

CLIENT ORGANIZER

STREET

CITY, STATE, ZIP

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

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

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

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

Please provide the following information:

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

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

Table of Contents

Description	Page
Cover Sheet .....	ORG0
Topic Index .....	ORG2
General Questions.....	ORG3
Business/Investment Questions.....	ORG4
Additional Information .....	ORG5
Basic Taxpayer Information.....	ORG6
W-2, W-2G, 1099-R Income.....	ORG7
1099-MISC Income .....	ORG8
Social Security Benefits/Form 1099-G/Other Income .....	ORG10
Interest and Dividend Income .....	ORG11
Seller Financed Interest/Child's Interest and Dividends .....	ORG12
Medical and Tax Expenses .....	ORG13
Interest Paid and Cash Contributions .....	ORG14
Non-Cash Charitable Contributions.....	ORG14A
Miscellaneous Itemized Deductions .....	ORG15
Moving Expenses.....	ORG16
Employee Business Expenses .....	ORG17
Employee Home Office Expense .....	ORG17A
Car and Truck Expenses .....	ORG18
Business Income and Expenses .....	ORG19
Business Use of Home .....	ORG20
Sales of Stocks and Securities.....	ORG21
Sale of Your Home .....	ORG22
Installment Sales Income .....	ORG23
Sales of Business Property .....	ORG24
Rental and Royalty Income and Expenses.....	ORG25
Farm Rental Income and Expenses .....	ORG26
Farm Income and Expenses.....	ORG27
Adjustments to Income .....	ORG28
Dependent Care Expenses.....	ORG35
Education .....	ORG36
Tax Payments.....	ORG40
Household Employment Taxes .....	ORG41
K-1 Partnership – Partner's Questions.....	ORG45
K-1 S-Corporation – Shareholder's Questions .....	ORG46
K-1 Estate & Trust – Beneficiary's Questions.....	ORG47
K-1 Partnership Supplemental Business Expense.....	ORG48
Transferred Assets .....	ORG50
Additional Assets .....	ORG51
Foreign Earned Income.....	ORG52
State Information Worksheet .....	ORG60

**Topic Index**

Alimony paid .....	ORG28	Keogh plan contributions .....	ORG28
Alimony received .....	ORG10	Medical and dental expenses .....	ORG13
Annuity payments received .....	ORG7	Miscellaneous income reported on 1099-MISC .....	ORG8
Business income and expenses .....	ORG19	Miscellaneous income not from 1099-MISC .....	ORG10
Car and truck expenses .....	ORG18	Miscellaneous itemized deductions .....	ORG15
Casualties and thefts.....	ORG3	Moving expenses.....	ORG16
Charitable contributions .....	ORG14	Office in home expenses .....	ORG20
Child and dependent care expenses .....	ORG35	Partnership income .....	ORG45
Dependent information .....	ORG6	Pension payments received .....	ORG7
Depreciable property - additions .....	ORG51	Personal information .....	ORG6
Depreciable property - deletions .....	ORG50	Railroad retirement benefits.....	ORG10
Dividend income .....	ORG11	Rental income and expenses .....	ORG25
Education .....	ORG36	Royalty income and expenses .....	ORG25
Employee business expense .....	ORG17	S corporation income.....	ORG46
Estate income.....	ORG47	Sale of home.....	ORG22
Estimated and other tax payments .....	ORG40	Sales of business property .....	ORG24
Farm income and expenses .....	ORG27	Sales of stock, securities .....	ORG21
Farm rental income and expenses .....	ORG26	Self-employed health insurance .....	ORG19
Foreign earned income .....	ORG52	SEP plan contributions.....	ORG28
Gambling and lottery winnings .....	ORG7	SIMPLE plan contributions .....	ORG28
Household employees .....	ORG41	Social security benefits.....	ORG10
Installment sales.....	ORG23	State and local tax refunds.....	ORG10
Interest income .....	ORG11	Taxes paid.....	ORG13
Interest paid (mortgage, etc) .....	ORG14	Trust income .....	ORG47
Investment interest expense.....	ORG14	Unemployment compensation.....	ORG10
IRA contributions .....	ORG28	Wages and salaries .....	ORG7
IRA distributions and rollovers .....	ORG7		

