.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone		Daytime Phone 1 = Work 2 = Home 3 = Mobile
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		
Spouse Contact Information	Home phone		
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		

2013	1040	US	Dependents	2
Please add, change or delete information for 2013.				
DEPENDENTS				
	Dependent	Dependent		
First name.....			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	
Last name.....				
Title/suffix.....				
Date of birth (m/d/y).....				
Social security number.....				
Relationship.....				
Months lived at home.....				
Type of dependent (see table).....				
Earned income credit (see table).....				
Claimed by: 1=taxpayer, 2=spouse.....				
	Dependent	Dependent		
First name.....			Earned Income Credit 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: 1. School records or statement 2. Landlord or property management 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	
Last name.....				
Title/suffix.....				
Date of birth (m/d/y).....				
Social security number.....				
Relationship.....				
Months lived at home.....				
Type of dependent (see table).....				
Earned income credit (see table).....				
Claimed by: 1=taxpayer, 2=spouse.....				
	Dependent	Dependent		
First name.....			NOTE: If your child is disabled, please provide one of the following forms of proof of disability: 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement	
Last name.....				
Title/suffix.....				
Date of birth (m/d/y).....				
Social security number.....				
Relationship.....				
Months lived at home.....				
Type of dependent (see table).....				
Earned income credit (see table).....				
Claimed by: 1=taxpayer, 2=spouse.....				
	Dependent	Dependent		
First name.....				
Last name.....				
Title/suffix.....				
Date of birth (m/d/y).....				
Social security number.....				
Relationship.....				
Months lived at home.....				
Type of dependent (see table).....				
Earned income credit (see table).....				
Claimed by: 1=taxpayer, 2=spouse.....				

2013**1040****US****Miscellaneous Questions**

If any of the following items pertain to you or your spouse for 2013, please check the appropriate box and provide additional information if necessary.

YES**NO****PERSONAL INFORMATION**☐☐

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 2013?

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 (or 24 years or older if student) at the end of 2013?

☐☐

Did you have any children under age 19 or full-time students under age 24 at the end of 2013, with interest and dividend income in excess of \$1,000, or total investment income in excess of \$2,000?

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 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?

2013**1040****US****Miscellaneous Questions (continued)**

If any of the following items pertain to you or your spouse for 2013, please check the appropriate box and provide additional information if necessary.

YES**NO****RETIREMENT PLANS**

- ☐ ☐ 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?

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 vocational school?

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 2012 taxes to your 2013 estimated tax (instead of being refunded)?
- ☐ ☐ If you have an overpayment of 2013 taxes, do you want the excess applied to your 2014 estimated tax (instead of being refunded)?
- ☐ ☐ Do you expect your 2014 taxable income and withholdings to be different from 2013?

MISCELLANEOUS

- ☐ ☐ 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?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2013, please check the appropriate box and provide additional information if necessary.

YES	NO	MISCELLANEOUS (continued)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur moving expenses due to a change of employment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust?

2013**1040****US****Direct Deposit & Estimates (Form 1040 ES)****3, 6**

Please enter all pertinent 2013 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account

1=electronic payment of balance due

1=electronic payment of estimated tax

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2013 ESTIMATED TAX / 1040-ES (6)**Federal**

	Amount Paid	Date Paid	TS	2013 Voucher Amount
Overpayment applied from 2012				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
<div>Additional Estimated Tax Payments</div>				
Paid with extension				

State

	Amount Paid	Date Paid	TS	2013 Voucher Amount
Overpayment applied from 2012				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
<div>Additional Estimated Tax Payments</div>				
Paid with extension				

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)

3, 6

2013**1040****US****Direct Deposit & Estimates (Form 1040 ES) (cont.)****7.1**

Please enter all pertinent 2013 information.

APPLICATION OF 2013 OVERPAYMENT (7.1)If you have an overpayment of 2013 taxes, do you want the excess refunded? ☐ or applied to 2014 estimate? ... ☐Other (please explain): _____

_____**2014 ESTIMATED TAX INFORMATION**Do you expect your 2014 taxable income to be different from 2013? Yes ☐ No ☐If "yes" explain any differences in income, deductions, dependents, etc.: _____

_____Do you expect your 2014 withholding to be different from 2013? Yes ☐ No ☐If "yes" explain any differences: _____

_____**7.1**

2013	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2013 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2012 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2					Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/13	2012 Distribution
		Distribution code #1							Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE										
		1=spouse										

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld		2012 Winnings
				Federal (Box 4)	State (Box 15)	

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

	2013 Amount	TS	2012 Amount
Total gambling losses			
Winnings not reported on Form W-2G			

10, 13.1, 13.2

2013	1040	US	Interest & Dividend Income	11, 12
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Please enter all pertinent 2013 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	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2012 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=tp 2=sp	Dividend Income				Tax-Exempt Interest		Foreign Tax Paid (Box 6)	2012 Dividends
			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.)		

