Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?		
If yes, explain:		
Did/have you celebrate(d) marriage to a same-sex spouse in a state that legally	_	_
recognizes same-sex marriage?		
Did your address change from last year?	<u> </u>	=
Can you be claimed as a dependent by another taxpayer? Did you change any bank accounts that have been used to direct deposit		
(or direct debit) funds from (or to) the IRS or other taxing authority during		
the tax year?		
Dependent Information		
Were there any changes in dependents from the prior year?		
If yes, explain:	_	_
Do you have any children under age 19 or a full-time student under age 24 with		
unearned income in excess of \$2,000?		
Do you have dependents who must file a tax return?		
Did you provide over half the support for any other person(s) other than your		
dependent children during the year?		
Did you pay for child care while you worked or looked for work?		
Did you pay any expenses related to the adoption of a child during the year?		
If you are divorced or separated with child(ren), do you have a divorce decree	_	_
or other form of separation agreement which establishes custodial responsibilities?		
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?		
Did you acquire a new or additional interest in a partnership or S corporation?		
Did you sell, exchange, or purchase any real estate during the year?		
Did you purchase or sell a principal residence during the year?		
Did you foreclose or abandon a principal residence or real property during the year?		
Did you acquire or dispose of any stock during the year?		
Did you take out a home equity loan this year?		
Did you refinance a principal residence or second home this year?		
Did you sell an existing business, rental, or other property this year?		_
Did you incur any non-business bad debts this year?		
Did you have any debts canceled or forgiven this year, such as home mortgage or	_	_
student loans? Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell		
vehicle this year?		
Did you pay any student loan interest this year?	=	ŏ
Did you pay any student foun interest this year.	_	
Income Information		
Did you have any foreign income or pay any foreign taxes during the year, directly		
or indirectly, such as investment accounts or partnerships?		
Did you receive any income from property sold prior to this year?		
Did you receive any lump-sum payments from a pension, profit sharing or	_	_
401(k) plan?		
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	r –	
onici quanticu icinement pian:	_	

Did you make any withdrawals from an education savings or 529 Plan account? Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year? Did you receive any Social Security benefits during the year? Did you receive any unemployment benefits during the year? Did you receive any disability income during the year? Did you receive tip income not reported to your employer this year? Did any of your life insurance policies mature, or did you surrender any policies? Did you cash any Series EE or I U.S. Savings bonds issued after 1989? Did you receive any awards, prizes, hobby income, gambling or lottery winnings? Do you expect a large fluctuation in income, deductions, or withholding next year? Itemized Deduction Information Did you incur a casualty or theft loss or any condemnation awards during the year?	0 000000000 0	0 00000000
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)? Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from donee organization, a canceled check, or record of payment, to substantiate all contributions made. Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C		
or other written acknowledgement from donee organization. Did you have an expense account or allowance during the year? Did you use your car on the job, for other than commuting? Did you work out of town for part of the year? Did you have any expenses related to seeking a new job during the year? Did you make any major purchases during the year (cars, boats, etc.)? Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?	000000	
Miscellaneous Information Did you make gifts of more than \$14,000 to any individual?	_	_
Did anyone in your family receive a scholarship of any kind during the year? Did you have any educational expenses during the year on behalf of yourself,	ō	ō
your spouse, or a dependent? Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or		
other qualified retirement plan? Did you make any contributions to an education savings or 529 Plan account?		
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? Did you make any contributions to a Health savings account (HSA) or Archer MSA? Did you pay health care or long-term care premiums for yourself or your family? Did you pay any COBRA health care coverage continuation premiums?		
If you are a business owner, did you pay health insurance premiums for your employees this year? Did you utilize an area of your home for business purposes? Did you engage in any bartering transactions?		
Are you an active participant in a pension or retirement plan? Did you retire or change jobs this year? Did you incur moving costs because of a job change?		
Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year? Did you pay any individual as a household employee during the year? Did you make energy efficient improvements to your main home this year?		_
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust? Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a	0	

foreign country? Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity? Did you receive correspondence from the State or the Internal Revenue Service? If yes, explain: Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If yes, attach the IRS letter. Do you want to designate \$3 to the Presidential Election Campaign Fund/? If you check yes, it will not change your tax or reduce your refund.	0 00	
check yes, it will not change your tax or reduce your refund.		

Form ID: 1040		Persona	ai information			1
• ,	status code (1 = Single, 2 = Married filin		eparate, 4 = Head of household,	5 = Qualifying widow(er))		[1]
	e married but living apart all year		'avaavar lalantifiaatian Ni	unch o r (ITINI)		[2]
Mark II your Hon	nresident alien spouse does not l	nave an muividual i		illiber (ITIIN)		[3]
Social security r	number		Taxpayer ^[4]		Spou	se [5]
First name				_		_[]
Last name			[8]			[9]
Occupation			[10]			[11]
•	to the presidential election cam	npaign fund? (1 = Yes,				 [14]
=	ent of another taxpayer		[15]			[16]
Taxpayer with in	ncome less than 1/2 support age	18 or 19 - 23 full-tir	ne student? (Y, N) [17]			
Mark if legally b	lind		[20]			[21]
Date of birth		_	[22]			[24]
Date of death		_	[26]			[27]
Work/daytime te	elephone number/ext number		[28][29]		[30]	[31]
_	elephone number		[32]			[33]
Do you authoriz	e us to discuss your return with	the IRS? (Y, N)	[34]			
		Present N	Mailing Address			
		1 TOSCIII II	naming Addices			
Address						[38]
Apartment numb						[39]
	al code, zip code			[40]	[41]	[42]
Foreign country In care of addre						[44] [47]
iii cale of addie	3366		-			[47]
		Depende	ent Information			
	(*	Please refer to Dep	pendent Codes located	at the bottom)	Manthatt Day	Care
					Months*** Dep	expenses es paid for
First Name	48] Last Name	Date of Birth	Social Security No.	Relationship	home * *	* dependen
					_ — — -	
			-			
			-			
			-			
		-				
			-			
		-	·			
		-	·			
Name of child w	ho lived with you but is not your	dependent				[49]
	number of qualifying person	•				 [50]
,			Lead On Lea			
*Pasia	1 - Child who lived with you	Depen	dent Codes	dont (A ao 10 - 22)		
	1 = Child who lived with you 2 = Child who did not live with			dent (Age 19 - 23) abled dependent		
	3 = Other dependent	ı you		endent who is both	a student and di	eablod
	5 = Qualifying child for Earned	d Income Credit on		endent who is both	a student and un	sabieu
	6 = Children who lived with yo		=	Credit		
	7 = Children who lived with yo	-	-			
	8 = Children who lived with yo		-		redit	
	77 = Reported on odd year ret		, c.iiia rax oroait			
	88 = Reported on even year re					
	99 = Not reported on return					
1						