## General Questions

**ORG3**

PERSONAL INFORMATION		Yes	No
1	Did your marital status change during 2013? .....	<input type="checkbox"/>	<input type="checkbox"/>
	If <b>yes</b> , explain .....		
2	Do you want to allow your tax preparer to discuss this year's return with the IRS? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If <b>no</b> , enter another person (if desired) to be allowed to discuss this return with the IRS. <b>Caution:</b> Review any transferred information for accuracy.		
	Designee's Name ..... ▶ _____		
	Phone Number ..... ▶ _____ Personal Identification Number (5 digit PIN) ..... ▶ _____		
3	Do you or your spouse plan to retire in 2014? .....	<input type="checkbox"/>	<input type="checkbox"/>
4	Were you or your spouse permanently and totally disabled in 2013? .....	<input type="checkbox"/>	<input type="checkbox"/>
5	Enter date of death for taxpayer or spouse (if during 2013 or 2014 ): Taxpayer: _____ Spouse: _____		
6	Were you or your spouse a member of the U.S. Armed Forces during 2013? .....	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT INFORMATION			
		Yes	No
7 a	Do you have dependents who must file? .....	<input type="checkbox"/>	<input type="checkbox"/>
	b If <b>yes</b> , do you want us to prepare the return(s)? .....	<input type="checkbox"/>	<input type="checkbox"/>
8 a	Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,000? .....	<input type="checkbox"/>	<input type="checkbox"/>
	b If <b>yes</b> , do you want to include your child's income on your return? .....	<input type="checkbox"/>	<input type="checkbox"/>
9	Are any of your dependents <b>not</b> U.S. citizens or residents? .....	<input type="checkbox"/>	<input type="checkbox"/>
10	Did you provide over half the support for any other person during 2013? .....	<input type="checkbox"/>	<input type="checkbox"/>
11	Did you incur adoption expenses during 2013? .....	<input type="checkbox"/>	<input type="checkbox"/>
IRA, PENSION AND EDUCATION SAVINGS PLANS			
		Yes	No
12	Did you receive payments from a pension or profit-sharing plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
13	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? .....	<input type="checkbox"/>	<input type="checkbox"/>
14 a	Did you convert all or part of a regular IRA into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
	b Did you roll over all or part of a qualified plan into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
15	Did you contribute to a Coverdell Education Savings Account? .....	<input type="checkbox"/>	<input type="checkbox"/>
ITEMS RELATED TO INCOME/LOSSES			
		Yes	No
16	Did you receive any disability payments in 2013? .....	<input type="checkbox"/>	<input type="checkbox"/>
17	Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
18 a	Did you buy, sell, refinance, or abandon a principal residence or other real property in 2013? (Attach copies of any escrow statements or Forms 1099.) .....	<input type="checkbox"/>	<input type="checkbox"/>
	b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? .....	<input type="checkbox"/>	<input type="checkbox"/>
	c Are you planning to purchase a home soon? .....	<input type="checkbox"/>	<input type="checkbox"/>
19	Did you incur any casualty or theft losses during 2013? .....	<input type="checkbox"/>	<input type="checkbox"/>
20	Did you incur any non-business bad debts? .....	<input type="checkbox"/>	<input type="checkbox"/>
PRIOR YEAR TAX RETURNS			
		Yes	No
21	Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? .....	<input type="checkbox"/>	<input type="checkbox"/>
	If <b>yes</b> , enclose agent's report or notice of change.		
22	Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? .....	<input type="checkbox"/>	<input type="checkbox"/>

General Questions (continued)