11, 12

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Miscellaneous Income

14.1

Please enter all pertinent 2013 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2013 Amount		2012 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
Tier 1 RR retirement benefits (RRB-1099, box 5) ..				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				

Other income (1099-MISC, box 3, 8)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

14.1

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State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2013 information as appropriate.
Be sure to attach all 1099-G forms.

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

2013 1099-G Amount

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2013 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund.....		
	Tax year for box 2 if not 2012 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		
	Farm amounts:		
	Agriculture payments (Box 7).....		
1=agriculture payments are from conservation reserve program.....			
Market gain (Box 9).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2013 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund.....		
	Tax year for box 2 if not 2012 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		
	Farm amounts:		
	Agriculture payments (Box 7).....		
1=agriculture payments are from conservation reserve program.....			
Market gain (Box 9).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

14.2

2013

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Education Distributions (ESA's and QTP's)

14.3

Please enter all pertinent 2013 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 AND QTP'S (Form 1099-Q)

2013 Amount

2012 Amount

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
	ESA's only:		
2013 contributions to this ESA.....			
Value of this account at 12/31/13 (plus outstanding rollovers)...			
Basis in this ESA as of 12/31/12.....			

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
	ESA's only:		
2013 contributions to this ESA.....			
Value of this account at 12/31/13 (plus outstanding rollovers)...			
Basis in this ESA as of 12/31/12.....			

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
	ESA's only:		
2013 contributions to this ESA.....			
Value of this account at 12/31/13 (plus outstanding rollovers)...			
Basis in this ESA as of 12/31/12.....			

14.3

2013**1040****US****Business Income (Schedule C)**No. **16**

Please enter all pertinent 2013 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040...	
City, if different from Form 1040.....	
State, if different from Form 1040.....	
ZIP code, if different from Form 1040.....	
Employer identification number.....	
Other accounting method.....	

Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no..		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		

INCOME

	2013 Amount	2012 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		

Inventory at end of the year.....		

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2013	1040	US	Business Income (Schedule C) (cont.)	No. 	16 p2
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Please enter all pertinent 2013 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2013 Amount	2012 Amount
Accounting.....		
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.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals and entertainment in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

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

Series: 52 Capital Gains & Losses (Schedule D)

2013**1040****US****Installment Sales (Form 6252)****17** p2

Please enter all pertinent 2013 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

		2013 Amount	2012 Amount
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

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Sale of Home & Moving Expenses

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If you sold your home or moved in 2013, 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)

Description of property (Box 3).....	
Date acquired (m/d/y).....	
Date sold (m/d/y) (Box 1).....	
Sales price (Box 2).....	
1=sale of home.....	
1=owned and used property as main home for at least 2 of 5 years before sale.....	
1=first-time homebuyer credit was previously taken on this home.....	
1=business use in year of sale.....	
Number of days after December 31, 2008 that home was not used as principal residence.....	

Adjusted Basis

Original cost.....	
Improvements:	

Adjusted basis.....	

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale.....	

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:
a) Did not meet the ownership and use tests *, or **b)** Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)	
1=sale due to change in health, employment or unforeseen circumstances.....	
Days used as main home - taxpayer.....	
Days used as main home - spouse.....	
Days property owned - taxpayer.....	
Days property owned - spouse.....	

MOVING EXPENSES (27) (If you moved because of a change in the location of your job)

1=spouse, 2=joint.....	
1=armed forces move due to permanent change of station.....	
Miles from old home to new work place.....	
Miles from old home to old work place.....	
Expenses for transportation and storage of household goods and personal effects.....	
Lodging and travel (excluding meals):	
Lodging and travel (excluding automobile).....	
Parking fees and tolls.....	
Gas and oil.....	
Miles driven to new home.....	

(* owned and used property as main home for at least 2 of 5 years before sale)

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Rental & Royalty Income (Schedule E)

No.