Form ID: 1040

Form ID: Info

Client Contact Information

2

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related question	ons) (Blank = Both, T = Taxpayer, S = Spouse)	[8]
Taxpayer email address Spouse email address		[9] [10]
	Taxpayer	Spouse
Car telephone number	[11]	[19]
Fax telephone number	[12]	[20]
Mobile telephone number	[13]	[21]
Pager number	[14]	[22]
Other:	[15]	[23]
Telephone number	[16]	[24]
Extension	[17]	[25]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Car phone	[18]	[26]

Form ID: ELF	Electronic Filing	4
• • • •	reparers who expect to prepare a certain amount of federal individual tax returns to file the	
	our return will be electronically filed this year if it qualifies for electronic filing under IRS i	rules.
Taxpayers may choose to file a pa	per return instead of filing electronically.	
Mark if you want to file a paper return	n even if you qualify for electronic filing	[1]
	our electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) dress on Organizer Form ID: Info	[2]
Mark if you are filing a balance due r	eturn electronically and you want to pay the amount due by debiting your	
financial institution account		[9]
The IRS requires a Personal Identific	eation Number (PIN) be used in signing returns that are electronically filed.	
Each taxpayer and spouse, if applica	ble, must provide a 5 digit self-selected PIN of your choice other than all zeroes.	
Taxpayer self-selected Personal Id	entification Number (PIN)	[7]
Spouse self-selected Personal Ide	ntification Number (PIN)	[8]

NOTES/QUESTIONS:

Form ID: ELF

		Estimated Taxes		5
f you have an overpayment of 20°	I3 taxes, do you want t	ne excess:		
Refunded				[47]
Applied to 2014 estimated ta	x liability			[48]
Do you expect a considerable cha		ne? (Y, N)		[49]
f yes, please explain any difference	ces:			
				[50]
				[51] [52]
				[53]
Do you expect a considerable cha	nge in your deductions	for 2014? (Y, N)		 [54]
f yes, please explain any differenc	ces:			
				[55]
				[56]
				[57]
Do way awaat a aanaidanahla aha	n no in the amount of w	2014 with halding 2 ov v		[58]
Do you expect a considerable cha f yes, please explain any differend	-	our 2014 withholding? (Y, N)		[59]
yes, please explain any ameren				[60]
				[61]
				[62]
				[63]
Do you expect a change in the nur	·	imed for 2014? (Y, N)		[64]
f yes, please explain any difference	ces:			
				[65]
				[66] [67]
				[68]
Mark if you use the Electronic Fed	eral Tax Payment Syst	em (EFTPS) to pay your estim	ated taxes	[69]
	2013 Fed	eral Estimated Tax	Payments	
	2010100	orar Estimatoa Tax	- ayınıdınıd	
2012 overpayment applied to 2013	3 estimates			+[1]
Mark if you paid the calculated am	ounts on the dates due	indicated below. Skip the rer	naining fields.	[4]
f your estimated payments were r	ot made on the date do	ue or were for an amount othe	r than the calculated amou	unt below, please enter
he actual date and amount paid.				
	Date Due [Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/15/13		[6]	
2nd quarter payment	6/17/13		[8]	
Brd quarter payment	9/16/13		[10]	
1th quarter payment	1/15/14		[12	
Additional payment		[13] +		
NOTES/QUESTIONS:				

Control Totals	s+ Form ID: Est
Control rotals	5 ⁺

Wages and Salaries #1

Please prov	ide all copies of Form W-2. 2013 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_[1]	
Employer name	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military,	3 = Farming / Fishing, 4 = National Guard) [5]	
Mark if this is your current employer		
Federal wages and salaries (Box 1)	+ [10]	
Federal tax withheld (Box 2)	+ [12]	
Social security wages (Box 3) (If different than federal wages)	+[14]	
Social security tax withheld (Box 4)	+[16]	
Medicare wages (Box 5) (If different than federal wages)	+[18]	
Medicare tax withheld (Box 6)	+[21]	
SS tips (Box 7)	+ [23]	
Allocated tips (Box 8)	+[25]	<u> </u>
Dependent care benefits (Box 10)	+[27]	<u> </u>
Box 13 -		
Statutory employee	[29]	
Retirement plan	[30]	
Third-party sick pay		
State postal code (Box 15)		
State wages (Box 16) (If different than federal wages)	+[34]	
State tax withheld (Box 17)	+[36]	
Local wages (Box 18)	+[38]	
Local tax withheld (Box 19)	 [40]	
Name of locality (Box 20)	[43]	
	Control Totals+	
Wag	es and Salaries #2	
Please pro	ovide all copies of Form W-2.	