ORG3

**FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES**

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

**HEALTH AND LIFE INSURANCE**

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

**MISCELLANEOUS**

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

**ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND**

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

**Caution:** Review transferred information for accuracy.

49 If **yes**, please provide the following information:

    a Name of your financial institution .....

    b Routing Transit Number (must begin with 01 through 12 or 21 through 32) .....

    c Account number .....

    d What type of account is this? .....Checking                       Savings

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

# Basic Taxpayer Information

ORG6

## PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name.....	<u>ORGANIZER</u>	_____
First name.....	<u>CLIENT</u>	_____
Middle initial and suffix.....	MI ..... _____ Suffix ..... _____	MI ..... _____ Suffix ..... _____
Social security number.....	<u>On File</u>	_____
Occupation.....	_____	_____
Work phone/extension.....	_____	_____
Cell phone.....	_____	_____
E-mail address.....	_____	_____
Birthdate.....	MM/DD/YYYY..... _____	MM/DD/YYYY..... _____
Blind.....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund.....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return.....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address..... <u>STREET</u>	_____	Apartment number..... _____
City..... <u>CITY, STATE, ZIP</u>	State..... _____	ZIP code..... _____
Home phone..... _____	Foreign country..... _____	_____
Fax..... _____	Foreign phone..... _____	_____

## FILING STATUS

**1** Single  
 **2** Married filing jointly  
 **3** Married filing separately  
     Check this box if you **did not** live with spouse at any time during the year..... ▶   
     Check this box if you are eligible to claim spouse's exemption..... ▶   
     Check this box if your spouse itemizes deductions..... ▶   
 **4** Head of household  
     If the qualifying person is a child but not your dependent, enter  
     Child's name..... \_\_\_\_\_ Child's social security number..... \_\_\_\_\_  
 **5** Qualifying widow(er)  
     Check the box for the year the spouse died..... ▶ 2011  2012

## DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Date of Birth	2013 Child Care Expense
	Relationship	+Months in U.S.	*Not Citizen	2012 Child Care Expense
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

**\*\*** For the Dependent Code, enter the following: L = dependent child who lived with you  
 N = dependent child who didn't live with you due to divorce or separation  
 O = other dependent  
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)  
**+** Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.  
**\*** Check this box if dependent child is not a U.S. citizen or resident alien

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

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

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

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

**Attach all copies of your 1099-R forms here.**

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

**W-2G – GAMBLING OR LOTTERY WINNINGS**

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

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

**Social Security Benefits/Form 1099-G/Other Income**

**SOCIAL SECURITY BENEFITS**

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

**FORM 1099-G**

**Attach all copies of 1099-G forms.**

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

**OTHER INCOME**

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



### Interest and Dividend Income

T = Taxpayer, S = Spouse, J = Joint

**INTEREST INCOME**

Attach all copies of your Form 1099-INTs here.

**\*\*Type of Interest**

blank = Regular taxable interest

ME1 = ME bond interest in federal income

MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest

NH1 = NH nontaxable interest — taxable federal

NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest

TN1 = TN nontaxable interest — taxable federal

WV1 = WV bond interest in federal income

TSJ	X*	Payer Name	2013 Box 1 Interest	Type of Interest**	2013 Box 3 US/Treasury Interest	2013 Box 8 Tax Exempt	State	2012 Box 1 + 3

X\* Check if you did not receive income from this account in 2013 .

**DIVIDEND INCOME**

Attach all copies of your Form 1099-DIVs here.

TSJ	X*	Payer Name	2013 Box 1a Ordinary Dividends	2013 Box 1b Qualified Dividends	2013 Box 2a Capital Gains	State	2012 Box 1a + 2a

X\* Check if you did not receive income from this account in 2013 .