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Please enter all pertinent 2013 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2013 Amount	2012 Amount
Description of property.....		Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address		
City.....		
State		
ZIP code.....		
Type of property (see table)....		
Other type of property.....		
Number of days rented.....		

Percentage of ownership if not 100% (.xxxx).....		1=did not actively participate... ..	
Percentage of tenant occupancy if not 100% (.xxxx).....		1=real estate professional	
1=spouse, 2=joint		1=rental other than real estate ..	
1=qualified joint venture		1=investment	
1=nonpassive activity, 2=passive royalty		1=single member limited liability company	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.			

INCOME

	2013 Amount	2012 Amount
Rents or royalties received.....		

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere).....		
Cleaning and maintenance.....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.).....		
Qualified mortgage insurance premiums.....		
Excess mortgage interest.....		
Other interest (not entered elsewhere).....		
Painting and decorating.....		
Pest control.....		
Plumbing and electrical.....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Utilities.....		
Wages and salaries.....		
Other:		

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

18

2013**1040****US****Rental & Royalty Income (Sch. E) (cont.)**No. **18** p2

Please enter all pertinent 2013 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.

OIL AND GAS

Production type (preparer use only).....		
Cost depletion.....		
Percentage depletion rate or amount.....		
State cost depletion, if different (-1 if none).....		
State % depletion rate or amount, if different (-1 if none).....		

VACATION HOME

Number of days personal use.....		
Number of days owned (if optional method elected).....		

INDIRECT EXPENSES

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

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere).....		
Cleaning and maintenance.....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.).....		
Qualified mortgage insurance premiums.....		
Excess mortgage interest.....		
Other interest (not entered elsewhere).....		
Painting and decorating.....		
Pest control.....		
Plumbing and electrical.....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Utilities.....		
Wages and salaries.....		

Other:

18 p2

2013**1040****US****Partnership and S corporation Information****20.1,20.2**

Please add, change or delete 2013 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

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

20.1,20.2

Series: 57, 58 Estate or Trust and REMIC Information

Series: 61 Asset Disposition List

Series: 61

Asset Acquisition List

2013**1040****US****Vehicle Expenses**No. **22** p3

Please enter all pertinent 2013 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2013 Amount	2012 Amount
Description of vehicle.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=vehicle used primarily by more than 5% owner.....		
Number of months of business use if changed from 100% personal use.....		

AUTOMOBILE MILEAGE

Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		

ACTUAL EXPENSES

Parking fees and tolls (business portion only).....		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

22 p3

2013**1040****US****Adjustments to Income****24**

Please enter all pertinent 2013 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

2013 Amount

2012 Amount

Taxpayer

Spouse

Taxpayer

Spouse

IRA contributions you made or expect to make
(1=maximum) (\$5,500/\$6,500 if 50 or older).....
Contributions made to date
1=covered by plan, 2=not covered.....
2013 payments from 1/1/14 to 4/15/14.....

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to
make (1=maximum) (\$5,500/\$6,500 if 50 or older).
Contributions made to date

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you
made or expect to make (1=maximum).....

--	--

--	--

Money purchase (25%/1.25) contributions you
made or expect to make (1=maximum).....

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--	--

Defined benefit contributions you expect to make..

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Self-employed SEP (25%/1.25) contributions you
made or expect to make (1=maximum).....

--	--

--	--

Plan contribution rate if not .25 (.xxxx).....

--	--

--	--

Individual 401k: SE elective deferrals (except Roth) (1=max.)...

--	--

--	--

Individual 401k: SE designated Roth contributions (1=max.)...

--	--

--	--

SIMPLE contributions:

Self-employed SIMPLE contributions you
made or expect to make (1=maximum).....

--	--

--	--

Employer matching rate if not .03 (.xxxx).....

--	--

--	--

1=nonelective contributions (2%).....

--	--

--	--

Contributions made to date

--	--

--	--

ADJUSTMENTS TO INCOME

Self-employed health insurance:

Total premiums (excluding long-term care)....

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--	--

Long-term care premiums.....

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--	--

Student loan interest paid (1098-E, box 1).....

--	--

--	--

Educator expenses (kindergarten thru grade 12)...

--	--

--	--

Jury duty pay given to employer.....

--	--

--	--

Expenses from rental of personal property.....

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--	--

Other adjustments to income:

Alimony paid:

Taxpayer

Spouse

Recipient's first name....

--

--

Recipient's last name....

--

--

Recipient's SSN.....