2013 Information **Prior Year Information** Taxpayer/Spouse (T, S) _[1] Employer name [3] Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) [5] Mark if this your current employer [6] Federal wages and salaries (Box 1) Federal tax withheld (Box 2) [12] Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) [16] Medicare wages (Box 5) (If different than federal wages) [18] Medicare tax withheld (Box 6) [21] SS tips (Box 7) [23] Allocated tips (Box 8) [25] [27] Dependent care benefits (Box 10) Box 13 -Statutory employee [29] Retirement plan [30] Third-party sick pay __[31] State postal code (Box 15) [32] State wages (Box 16) (If different than federal wages) [34] State tax withheld (Box 17) [36] Local wages (Box 18) Local tax withheld (Box 19) [40] Name of locality (Box 20) [43]

Control Totals+	

Please provide copies of all Form 1099-INT or other statements reporting interest income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**s	ee codes belo	w)	Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations ³ \$ or %	* Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	,	1 Pay	er							
			unts +							
		2 Pay	er							
			ounts +							
		3 Pay	er							
	•		ounts +							
		4 Pay	er							
			ounts +							
		5 Pay	er							
	•		ounts +							
		6 Pay	er						To the	
	`		unts +							
		7 Pay	er							
		-	ounts +							
		8 Pay	er						T. Ten	
	•		ounts +							
	9		er	,			,		1	
	•		unts +							
	1	IO Pay	er	,			,		1	
		-	unts +							

	**Interest Codes	
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

|--|

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	e (**\$	See codes below)	Ordinary [2] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer	1						1				
			Amounts +											
		2	Payer											
		_	Amounts +											
		2	Payer											
		3	Amounts +											
			Payer											
		4	Amounts +											
	_	5	Payer											
		3	Amounts +											
		6	Payer											
		0	Amounts +											
		7	Payer											
		′	Amounts +											
		8	Payer											
		0	Amounts +											
	9	0	Payer											
		9	Amounts +											
		10	Payer											
		10	Amounts +											

**Dividend Codes					
Blank = Other	3 = Nominee				

	Control Totals +		Form ID: B-2
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Form ID: D	Sales of Stocks. Sec	curities, and Othe	er Investme	ent Property	14				
Sales of Stocks, Securities, and Other Investment Property Please provide copies of all Forms 1099-B and 1099-S Did you have any securities become worthless during 2013? (Y, N) Did you have any debts become uncollectible during 2013? (Y, N) Did you have any commodity sales, short sales, or straddles? (Y, N) Did you exchange any securities or investments for something other than cash? (Y, N)									
T/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)					
				+	+				
				+	+				
				+	+				
				+	+				
				+	+				
				+	+				
				+	+				
				+	+				
				+	+				
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		<u> </u>		+	+				
				+	+				
				+	+				
				+	+				
				+	+				
				+	+				

Form	ID:	109	9R

Pension, Annuity, and IRA Distributions #1

1	E

Please	provide all Forms 1099-R. 2013 Information	Prior Year Information
Taxpayer/Spouse (T, s)	[1]	1 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of payer	 [3]	
State postal code	[5]	
Gross distributions received (Box 1)	+	
Taxable amount received (Box 2a)	+	
Federal withholding (Box 4)	+ [11]	
Distribution code (Box 7)	 [14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement		 -
State withholding (Box 12)	+[17]	
Local withholding (Box 15)	+[19]	
Amount of rollover	+ [21]	
Mark if distribution was due to a pre-retirement age disability	[23]	
Mark if distribution was from an inherited IRA	<u></u>	
Mark ii diothodion was nom air iinionoa na t		
	Control Totals+	
Pension, Annui	ty, and IRA Distributions #2	
Please	provide all Forms 1099-R. 2013 Information	Prior Year Information
Taxpayer/Spouse (T, S)		i noi Teal information
Name of navor	[1]	
State postal code		
Gross distributions received (Box 1)		
Taxable amount received (Box 2a)	+[7] +[9]	
Federal withholding (Box 4)	+	
Distribution code (Box 7)		
Mark if distribution is from an IRA, SEP, SIMPLE retirement	_[14]	
State withholding (Box 12)		
Local withholding (Box 15)	+[17]	
Amount of rollover	+[19]	-
Mark if distribution was due to a pre-retirement age disability	+[21]	
Mark if distribution was due to a pre-retirement age disability	[23] [24]	
Mark ii distribution was nom an imionoa na c	[24]	
	Control Totals+	
Pension, Annui	ty, and IRA Distributions #3	
Please	provide all Forms 1099-R.	
T (0	2013 Information	Prior Year Information
Taxpayer/Spouse (T, S)	<u> [1] </u>	
Name of payer	[3]	
State postal code	[5]	
Gross distributions received (Box 1)	+[7]	
Taxable amount received (Box 2a)	+[9]	
Federal withholding (Box 4)	+[11]	
Distribution code (Box 7)	_[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement	plan[16]	
State withholding (Box 12)	+[17]	
Local withholding (Box 15)	+[19]	
Amount of rollover	+[21]	
Mark if distribution was due to a pre-retirement age disability	_[23]	
Mark if distribution was from an inherited IRA	[24]	
	Control Totals+	
	Como romo r	
		Form ID: 1099R

Form ID: SSA-1099 Social Security, Tier 1 R	ailroa	d Benefits	16
Please provide a copy of Form(s)	SSA-1099	9 or RRB-1099	
Taxpayer/Spouse (T, S)		[1]	
State postal code		[2]	
Social Security	Benef	its	
	2	2013 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:			
Net Benefits for 2013 (Box 3 minus Box 4) (Box 5)	+	[8]	
Voluntary Federal Income Tax Withheld (Box 6)	+	[10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:			
Medicare premiums	+	[12] [14]	
Prescription drug (Part D) premiums	+	[14]	
Tier 1 Railroad I	Benefi	its	
	:	2013 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:			
Net Social Security Equivalent Benefit:			
Portion of Tier 1 Paid in 2013 (Box 5)	+	[22]	
Federal Income Tax Withheld (Box 10)	+	[25]	
Medicare Premium Total (Box 11)	+	[27]	

Additional information about the benefits received not reported above. For example did you repay any benefits in 2013 or receive any prior year	r
benefits in 2013. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 th	rough 9.
	[38]
	[39]
	[40]

[41] [42]