### Medical and Tax Expenses

ORG13

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

### Noncash Contributions

ORG14A

Copy 1

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

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

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

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

**\*Methods of determining FMV:**

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

**\*\*Type of Donated Property**

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

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

Miscellaneous Itemized Deductions

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

### Interest Paid and Cash Contributions

ORG14

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

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

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address

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

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

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

### Interest Paid and Cash Contributions (continued)

**LIMITED HOME MORTGAGE DEDUCTION**

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

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

**CASH CONTRIBUTIONS**

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

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

## Employee Business Expenses

ORG17

Occupation in which expenses were incurred .....

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

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

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

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

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

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

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

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

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

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

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

**Employee Business Expenses (continued)**

ORG17

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



**Car And Truck Expenses**  
(Employees use ORG17 – Employee Business Expenses)

**ORG18**

for:

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

# Business Income and Expenses

**ORG19**

**GENERAL INFORMATION**

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

**2** Business name .....

**3 a** Business street address.....

**b 1** City, State and Zip Code, or .....

**2** Foreign country.....

**4** Principal business/profession .....

**5** Employer ID number.....

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

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

**8** Accounting method:  
 Cash       Accrual       Other (specify)  .....

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

**Yes**    **No**

**10** Was there a change in determining quantities, costs, or valuations between opening/closing inventory? (If yes, attach explanation) .....  **Yes**     **No**

**11** Did you materially participate in the operation of this business during 2013? .....  **Yes**     **No**

**12** Did you start or acquire this business during 2013? .....  **Yes**     **No**

**13 a** Did you make any payments in 2013 that require you to file Forms 1099? .....  **Yes**     **No**

**b** If yes, did you or will you file all the required Forms 1099? .....  **Yes**     **No**

**14** At-risk determination:

**a** Is all of the investment in this activity at risk? .....  **Yes**     **No**

**b** Is some of the investment in this activity not at risk? .....  **Yes**     **No**

**15** Did you have unallowed passive losses in 2012? .....  **Yes**     **No**

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

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

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

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

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

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

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

**Business Income and Expenses (continued)**

**ORG19**

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

# Business Use of Home

**ORG20**

for:  
copy:

Elect the simplified method instead of entering actual expenses .....

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

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

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

## DEPRECIATION

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

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

## Sales of Stocks and Securities

<input checked="" type="checkbox"/>	<b>Attach all copies of Forms 1099-B and/or 1099-S here.</b>				
		<b>Yes</b>	<b>No</b>		
<b>1</b>	Did you exchange any securities for other securities or any other property held for investment? .....	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2</b>	Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale? .....	<input type="checkbox"/>	<input type="checkbox"/>		
<b>3</b>	Did you engage in any transactions involving traded options? .....	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4</b>	Did you engage in any transactions involving commodity future contracts and straddle positions? .....	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5</b>	Did you engage in any transactions involving <i>employee</i> stock options? .....	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6</b>	Schedule D included in the 2012 Federal income tax return? .....	<input type="checkbox"/>	<input type="checkbox"/>		

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

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

Transaction number..... \_\_\_\_\_

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

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

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

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

**2** Description of property .....

**3a** Date acquired ..... **b** Date sold .....

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

**5** Holding period \* .....

**6** Sales price .....

**7** Cost or other basis .....

**8** Wash sale loss disallowed .....

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

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

Transaction number..... \_\_\_\_\_

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

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

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

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

**2** Description of property .....

**3a** Date acquired ..... **b** Date sold .....

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

**5** Holding period \* .....

**6** Sales price .....

**7** Cost or other basis .....

**8** Wash sale loss disallowed .....

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

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

- |   |   |  |
|---|---|--|
| <p><b>* Type of Holding Period</b></p> <p>S = Short-term (one year or less)</p> <p>L = Long-term (more than one year)</p> <p><b>** Type of Ownership</b></p> <p>T = Taxpayer Ownership</p> <p>S = Spouse Ownership</p> <p>J = Joint Ownership</p> | <p><b>*** Type of Transaction</b></p> <p>S = Regular Sale of Stocks, Bonds, etc</p> <p>W = Wash Sale</p> <p>M = Collectible (28% Rate)</p> <p>P = Personal Loss on Noninvestment Property</p> <p>X = Expired (options, etc)</p> | <p>O = Worthless Securities</p> <p>K = Bankrupt</p> <p>N = Nonbusiness Bad Debt</p> <p>E = Stock sales to ESOP's or EWOC's</p> |
|---|---|--|

Installment Sale Income

ORG23

Attach all closing documents if this is the year of sale.