--

--

Amount paid

	2012 amt:
--	-----------

	2012 amt:
--	-----------

24

2013**1040****US****Itemized Deductions****25**

Please enter all pertinent 2013 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.

	2013 Amount	TS	2012 Amount
Prescription medicines and drugs.....			
Doctors, dentists and nurses.....			
Hospitals and nursing homes.....			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer.....			
Long-term care premiums - spouse.....			
Insurance reimbursement (enter as a positive number).....			
Lodging and transportation:			
Out-of-pocket expenses.....			
Medical miles driven.....			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2013 estimates are automatic.)

State income taxes - 1/13 payment on 2012 state estimate.....			
State income taxes - paid with 2012 state return extension.....			
State income taxes - paid with 2012 state return.....			
State income taxes - paid for prior years and/or to other state.....			
City/local income taxes - 1/13 payment on 2012 city/local estimate.....			
City/local income taxes - paid with 2012 city/local extension.....			
City/local income taxes - paid with 2012 city/local return.....			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items).....			
Use taxes paid on 2013 purchases.....			
Use taxes paid with 2012 state return.....			
Sales tax on autos not included above.....			
Sales tax on boats, aircraft, other special items.....			

OTHER TAXES PAID

Real estate taxes - principal residence:

Real estate taxes - property held for investment.....

Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..

Foreign income taxes.....

Other taxes:

25

2013**1040****US****Itemized Deductions (continued)****25** p2

Please enter all pertinent 2013 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2013 Amount**TS****2012 Amount**

Home mortgage interest not reported on Form 1098:

Payee's name

Payee's SSN or FEIN ..

Payee's street address ..

Payee's city

Payee's state

Payee's ZIP code

Amount paid

Points not reported on Form 1098:

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

Investment interest (interest on margin accounts):

Passive interest

Certain home mortgage interest included above (6251)

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage.
For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

Number of charitable miles

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

Number of charitable miles

25 p2

2013**1040****US****Itemized Deductions (continued)****25** p3

Please enter all pertinent 2013 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2013 Amount**TS****2012 Amount**

30% limitation (see above):

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

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Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Investment expense:

Tax return preparation fee

Safe deposit box rental

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

25 p3

Series: 400 (T=taxpayer, S=spouse, Blank=joint) Itemized Deductions (continued)

2013**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 2013 (\$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 2013 (\$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 2013 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

	2013 Amount	TS	2012 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

LOAN INFORMATION

Loan #1

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2013			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2013			
Grandfather debt balance - beginning of year			

Loan #2

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2013			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2013			
Grandfather debt balance - beginning of year			

Form

- 1 = Schedule A (default)
- 2 = Business use of home
- 3 = Schedule E

25 p5

2013**1040****US****Noncash Contributions (Form 8283)****26**

If your total noncash contributions are in excess of \$500 in 2013, 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.

DONATED PROPERTY INFORMATION

No. <input style="width: 40px;" type="text"/>	Name of charitable organization (donee).....			
	Street address			
	City			
	State			
	ZIP code			
	1=spouse, 2=joint			
	Property description (other than vehicle).....			
	Vehicle	Identification number (VIN).....		
		Year (yyyy)		
		Make and model		
		Mileage at time of donation		
	Date of contribution (m/d/y).....			
	Date acquired by donor (m/y)			
	How acquired by donor (Table 1 or describe).....			
Donor's cost or basis				
Fair market value				
Method used to determine FMV (Table 2 or describe).....				

No. <input style="width: 40px;" type="text"/>	Name of charitable organization (donee).....			
	Street address			
	City			
	State			
	ZIP code			
	1=spouse, 2=joint			
	Property description (other than vehicle).....			
	Vehicle	Identification number (VIN).....		
		Year (yyyy)		
		Make and model		
		Mileage at time of donation		
	Date of contribution (m/d/y).....			
	Date acquired by donor (m/y)			
	How acquired by donor (Table 1 or describe).....			
Donor's cost or basis				
Fair market value				
Method used to determine FMV (Table 2 or describe).....				

1**How Property was Acquired**

- | | |
|--------------|-----------------|
| 1 = Purchase | 3 = Inheritance |
| 2 = Gift | 4 = Exchange |

2**Method Used to Determine FMV**

- | | |
|-----------------------|----------------------|
| 1 = Appraisal | 3 = Catalog |
| 2 = Thrift shop value | 4 = Comparable sales |

For other methods, see IRS Pub. 561.