Form ID: IRA Traditional IRA					47
Traditional IRA					17
	Taxpayer			Spouse	
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement					
plan? (Y, N)		[1]			[2]
Do you want to contribute the maximum allowable traditional IRA contribution amo	ount? If				
yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)		[3]			[4]
Enter the total traditional IRA contributions made for use in 2013	+	[5]	+		[6]
	Taxpayer			Spouse	
Enter the nondeductible contribution amount made for use in 2013	+	[11]	+		[12]
Enter the nondeductible contribution amount made in 2014 for use in 2013	+	[13]	+		[14]
Traditional IRA basis	+	[15]	+		[16]
Value of all your traditional IRA's on December 31, 2013:					
	+	[17]	+		[18]
	+		+		
	+	_	+		
· · · · · · · · · · · · · · · · · · ·	+	_	+		
	+	_	+		
Roth IRA					
Please provide copies of any 1998 through 20		d by t	his offi		
	Taxpayer			Spouse	
Mark if you want to contribute the maximum Roth IRA contribution		[27]			[28]
Enter the total Roth IRA contributions made for use in 2013	+	[29]	+		[30]
Enter the total amount of Roth IRA conversion recharacterizations for 2013	+	[37]	+		[38]
Enter the total contribution Roth IRA basis on December 31, 2012	+	[41]	+		[42]
Enter the total Roth IRA contribution recharacterizations for 2013	+	[43]	+		[44]
Enter the Roth conversion IRA basis on December 31, 2012 Value of all your Roth IRA's on December 31, 2013:	+	[45]	+		[46]
	+	[47]	+		[48]
	+		+		
	+		+		
	+		+		
	+	_	+		

2013 Information

Prior Year Information

State and	d local income	tax refunds	Taxpayer	+	[1] Spouse	
Alimony	received		+	[3] +	[4]	
-	yment compe	nsation	+		[9]	•
•		nsation federal withholding	+		[9]	
		nsation state withholding	+	[6] + 	[9]	
•		nsation repaid	+			
-	ermanent Fun	-	+			
/ llaona i	omianom r an	a dividorido	·		[10]	
T/S/J	Self- Employment Income ? (Y, N)	Other income, such as: Cor	nmicsions Juny pay Dire		2013 Information	Prior Year Information
		Other income, such as. Cor	ninissions, Jury pay, Dire			
_	_					
_	_					•
_	_			_ +		
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	(
Control Totals+		Form ID: Income
CONTOL LOTAIS+	4	i Form id. incomer

Form ID: Home Sale of Principal Residence		37
Description		[1]
Taxpayer/Spouse/Joint (T, S, J)		^[1]
State postal code		[6]
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported or	n Schedule D)	[7]
Date former residence was acquired	,	[9]
Date former residence was sold		[10]
Selling price of former residence	+	[11]
Expenses related to the sale of your old home	+	[12]
Original cost of home sold including capital improvements	+	[13]
Exclusion Information		
Mark if most use and supporting test without executions (2 years use within 5 year period preceding selection	oto)	[40]
Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale d		[19]
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)	Taxpayer	Spouse
Number of days each person used property as main home	[21]	[22]
Number of days each person owned property used as main home	[23]	[24]
Number of days between date of sale of the other home and date of sale of this home	[25]	[26]
Form 6252 - Current Year Installment Sale		
Mortgage and other debts the buyer assumed	+	[28]
Total current year payments received	+	[29]
		
Form 6252 - Related Party Installment Sale Informatio	n	
Related party name		[30]
Address		[31]
	[33]	[34]
Identifying number of related party		[35]
Was the property sold as a marketable security? (Y, N)		[36]
Enter date of second sale if more than 2 years after the first sale		[37]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)		[38]
Selling price of property sold by a related party	+	[40]

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

	2013 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Name of Trustee	 [4]	
State postal code	[2]	
Archer MSA contributions made in 2013 and 2014 for 2013 (Box 1)	+ [6]	
Total contributions made in 2013 (Box 2)	+[8]	
Total HSA or Archer MSA contributions made in 2014 for 2013 (Box 3)	+[10]	_
Rollover contribution (Box 4)	+ [13]	_
Fair market value of HSA, Archer MSA, or MA MSA (Box 5)	+ [15]	
Box 6 -		
HSA	[17]	
Archer MSA	<u>—</u> [18]	
MA (Medicare Advantage) MSA	[19]	
	_	
Additional Informa	tion	
	2013 Information	Prior Year Information
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 =		
Number of months in qualified high deductible health plan in 2013		
Mark if you want to contribute the maximum allowable health or medical savings according to the same of the same o		
Total HSA/MSA contribution to be made for 2013	+ <u>[23]</u>	
Excess contributions for 2012 taken as constructive contributions for 2013	+ [25]	
EXCESS CONTRIBUTIONS FOR 2012 TAKEN AS CONTRIBUTIONS FOR 2016	[23]	
Complete this section if your account is	an Archer MSA or MA MSA	
Amount of annual deductible	+ [28]	
Enter compensation from employer maintaining high deductible health plan	+ [31]	
If self-employed, enter earned income from business under which plan was establish		
Complete this section if your ac	count is an HSA	
Was the high deductible health plan in effect for December 20102		
Was the high deductible health plan in effect for December 2013? (Y, N)	[37]	
NOTES/QUESTIONS:		

Form	ID.	10998	SΑ

Health, Medical Savings Account Distributions

Please provide all For		Dries Vees Information
T (0	2013 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Name of Trustee	[4]	
State postal code	[2]	
Gross distributions received (Box 1)	+[7]	
Earnings on excess contributions (Box 2)	+[9]	
Distribution code (Box 3)	[11]	
Fair Market Value on date of death (Box 4)	+[12]	
Box 5 -		
HSA	[13]	
Archer MSA	[14]	
MA MSA	 [15]	
All distributions were used to pay unreimbursed qualified medical expenses	 [17]	
If some distributions were used to pay for other than qualified medical expens		
the unreimbursed qualified medical expenses for 2013	+[19]	
Withdrawal of excess contributions by the due date of the return	+[21]	
Amount of distribution rolled over for 2013	+ [23]	
If the distribution is due to the death of the account holder,		-
enter the qualified decedent medical expenses paid by the taxpayer	+[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/12	+ [27]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2012 and		
in effect for the month of December 2012? (Y, N)	[29]	
Was the high deductible health plan coverage ended before 12/31/13? (Y, N)	[30]	
Long Term Care (LTC) Sei	rvice and Contracts	
Please provide all Forn		District Control
	2013 Information	Prior Year Information