Was the property sold in this installment sale a rental or used in a trade or business?
Was the final installment received this year?

1 Description of property
2a Date acquired 2b Date sold
c Check this box if ordinary gain from non-capital asset

GROSS PROFIT INFORMATION
(Complete for year of sale only.)

3 Selling price, including mortgages and other debts
4 Mortgages and other debts buyer assumed or took property subject to
5 Cost or other basis of property sold
6 Depreciation allowed or allowable
7 Commissions and other expenses of sale
8 Was this property your main home?

CURRENT TAXABLE PORTION

9 Gross profit percentage
10a Payments received in current year
b Interest received in current year

Seller Financed Mortgage Information

11 Payer's Name Address SSN or EIN

12 Payments received in prior years (do not include interest)

SALES TO RELATED PARTIES

13a Was the property sold to a related party after May 14, 1980?
b If yes, was the property a marketable security?
If yes, complete the rest of this form. If no, complete for year of sale and for 2 years after the sale.
If you received the final installment payment this year, do not complete the rest of this form.

c Give the name, address, and taxpayer identification number of related party:
Name
Address
City State ZIP code
Identifying number

14 Did the related party, during this tax year, resell or dispose of the property?
If no, do not complete the rest of this form.

Answer yes to no more than one of the following questions.

15a Was the second disposition more than two years after the first disposition (other than dispositions of marketable securities)?
b Was the first disposition a sale or exchange of stock to the issuing corporation?
c Was the second disposition an involuntary conversion where the threat of conversion occurred after the first disposition?
d Did the second disposition occur after the death of the original seller or buyer?
e Can it be established to the satisfaction of the IRS that tax avoidance was not a principal purpose for either disposition?
If yes, give explanation

16 If you answered no to all questions 15a through 15e, enter sales price of the property sold by related party (attach Form 6252 for year of first sale)

# Rent and Royalty Income and Expenses

**ORG25**

**BASIC PROPERTY INFORMATION**

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

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

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

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

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

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

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

<b>a</b> The property was rented at fair rental value .....		_____
<b>b</b> The property was used personally or rented at less than fair rental value .....		_____
<b>c</b> You owned the property, if not the entire year .....		_____

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

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

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

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

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

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

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

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

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

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

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

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2013	2012			
<b>15</b> Rents or royalties received .....					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"><b>* Property Types:</b></td> <td style="width: 35%; vertical-align: top;"> <b>1</b> Single family residence  <b>2</b> Multi-family residence  <b>3</b> Vacation/short-term rental  <b>4</b> Commercial                         </td> <td style="width: 35%; vertical-align: top;"> <b>5</b> Land  <b>6</b> Royalties  <b>7</b> Self-rental  <b>8</b> Other                         </td> </tr> </table>	<b>* Property Types:</b>	<b>1</b> Single family residence <b>2</b> Multi-family residence <b>3</b> Vacation/short-term rental <b>4</b> Commercial	<b>5</b> Land <b>6</b> Royalties <b>7</b> Self-rental <b>8</b> Other		
<b>* Property Types:</b>	<b>1</b> Single family residence <b>2</b> Multi-family residence <b>3</b> Vacation/short-term rental <b>4</b> Commercial	<b>5</b> Land <b>6</b> Royalties <b>7</b> Self-rental <b>8</b> Other			

**Rent and Royalty Income and Expenses (continued)**

**ORG25**

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



## Farm Income and Expenses

ORG27

### GENERAL INFORMATION

Name of this farm .....