26

2013

1040

US

Business Use of Home (Form 8829)

No.

29

Please enter 2013 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2013 Amount	2012 Amount
Form		
Number of form (e.g., enter 2 for Schedule C number 2)		
Business use area (square footage)		
Total area of home (square footage)		
Total hours facility used (for daycare facilities only)		
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		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Other indirect expenses:		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include
painting or repairs made to specific areas or rooms used for business.

Mortgage interest		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Excess casualty losses		
Allowable casualty losses		
Other direct expenses:		

29

2013	1040	US	Employee/Vehicle Bus. Exp. (Form 2106)	No. <input type="text"/>	30
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Please enter all pertinent 2013 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040.....	<input type="text"/>	
Form	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.)	<input type="text"/>	
1=spouse	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input type="text"/>	

EMPLOYEE BUSINESS EXPENSES

	2013 Amount	2012 Amount
Meal and entertainment expenses	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1	<input type="text"/>	<input type="text"/>
1=Department of Transportation (80% meal allowance)	<input type="text"/>	<input type="text"/>
Local transportation (bus, taxi, train, etc.)	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1	<input type="text"/>	<input type="text"/>
Other business expenses:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

					30
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2013**1040****US****Vehicle Expenses (Form 2106) (cont.)**No. **30** p2

Please enter all pertinent 2013 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

1=vehicle used primarily by more than 5% owner.....
 1=vehicle is available for off-duty personal use.....
 1=no other vehicle is available for personal use.....
 1=no evidence to support your deduction.....
 1=no written evidence to support your deduction.....

2013 Amount

2012 Amount

VEHICLE 1

Description of vehicle.....
 Date placed in service (m/d/y).....
 Total mileage (for the tax year).....
 Business mileage.....
 Commuting mileage (for the tax year).....
 Average daily round-trip commute.....
 Number of months of business use if changed from 100% personal use.....
 Parking fees and tolls (business portion only).....

Actual expenses:

Gasoline, lube, oil.....
 Repairs.....
 Tires.....
 Insurance.....
 Miscellaneous.....
 Auto license (other than personal property taxes).....
 Personal property taxes (based on car's value).....
 Interest (car loan) (for Schedule C, E & F).....
 Vehicle rent or lease payments.....
 Inclusion amount (enter as positive).....
 Value of employer-provided vehicle on Form W-2 (2106).....

VEHICLE 2

Description of vehicle.....
 Date placed in service (m/d/y).....
 Total mileage (for the tax year).....
 Business mileage.....
 Commuting mileage (for the tax year).....
 Average daily round-trip commute.....
 Number of months of business use if changed from 100% personal use.....
 Parking fees and tolls (business portion only).....

Actual expenses:

Gasoline, lube, oil.....
 Repairs.....
 Tires.....
 Insurance.....
 Miscellaneous.....
 Auto license (other than personal property taxes).....
 Personal property taxes (based on car's value).....
 Interest (car loan) (for Schedule C, E and F).....
 Vehicle rent or lease payments.....
 Inclusion amount (enter as positive).....
 Value of employer-provided vehicle on Form W-2 (2106).....

30 p2

2013**1040****US****Health Savings Accounts (8889)****32.1**

**Please enter all pertinent 2013 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 2013, a high deductible health plan is one with an annual deductible that is not less than \$1,250 for self-only coverage or \$2,500 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$6,250 for self-only coverage or \$12,500 for family coverage.

	2013 Amount		2012 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage.....				
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).....				
Contributions included above that were made after you became eligible for Medicare.....				
Contributions made to date				

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1)...				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses...				

32.1

2013**1040****US****Child and Dependent Care Expenses (Form 2441)****33.1,33.2**

Please enter all pertinent 2013 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.

DEPENDENT CARE EXPENSES (33.1)

	2013 Amount		2012 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2013...				
Employer-provided benefits forfeited in 2013				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input type="text"/>	First name.....		
	Last name.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2013.....		2012 amt:
	1=disabled.....		
	1=spouse, 2=joint.....		

No. <input type="text"/>	First name.....		
	Last name.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2013.....		2012 amt:
	1=disabled.....		
	1=spouse, 2=joint.....		

No. <input type="text"/>	First name.....		
	Last name.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2013.....		2012 amt:
	1=disabled.....		
	1=spouse, 2=joint.....		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input type="text"/>	Name of provider.....		
	Street address.....		
	City, state, ZIP code.....		
	Identification number (SSN or EIN).....		
	Amount paid to care provider in 2013.....		2012 amt:
	1=spouse, 2=joint.....		