Please provide all Forms 1099-LTG.			
·		2013 Information	Prior Year Information
Name of the insured chronically ill individual		[39]	
Social security number of insured		[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+	[42]	
Accelerated death benefits paid (Box 2)	+	[44]	
Check one (Box 3)			
Per diem		[46]	
Reimbursed amount		[47]	
Qualified contract (Box 4)		[48]	
Check, if applicable (Box 5)			
Chronically ill		[49]	
Terminally ill		[50]	
Are there other individuals who received LTC payments during 2013?	(Y, N)	[52]	
If the insured is terminally ill, were payments received on account of te	erminal illness? (Y, N)	[53]	
Number of days during the long-term care period		[54]	
Cost incurred for qualified long-term care services during the long-term	n care period +	[55]	

NOTES/QUESTIONS:

Control Totals+ Form ID: 1099SA

Form ID: 3903	Moving Expenses		45
Preparer use only			
Description of move			[2]
Taxpayer/Spouse/Joint (T, S, J)			[3]
Mark if the move was due to service in the armed forces			 _[7]
Number of miles from old home to new workplace			[8]
Number of miles from old home to old workplace			[9]
Mark if move is outside United States or its possessions			[10]
Transportation and storage expenses		+	 [11]
Travel and lodging (not including meals)		+	[12]
Miles driven to new home			[13]
Total amount reimbursed for moving expenses		+	[15]

Form	ID.	Educate2

Student Loan Interest Paid

48

Complete this section if you paid interest on a qualified student loan in 2013 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2013. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender		2013 Interest Paid	Prior Year Information
		+	[1]
_		+		
_		<u> </u>		
		+		

Form ID: Educ3

Education Credits and Tuition and Fees Deduction

49

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S)	[8]
Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3 = Tuition and Fees Ded	uction)
Student's social security number	
Student's first name	
Student's last name	
Institution Informa	tion
Enter information from each institution on a separate page, including the com	olete address and federal identification number of the institution.
Institution's federal identification number	[8]
Institution's name	
Institution's street address	
Institution's city, state, zip code	<u> </u>
Tuition Doisional Dolotosi	Information

Tuition Paid and Related Information

Amounts reported in Box 1 or Box 2 may not reflect the actual amount paid for the student during 2013.

Enter the amount actually paid during 2013.

2	2013 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1) +	[8]	
Tuition billed (Enter only the amount actually paid) (Box 2)		
Educational institution changed its reporting method for 2013 (Box 3)	<u></u>	
Adjustments made for a prior year (Box 4)		
Scholarships or grants (Box 5)		
Adjustments to scholarships or grants for a prior year (Box 6)		
Box 1 or 2 includes amounts for an academic period beginning January - March 2014 (Box	7)	
At least half-time student (Box 8)	_	
Graduate student (Box 9)	_	
Insurance contract reimbursement/refund (Box 10)		
Non-Institution expenses (Books and fees not paid directly to the educational institution)		
American Opportunity Tax Credit (AOTC) disqualifier	<u></u>	
1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary educated at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary educated at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary educated at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary educated at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary educated at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary educated at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary educated at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary educated at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary educated at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary educated at least half-time, 4 = 4 yrs post-secondary educa	tion before 2013	

NOTES/QUESTIONS:

Control Totals+ Form ID: Educ3

Form ID: A-1

Schedule A - Medical and Dental Expenses

J		2	2013 Information	Prior Year Informat
	ll and dental expenses, such as: Doctors, Dentists, Nur			
	rgical supplies, Hearing aids, Guide dogs, Eyeglasses a			
1]		<u> </u>	[2]	
_				
		+		
Medic	al insurance premiums you paid***: (Do not include	pre-tax amounts paid by an employer-	sponsored plan)	
4]		+	<u>[</u> 5]	
		+		
l ong t	term care premiums you paid***: (Do not include pre-	+		
_				
7]			[8]	
Prescr	ription medicines and drugs:			
10]	•	+	[11]	
	driven for medical items		[14]	
222	Not entered elsewhere, such as amounts paid for your self-emp	oloyed business (Sch C, Sch F, Sch K-	1, etc.)	
	Sche	dule A - Tax Exper	ises	
				5
			0012 Information	
J		:	2013 Information	Prior Year Informa
	local income taxes paid:			Prior Year Informa
State/l	local income taxes paid:	+	[19]	Prior Year Informa
State/l	·	+	[19]	Prior Year Informa
State/l		+	[19] 	Prior Year Informa
State/l	·	+ + + +	[19]	Prior Year Informa
State/I		+ + + +	[19] 	Prior Year Informa
State/l		+	[19] 	Prior Year Informa
State/l	state and local income taxes paid in 2013:	+ + + + + + + + + + + + + + + + + + +	[19] 	Prior Year Informa
State/l	state and local income taxes paid in 2013:	+ + + + + + + + + + + + + + + + + + +	[19] 	Prior Year Informa
State/l	state and local income taxes paid in 2013:	+ + + + + + + + + + + + + + + + + + +	[19] 	Prior Year Informa
State/I	state and local income taxes paid in 2013:	+ + + + + + + + + + + + + + + + + + +	[19] [22]	Prior Year Informa
State/I	state and local income taxes paid in 2013:	+ + + + + + + + + + + + + + + + + + +	[19]	Prior Year Informa
State/I	state and local income taxes paid in 2013:	+ + + + + + + + + + + + + + + + + + +	[19] [22]	Prior Year Informa
State/I	estate and local income taxes paid in 2013: estate taxes paid: nal property taxes:	+ - + - + - + - + - + - + - + - + - + -	[19][22][25]	Prior Year Informa
State/I	state and local income taxes paid in 2013:	+ - + - + - + - + - + - + - + - + - + -	[19] [22]	Prior Year Informa
State/I	estate and local income taxes paid in 2013: estate taxes paid: nal property taxes:	+ - + - + - + - + - + - + - + - + - + -	[19][22][25]	Prior Year Informa
State/I 8] 2012 s 21] Real e 24] Person Other	estate and local income taxes paid in 2013: estate taxes paid: nal property taxes: taxes, such as: foreign taxes and State disabilit	+	[19][22][25][28]	Prior Year Informa
State/I 8 2012 s 21 Real e 27 Other	estate and local income taxes paid in 2013: estate taxes paid: nal property taxes: taxes, such as: foreign taxes and State disabilit	+ +	[19][22][25][28][31]	Prior Year Informa
State/I 18] 2012 s 21] Real e 24] Person 27] Other	estate and local income taxes paid in 2013: estate taxes paid: nal property taxes: taxes, such as: foreign taxes and State disabilit	+ +	[19][22][25][28]	Prior Year Informa
State/I 18] 2012 s 21] Real e 24] Person 27] Other 30]	estate and local income taxes paid in 2013: estate taxes paid: nal property taxes: taxes, such as: foreign taxes and State disabilit	+ +	[19][22][25][28][31]	Prior Year Informa
State/I I8] 2012 s 2012 s Real e 24] Persoi Other Sales	estate and local income taxes paid in 2013: estate taxes paid: nal property taxes: taxes, such as: foreign taxes and State disabilit	+	[19][22][25][28][31]	Prior Year Informa
State/I 18] 2012 s 2012 s 21] Real e 24] Persoi 27] Other 30] Sales 36]	estate and local income taxes paid in 2013: estate taxes paid: nal property taxes: taxes, such as: foreign taxes and State disabilit tax paid on major purchases:	+		Prior Year Informa
State/I 18] 2012 s 2012 s 21] Real e 24] Persoi 27] Other 30] Sales 36]	estate and local income taxes paid in 2013: estate taxes paid: nal property taxes: taxes, such as: foreign taxes and State disabilit tax paid on major purchases:	+		Prior Year Informa
State/l 18] 2012 s 21] Real e 24] Person 27] Other 30] Sales Sales Sales	estate and local income taxes paid in 2013: estate taxes paid: nal property taxes: taxes, such as: foreign taxes and State disabilit tax paid on major purchases:	+ + + + + + + + + + + + + + + + + + +		Prior Year Informa
State/I 18] 2012 s 21] Real e 24] Person 27] Other 30] Sales Sales	estate and local income taxes paid in 2013: estate taxes paid: nal property taxes: taxes, such as: foreign taxes and State disabilit tax paid on major purchases: tax paid on actual expenses:	+ + + + + + + + + + + + + + + + + + +		Prior Year Informa

Control Totals+

Form	ID:	A-2
LOIIII	IU.	M-Z

Interest Expenses

-	:2

T/S/J Home mortgage interest: From Form 1098	2013 Interest Paid2]	2013 Points Paid	2013 Type* Mortgage I Premiums	ns. Prior Year Information
[1]	+ +		+	
_, ,	++		+	
	++		+	-
			+	
_			+	
			+	
			+	
Plank - Used to buy build or improve main/qualified	*Mortgage Types	S		
Blank = Used to buy, build or improve main/qualified 1 = Not used to buy, build, improve home or investme 2 = Used to pay off previous mortgage	ent 3 = Used 4 = Taker	to pay off prev n out before 7/	vious mortgage, ex 1/82 and secured b	cess proceeds invested by home used by taxpayer
T/S/J Payee's Name Other, such as: Home mortgage interest paid to in	SSN or Elf idividuals	N 2013	3 Information	Prior Year Information
[4]		+	[5]	
Address				
City, state and zip code				
		+		
Address				
City, state and zip code				
Refinancing Points paid in 2013 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Percentage of principal exceeding original mortga Points deemed as paid in 2013 (Preparer use on Date of refinance Term of new loan (in months) Reported on Form 1098 in 2013 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Percentage of principal exceeding original mortga Points deemed as paid in 2013 (Preparer use on Date of refinance Term of new loan (in months) Reported on Form 1098 in 2013	ge (For AMT adjustment)	+	[11]	
			_	
T/S/J		2013	Information	
Investment interest expense, other than on Schedul	e(s) K-1:			
[15]			[16]	
_				
_		+		
_				
		+		
		+		
			_	
		+		
				-
Control Totals+				Form ID: A-2

Charitable Contributions

	2013 Inf	ormation	Prior Year Informati
Contributions made by cash or check (including out-of-poor	cket expenses)	=	
	+	[3]	
	+	_	
	+	_	
	+	_	
	+	_	
	+	_	
	+	_	
	+	_	
	+	_	
Volunteer miles driven	<u>-</u>	[6]	
Noncash items, such as: Goodwill/Salvation Army/Other	clothing or household goods		
	+	[9]	
	+		
	+		
	+		
	+		

Miscellaneous Deductions

*U *Unreimbursed expenses, such as: Uniforms, Professional dues,	2013 Infor		Prior Year Information
Uniterimbulsed expenses, such as. Uniforms, Professional dues, [11]	+		IISE2
	+		
	_		
-	+		
	+		
Union dues:		_	
	+	[15]	
	+		
7] Tax preparation fees	+		
Other expenses, subject to 2% AGI limitation, such as:	Legal/accounting fees, custodial fees		
0]	+	[21]	
	+		
	+		
	+		
3] Safe deposit box rental		[24]	
Investment expenses, other than on Schedule(s) K-1 or	r Form(s) 1099-DIV/1099-INT:		
6]	+	[27]	
	+		
	+		
Other expenses, not subject to the 2% AGI limitation:			
	+	[31]	
	+		
	+		
	+		
Gambling losses: (Enter only if you have gambling inco	ome)		
	+	[34]	
	+		