**1** Check ownership  Taxpayer  Spouse  Joint

**2** Principal product .....

**3** Employer identification number .....

**4** Agricultural activity code (**Preparer Use Only**) .....

**5** Accounting method  Cash  Accrual

	Yes	No
<b>6</b> Was this farm fully disposed of in a fully taxable transaction during 2013? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Did you materially participate in the operation of this business during 2013? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Did you make any payments in 2013 that would require you to file Form(s) 1099 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b> If 'Yes,' did you or will you file all required Forms 1099? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> At-risk determination:		
<b>a</b> Is all of the investment in this activity at risk? .....	<input type="checkbox"/>	
<b>b</b> Is some of the investment in this activity not at risk? .....	<input type="checkbox"/>	
<b>c</b> Did you receive a subsidy in 2013? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did you have unallowed passive losses in 2012? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Treat all MACRS assets for this activity as qualified Indian reservation property? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Treat all assets acquired after August 27, 2005 as qualified GO Zone property? .....	<input type="checkbox"/>	<input type="checkbox"/>
Regular <input type="checkbox"/> Extension <input type="checkbox"/> No <input type="checkbox"/>		
<b>c</b> Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Was this farm located in a Qualified Disaster Area? .....	<input type="checkbox"/>	<input type="checkbox"/>

FARM INCOME – CASH METHOD	2013	2012
<b>13</b> Sales of livestock, etc purchased for resale .....		
<b>14</b> Cost/Basis of livestock, etc purchased for resale .....		
<b>15</b> Sales of livestock, produce, grains, etc raised .....		
<b>16a</b> Total distributions received from cooperatives .....		
<b>b</b> Taxable amount of distributions from cooperatives .....		
<b>17a</b> Total agricultural program payments .....		
<b>b</b> Taxable amount of agricultural program payments .....		
<b>c</b> If you received social security retirement or disability benefits, enter any Conservation Reserve Program payments included on line 15 .....		
<b>18a</b> Commodity Credit Corporation (CCC) loans under election .....		
<b>b</b> CCC loans forfeited/repaid with certificates .....		
<b>c</b> Taxable amount of CCC loans forfeited/repaid .....		
<b>19a</b> Crop insurance proceeds/federal crop disaster payments received in 2013 .....		
<b>b</b> Taxable crop insurance proceeds/federal crop disaster payments .....		
<b>c</b> Crop insurance proceeds/federal crop disaster payments deferred from 2012 .....		
<b>20</b> Custom hire (machine work) income .....		
<b>21</b> Other income – include federal/state gas tax credit/refund .....		

FARM INCOME – ACCRUAL METHOD	2013	2012
<b>22</b> Sales – livestock, produce, grain, other products .....		
<b>23a</b> Total distributions received from cooperatives .....		
<b>b</b> Taxable amount of distributions from cooperatives .....		
<b>24a</b> Total agricultural program payments .....		
<b>b</b> Taxable amount of agricultural program payments .....		
<b>25a</b> Commodity Credit Corporation (CCC) loans under election .....		
<b>b</b> CCC loans forfeited/repaid with certificates .....		
<b>c</b> Taxable amount of CCC loans forfeited/repaid .....		
<b>26</b> Crop insurance proceeds and certain disaster payments .....		
<b>27</b> Custom hire (machine work) income .....		
<b>28</b> Other income include federal/state gas tax credit/refund .....		

**Farm Income and Expenses (continued)**

**ORG27**

<b>FARM INCOME – ACCRUAL METHOD (continued)</b>	<b>2013</b>	<b>2012</b>
<b>29</b> Cost of Goods Sold:		
<b>a</b> Beginning inventory – livestock, produce, etc .....		
<b>b</b> Cost of livestock, produce, etc purchased .....		
<b>c</b> Ending inventory – livestock, produce, etc .....		
<b>30</b> Check if you used the unit-livestock price method or farm-price method to value inventory.....	<input type="checkbox"/>	<input type="checkbox"/>

Complete ORG51 for acquisitions and ORG50 for dispositions.