No. <input type="text"/>	Name of provider.....		
	Street address.....		
	City, state, ZIP code.....		
	Identification number (SSN or EIN).....		
	Amount paid to care provider in 2013.....		2012 amt:
	1=spouse, 2=joint.....		

33.1,33.2

2013**1040****US****Education Credits / Tuition Deduction**No. **38**

Please complete the information below if you paid qualified education expenses in 2013 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.
Last year's amounts are provided for your reference.

STUDENT INFORMATION

NOTE: Due to the change to the 1098-T question (reversing the default), we should not print the 2012 entry.

1=taxpayer, 2=spouse
 First name
 Last name
 Social security number
 Number of years hope credit claimed
 Number of years American opportunity credit claimed
 1=student was NOT enrolled at least half-time for at least one academic period that began in 2013 at an eligible institution in a qualified program
 1=student completed first four years of post-secondary education before 2013.
 1=student was convicted, before the end of 2013, of a felony for possession or distribution of a controlled substance.

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name
 Street address
 City
 State
 ZIP code
 1=2013 Form 1098-T was NOT received.
 1=2012 Form 1098-T received with Box 2 & 7 completed.
 Federal ID number from Form 1098-T.

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name
 Street address
 City
 State
 ZIP code
 1=2013 Form 1098-T was NOT received.
 1=2012 Form 1098-T received with Box 2 & 7 completed.
 Federal ID number from Form 1098-T.

QUALIFIED EDUCATION EXPENSES

Qualified tuition & fees paid in 2013 (net of refund or assistance, & not entered elsewhere) .
 Books & supplies required to be purchased from institution.
 Books & supplies not entered above.
 Amount of prior year refund or assistance * .

2013 Amount	2012 Amount

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

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2013**1040****US****Household Employment Taxes (Schedule H)****42**

Please enter all pertinent 2013 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

NOTE: If you paid any one household employee cash wages of \$1,800 or more in 2013; withheld federal income tax during 2013 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2012 or 2013 to household employees, please complete the following:

Employer identification number

1=spouse, 2=joint

Social security, Medicare and income taxes:

2013 Amount

2012 Amount

1=paid any one employee cash wages of \$1,800 or more

1=withheld federal income tax for household employee

Total cash wages subject to social security taxes

Total cash wages subject to Medicare taxes

Federal income tax withheld

Taxes withheld from state disability payments

Federal unemployment tax:

1=paid total cash wages of \$1,000 or more in any calendar quarter of 2012 or 2013

Total cash wages subject to FUTA tax

1=paid unemployment contributions to only one state

1=paid all state unemployment contributions by 4/15/14

1=all wages taxable for FUTA were also taxable for state unemployment

Name of state

Contributions paid to state unemployment fund

42

2013	1040	US	Parent's Election to Report Child's Inc.	No. 	44
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**Please enter all pertinent 2013 amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.**

CHILD'S INFORMATION

First name	
Last name	
Social security number	
Date of birth (m/d/y)	
1=nontaxable to federal	
1=nontaxable to state	

INTEREST INCOME (Form 1099-INT)

	2013 Amount	2012 Amount
Banks, credit unions, etc. (Box 1):		

U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):		

Tax-exempt interest:		
Total municipal bonds		
In-state municipal bonds		
Adjustments:		
Nominee distribution		
Accrued interest		
Tax-exempt interest (1099-INT in error)		
OID adjustment		
ABP adjustment		
Foreign:		
1=interest in or authority over foreign account		
Name of foreign country		
1=grantor/transferor or received distribution from foreign trust		
Post 8/7/86 private activity bond interest (included above) (6251)		

DIVIDEND INCOME (Form 1099-DIV)

Total ordinary dividends (Box 1a):		

Qualified dividends (Box 1b)		
Total capital gain distributions (Box 2a):		

Unrecaptured section 1250 gain (Box 2b)		
Section 1202 gain (Box 2c)		
Collectibles (28%) gain (Box 2d)		
Nontaxable distributions (Box 3)		
Tax-exempt interest:		
Total municipal bonds		
In-state municipal bonds		
Nominee distributions:		
Ordinary dividends		
Qualified dividends		
Capital gain distributions		
Alaska permanent fund dividends included above		

Series: Additional Information