Control Totals+	Form ID: A-3

Employee Business Expenses

Preparer use only		
	2013 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[2]	
Occupation in which expenses were incurred	[3]	
State postal code If the employee expenses were from an occupation listed below, enter the ap	[5]	
1 = Qualified performing artist, 2 = Handicapped employee, 3 = Fee-basis		
Mark if these employee expenses are related to qualified services as a minist		
Parking fees and tolls	+[17]	
Local transportation	+ [19]	
Travel expenses	+[22]	
Other business expenses:		
	+[25]	
	+	
	<u>+</u>	
	<u>+</u>	
	+	
	+	
	+	
	+	
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	+	-
<u> </u>	+	
<u> </u>	+	
	+ +	
	+	
	+	
	+	
	+	
	+	
N	+	
Nonvehicle depreciation	+[28]	
Meals and entertainment Meals for individuals subject to DOT hours of service limitation	+[31]	
Meals for individuals subject to DOT hours of service limitation	+[33]	
Employer Reimb		
Enter Reimbursements not entered o	n Screen W2, Box 12, Code L	
	2013 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2	+[60]	
Reimbursements for meals and entertainment not included on Form W-2	+ [62]	

[64]

Form ID: 2106

Reimbursements for meals for DOT service limitation not included on Form W-2

Control Totals+

		Er	nployee Bu	siness E	xpenses			57
Preparer us Taxpayer/Spouse (T, S)	se only					_[2]		
Occupation in which exp	enses were in	curred				[3]		
State postal code			,			[4]		
			Vehicle	Questior	ns			
					2013	Information	Prior Year I	nformation
If you used your automo Was the vehicle ava Was another vehicle Do you have eviden	ilable for off-du available for p	uty personal us personal use?	Se? (Y, N, Blank = Not a	applicable)		[5] [7] [9]		_
			Vehicle I	nformati	on			
Vehicle 1 -	Date placed Description	in service]
Vehicle 2 -	Comments Date placed Description Comments	in service					_	
Vehicle 3 -	Date placed Description Comments	in service]
Vehicle 4 -	Date placed	in service	-					
venicle 4 -	Description Comments							
venice 4 -	Description		Vehicles A	ctual Exp	oenses			
verilicie 4 -	Description	Prior Year Information	Vehicles A	Ctual Exp Prior Year Information		Prior Year Information	Vehicle 4	Prior Year
Fotal mileage for the year	Description Comments	Prior Year		Prior Year			Vehicle 4	
otal mileage for the year	Description Comments	Prior Year	Vehicle 2	Prior Year	Vehicle 3			Prior Year
Fotal mileage for the year Business mileage	Description Comments Vehicle 1	Prior Year	Vehicle 2 [69]	Prior Year	Vehicle 3 [116]		[163]	Prior Year
otal mileage for the year	Description Comments Vehicle 1	Prior Year	Vehicle 2 [69]	Prior Year	Vehicle 3 [116]		[163]	Prior Year
otal mileage for the year Business mileage Average daily round trip commuting mileage	Description Comments Vehicle 1 [20] [24]	Prior Year	Vehicle 2 [69] [71]	Prior Year	Vehicle 3 [116] [118]		[163] [165]	Prior Year
otal mileage for the year Business mileage Average daily round trip commuting mileage otal commuting mileage	Description Comments Vehicle 1 [20] [24]	Prior Year	Vehicle 2[69][71][73]	Prior Year	Vehicle 3 [116] [118] [120]		[163] [165]	Prior Year
Fotal mileage for the year Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline +	Vehicle 1 [20] [24] [28]	Prior Year	Vehicle 2[69][71][73][75]	Prior Year	Vehicle 3 [116] [118] [120] [122]		[163][165][167][169]	Prior Year
Total mileage for the year Business mileage Average daily round trip commuting mileage Total commuting mileage Basoline + Dil +	Vehicle 1 [20] [24] [28] [30]	Prior Year	Vehicle 2[69][71][73][75] +[77]	Prior Year	Vehicle 3[116][118][120][122][124]		[163][165][167][169] +[171]	Prior Year
Fotal mileage for the year Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline + Cil + Repairs +	Vehicle 1 [20] [24] [28] [30] [32]	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81]	Prior Year	Vehicle 3 [116][120][122][124][126]		[163][165][167][169] +[171] +[173]	Prior Year
Fotal mileage for the year Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline + Dil + Repairs + Maintenance +	Description Comments	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77] + [79]	Prior Year	Vehicle 3 [116][120][122] +[124] +[126] +[128]		[163] [165] [167] [169] + [171] + [173] + [175]	Prior Year
Fotal mileage for the year Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline + Dil + Repairs + Maintenance + Fires +	Description Comments Vehicle 1 [20] [24] [26] [30] [32] [34] [36] [38]	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81] + [83] + [85]	Prior Year	Vehicle 3 [116] [118] [120] [122] [124] [126] [128] [130]		[163][165][167][169] +	Prior Year
Total mileage for the year Business mileage Average daily round trip commuting mileage Total commuting mileage Gasoline + Dil + Repairs + Maintenance + Tires + Car washes + Tires + Car washes + Tires + Tire	Description Comments	Prior Year	Vehicle 2 [69][71] [73][75] +[77] +[81] +[83]	Prior Year	Vehicle 3 [116][120][122][124][126][128][130]		[163][165][167][169] +[171] +[173] +[175] +[177]	Prior Year
Fotal mileage for the year Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline + Dil + Repairs + Maintenance + Eires + Car washes + surance + Eiron Fotal commuting mileage Gasoline + Car washes + Ca	Description Comments	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81] + [83] + [85] + [87] + [89]	Prior Year	Vehicle 3		[163][165][167][169] +	Prior Year
Fotal mileage for the year Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline + Dil + Repairs + Maintenance + Fores + Car washes + msurance + mterest + total mileage for the year washes + msurance + mterest + total mileage for the year	Description Comments	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81] + [83] + [85] + [87] + [89]	Prior Year	Vehicle 3		[163] [165] [167] [169] + [171] + [173] + [175] + [177] + [178] + [181] + [183] + [185]	Prior Year
Fotal mileage for the year Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline + Dil + Repairs + Maintenance + Fires + Car washes + nsurance + Registration + Re	Description Comments	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85] + [87] + [91] + [93]	Prior Year	Vehicle 3 [116][120][122][124][126][138][134][136][138][140]		[163] [165] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187]	Prior Year
Fotal mileage for the year Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline + Dil + Repairs + Maintenance + Ear washes + surance + treest + Registration + Licenses + Licenses	Description Comments Comments	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85] + [87] + [91] + [93] + [95]	Prior Year	Vehicle 3		[163]	Prior Year
Fotal mileage for the year Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline + Dil + Repairs + Maintenance + Ear washes + Insurance + Registration + Licenses + Property taxes (Plates, tags 4	Description Comments	Prior Year	Vehicle 2	Prior Year	Vehicle 3 [116] [118] [120] [122] [124] [128] [130] [131] [134] [136] [138] [140] [142]		[163] [165] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187] + [189]	Prior Year
Fotal mileage for the year Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline + Dil + Repairs + Maintenance + Forage Sarvashes + Registration + Licenses + Property taxes (Plates, tages defended)	Description Comments	Prior Year	Vehicle 2	Prior Year	Vehicle 3 [116] [118] [120] [122] [124] [126] [130] [132] [134] [136] [138] [140] [142]		[163][165][167][169] +	Prior Year
Fotal mileage for the year Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline + Dil + Repairs + Maintenance + Fires + Car washes + nsurance + nterest + Registration + Licenses + Property taxes (Plates, tags Vehicle rentals + nclusion amt (Preparer on by)	Description Comments	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81] + [83] + [85] + [87] + [99] + [95] + [97] + [99] + [101]	Prior Year	Vehicle 3 [116] [118] [120] [122] [124] [126] [130] [131] [134] [136] [138] [140] [144] [144]		[163] [165] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187] + [189] + [191] + [193]	Prior Year
Total mileage for the year Business mileage Average daily round trip commuting mileage Total commuting mileage Gasoline + Oil + Repairs + Maintenance + Tires + Car washes + Insurance + Interest + Registration + Licenses + Property taxes (Plates, tags of the rehicle expenses + Inclusion amt (Preparer on My) Other vehicle expenses +	Description Comments	Prior Year	Vehicle 2	Prior Year	Vehicle 3 [116] [118] [120] [122] [124] [126] [130] [132] [134] [136] [138] [140] [142]		[163][165][167][169] +	Prior Year
Total mileage for the year Business mileage Average daily round trip commuting mileage Total commuting mileage Gasoline + Oil + Repairs + Maintenance + Tires + Car washes + Insurance + Interest + Registration + Licenses + Property taxes (Plates, tags to the complete vehicle expenses + Value of employer	Description Comments	Prior Year	Vehicle 2	Prior Year	Vehicle 3		[163] [165] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187] + [191] + [193] + [197]	Prior Year
Total mileage for the year Business mileage Average daily round trip commuting mileage Total commuting mileage Gasoline + Oil + Repairs + Maintenance + Tires + Car washes + Insurance + Registration + Licenses + Property taxes (Plates, tagst of the property taxes) Vehicle rentals + Inclusion amt (Preparer on hy) Other vehicle expenses+	Description Comments	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81] + [83] + [85] + [87] + [99] + [95] + [97] + [99] + [101]	Prior Year Information	Vehicle 3 [116] [118] [120] [122] [124] [126] [130] [131] [134] [136] [138] [140] [144] [144]		[163] [165] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187] + [189] + [191] + [193]	Prior Year