<b>FARM EXPENSES – CASH AND ACCRUAL METHODS</b>	<b>2013</b>	<b>2012</b>
Name of this farm .....		
<b>31</b> Car and truck expense (complete ORG18) .....		
<b>32</b> Chemicals .....		
<b>33</b> Conservation expenses .....		
<b>34</b> Custom hire (machine work) .....		
<b>35</b> Depreciation and Section 179 deduction ( <b>Preparer Use Only</b> ) .....		
<b>36</b> Employee benefit programs other than pension and profit-sharing plans.....		
<b>37</b> Feed .....		
<b>38</b> Fertilizers and lime.....		
<b>39</b> Freight and trucking.....		
<b>40</b> Gasoline, fuel and oil.....		
<b>41 a</b> Insurance (other than health) .....		
<b>b</b> Self-employed health insurance attributable to this farm business.....		
<b>42</b> Interest:		
<b>a</b> Mortgage (paid to banks, etc).....		
<b>b</b> Other .....		
<b>43</b> Labor hired .....		
<b>44</b> Pension and profit-sharing plans.....		
<b>45</b> Rent or lease:		
<b>a</b> Machinery, equipment, etc (for vehicle rent or lease, see ORG18) .....		
<b>b</b> Other (land, animals, etc) .....		
<b>46</b> Repairs and maintenance .....		
<b>47</b> Seeds and plants purchased.....		
<b>48</b> Storage and warehousing.....		
<b>49</b> Supplies purchased.....		
<b>50</b> Taxes.....		
<b>51</b> Utilities .....		
<b>52</b> Veterinary, breeding and medicine.....		
<b>53</b> Other expenses (specify):		
_____		
_____		
_____		
_____		
_____		
<b>54</b> Qualified pension plan start-up costs.....		

## Adjustments to Income

TRADITIONAL IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Traditional IRA contributions made for 2013 .....		
2 Check if you were covered by a retirement plan at work.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Check if you wish to make an additional contribution to your traditional IRA before the due date of your return.....	<input type="checkbox"/>	<input type="checkbox"/>
4 If line 3 is checked, check this box to contribute the maximum allowable amount.....	<input type="checkbox"/>	<input type="checkbox"/>
5 Or enter the amount you wish to contribute .....		
If you (a) received traditional IRA distributions during 2013 <b>and</b> you have made <b>nondeductible</b> IRA contributions to any of your traditional IRAs, including SIMPLE IRAs, <b>OR</b> (b) choose to make any <b>nondeductible</b> traditional IRA contributions for 2013, please provide this information:		
6 Enter the value of <b>all</b> of your IRAs on 12/31/2013 .....		
7 Enter the value of <b>all</b> recharacterizations after 12/31/2013 .....		
8 Enter the amount of any outstanding rollovers as of 1/1/2013 .....		
<b>If you received IRA distributions during 2013, please complete ORG7.</b>		

ROTH IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Roth IRA contributions made for 2013 .....		
2 Check if you wish to make an additional contribution to your Roth IRA before the due date of your return.....	<input type="checkbox"/>	<input type="checkbox"/>
3 If line 2 is checked, check this box to contribute the maximum allowable amount.....	<input type="checkbox"/>	<input type="checkbox"/>
4 Or enter the amount you wish to contribute .....		

SELF-EMPLOYED PENSION CONTRIBUTIONS	Taxpayer	Spouse
<b>Money Purchase Plan Keogh and Multiple Plans:</b>		
1 a Payments made and/or expected to be made to a money purchase Keogh plan for 2013 .....		
b Check this box if you wish to contribute the maximum amount to your money purchase Keogh for 2013 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Profit Sharing Plan Keogh:</b>		
2 a Payments made and/or expected to be made to a profit sharing Keogh for 2013 .....		
b Check this box if you wish to contribute the maximum amount to your profit sharing Keogh for 2013 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Defined Benefit Plan Keogh:</b>		
3 Payments made and/or expected to be made to a defined benefit Keogh plan for 2013 .....		
<b>SEP:</b>		
4 a Payments made and/or expected to be made to a SEP for 2013 .....		
b Check this box if you wish to contribute the maximum amount to your SEP for 2013 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self-Employed SIMPLE Plan:</b>		
5 a Payments made and/or expected to be made to a self-employed SIMPLE plan for 2013 .....		
b Enter matching contributions only to report on Form 1040 to a self-employed SIMPLE plan for 2013 .....		
<b>Individual 401(k):</b>		
6 a Elective deferrals made and/or expected to be made to an Individual 401(k) plan for 2013 .....		
b Catch-up contributions made and/or expected to be made to an Individual 401(k) for 2013 .....		
c Employer matching profit-sharing contribution made and/or expected to be made to an Individual 401(k) plan for 2013.....		
d Check this box if you wish to contribute the maximum amount to your Individual 401(k) for 2013 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Roth 401(k):</b>		
7 a Elective deferrals made or expected to be made to a designated Roth 401(k) plan for 2013 .....		
b Catch-up contributions made or expected to be made to a designated Roth 401(k) plan for 2013 .....		

ALIMONY PAID		
Recipient's name	Recipient's SSN	Alimony paid
1		
2		

### Child and Dependent Care Expenses

**CHILD AND DEPENDENT CARE EXPENSES**

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

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

EXPENSES	2013	2012
<b>1</b> Total employment taxes paid on wages for child care expenses .....		
<b>2</b> Total expenses paid in 2013 but not incurred in 2013 .....		
<b>3</b> Total expenses incurred in 2013 but not paid in 2013 .....		
<b>4</b> Medical expenses paid for qualifying persons unable to care for themselves .....		

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

**Education Information**

Education expenses were paid in 2012 .....

**EDUCATION TUITION AND FEES**

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

EDUCATOR EXPENSES	2013	2012
<b>1 a</b> Taxpayer educator expenses.....		
<b>b</b> Spouse educator expenses.....		

**STUDENT LOAN INTEREST PAID**

**Student Loan Interest Reported on a 1098-E in 2013**

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

Lender's Name	2013	2012
<b>Total Student Loan Interest</b>	<b>2013</b>	<b>2012</b>

**2 b** Enter the total interest paid on qualified student loans.....

**FORM 1099-Q**

**3** Enter 1099-Q detail below.

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

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

## Tax Payments

**2013 ESTIMATED TAX PAYMENTS**

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

**OTHER TAX PAYMENTS**

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

**2014 ESTIMATED TAX WORKSHEET**

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

**Income**

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

**Deductions**

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

**ADDITIONAL INFORMATION**

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

### K-1 Partnership – Partner's Questions

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

### K-1 S Corporation – Shareholder's Questions

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



### K-1 Estate & Trust – Beneficiary's Questions

	<input checked="" type="checkbox"/> <b>Attach all copies of K-1's from estates and trusts.</b>	
<b>1</b>	Name of estate or trust..... _____	
	Estate or trust identification no... _____	Tax shelter registration number..... _____
	1 Beneficiary ..... <input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2</b>	Name of estate or trust..... _____	
	Estate or trust identification no... _____	Tax shelter registration number..... _____
	1 Beneficiary ..... <input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3</b>	Name of estate or trust..... _____	
	Estate or trust identification no... _____	Tax shelter registration number..... _____
	1 Beneficiary ..... <input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>4</b>	Name of estate or trust..... _____	
	Estate or trust identification no... _____	Tax shelter registration number..... _____
	1 Beneficiary ..... <input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5</b>	Name of estate or trust..... _____	
	Estate or trust identification no... _____	Tax shelter registration number..... _____
	1 Beneficiary ..... <input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b>	Name of estate or trust..... _____	
	Estate or trust identification no... _____	Tax shelter registration number..... _____
	1 Beneficiary ..... <input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	