Form ID: 8283

Noncash Contributions Exceeding \$500

58

Form ID: 8283

For donated securities, include the company name and number of shares in the donated property description, below

the state of the s	,
Taxpayer/Spouse/Joint (T, S, J)	[1]
Donated property description	[4]
Name of donee organization	
Address of donee organization	[6]
City	[7]
State postal code Zip code	[8]
Date contributed	[9] [10]
Date acquired by donor	[10] [11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	[12]
Donor's cost or basis	+ [13]
Fair market value	+ [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	[15]
If other:	[16]
Company Totals	
Control Totals+	
Noncash Contributions Exceeding \$500	
For donated securities, include the company name and number of shares in the donated proper	ty description, below
Taxpayer/Spouse/Joint (T, S, J)	[1]
Donated property description	[4]
Name of donee organization	[5]
Address of donee organization	[6]
City	[7]
State postal code	[8]
Zip code	[9]
Date contributed	[10]
Date acquired by donor	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	[12]
Donor's cost or basis	+[13]
Fair market value	<u>+</u> [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	[15]
If other:	[16]
Control Totals+	
Noncash Contributions Exceeding \$500	
For donated securities, include the company name and number of shares in the donated proper	ty description, below
Taxpayer/Spouse/Joint (T, S, J)	***
Donated property description	_[1]
Name of donos organization	[4]
Address of donee organization	[5]
City	[6]
State postal code	[7]
Zip code	[8]
Date contributed	[9] [10]
Date acquired by donor	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	
Donor's cost or basis	[12] + [13]
Fair market value	+ [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	<u> </u>
If other:	[16]
	[10]
Control Totals+	

Child and Dependent Care Expenses

Please enter all amounts paid in 2013 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2012 employer-provided dependent care benefits used during 2013 grace period	[3]	+[4]
Employer-provided dependent care benefits that were forfeited in 2013	[5]	+[6]
Total qualified expenses incurred in 2013		[9]
Were you or your spouse a full time student or disabled? (Yes or No)	[10]	
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		[12]
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number		
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care	are Provider)	_
Amount paid to care provider in 2013		+[7]
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number		
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care	are Provider)	
Amount paid to care provider in 2013		+
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number		
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Ca	are Provider)	
Amount paid to care provider in 2013		+
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		<u> </u>
Social security number OR Employer identification number		
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care	are Provider)	_
Amount paid to care provider in 2013		+
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
Business name of provider		 _
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number		<u> </u>
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Ca	are Provider)	
Amount paid to care provider in 2013		+
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
Control Totals+		Form ID: 2441