

Miscellaneous Information

Name: _____

SSN: _____

Yes No

General Information

Yes	No	Question
<input type="checkbox"/>	<input type="checkbox"/>	1. Were there any changes to your filing status or number of dependents during 2013?
<input type="checkbox"/>	<input type="checkbox"/>	2. Can you or your spouse be claimed as a dependent by someone else?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur any childcare expenses?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you have a change in residence or job location during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you move during 2013? From where? _____ Date of move _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you reside in more than one state during 2013? If yes, which states? _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.

Yes No

Income Information

Yes	No	Question
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you received all W-2s from all employers? How many W-2s are attached? _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Did you use your vehicle on the job other than for commuting to work?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you work out of town at any time during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
<input type="checkbox"/>	<input type="checkbox"/>	8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
<input type="checkbox"/>	<input type="checkbox"/>	10. Did you have any income from, or pay taxes to, a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	11. Did you engage in any bartering transactions during 2013?
<input type="checkbox"/>	<input type="checkbox"/>	12. Did you surrender any U.S. Savings Bonds during 2013?
<input type="checkbox"/>	<input type="checkbox"/>	13. Did you receive any state or local income tax refunds from prior years?
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you or your spouse have any IRA accounts?
<input type="checkbox"/>	<input type="checkbox"/>	15. Did you recharacterize any IRAs this year?
<input type="checkbox"/>	<input type="checkbox"/>	16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
<input type="checkbox"/>	<input type="checkbox"/>	19. Did you receive any type of prize, award, or gambling winnings during 2013?
<input type="checkbox"/>	<input type="checkbox"/>	20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	21. Did you receive any income not shown in this organizer? If so, please list. _____
<input type="checkbox"/>	<input type="checkbox"/>	22. Does anyone owe you money that has become uncollectible?

Comments: _____

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Yes No

Business Information

		1. Did you start a new business or purchase any rental property during 2013?
		2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
		3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
		4. Did you own rental property? What percentage of time did you spend managing your rentals? _____
		5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

Yes No

Other Information

		1. Were any tuition costs paid during 2013 (even if classes were attended in another year)?
		2. Did anyone in your household attend higher education classes in 2013?
		3. Did you incur a loss due to damaged or stolen property?
		4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008 in which the First-Time Homebuyer Credit was taken on the home?
		5. Did you refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information.
		6. Did you purchase or sell a home that you used as a principal residence? If yes, please provide closing documentation.
		7. If yes to question 6, was the First-Time Homebuyer Credit taken?
		8. Did you make any gifts to any one person in 2013 in excess of \$14,000? If so, are you splitting this gift with your spouse?
		9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?

To itemize deductions, bring receipts and documentation for these types of expenses:

	Prescriptions, first-aid
	State/local income taxes
	Mortgage interest
	Tax preparation fees
	Gambling losses (up to amount of winnings)
	Cash donations to charity (provide all receipts)
	Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
	Real estate and personal property taxes paid in 2013
	Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
	Fair market value of property donated to charity
	Purchase price of new goods donated or used in volunteer work

Comments: _____

Miscellaneous Information

Name:

SSN:

Information to bring to your appointment:

- Driver's license and social security card (for identity verification)
- Copy of your 2012 income tax return (for comparison and review for all includible information)
- Original W-2s and other statements of income received from employers
- 1099s and other statements reporting interest/dividend/miscellaneous income
- Records of other income received (tips, self-employment, SSI, combined bank reporting statements)
- Cancelled checking/savings slip (for direct deposit/direct debit information)

Concerns to discuss with preparer: _____

Preparer Notes

Miscellaneous Notes

Personal Data

Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household	
Taxpayer Name	SSN
Spouse Name	SSN
Address	Apt no.
City	State Zip
Foreign State/Province	Foreign Postal Code
Foreign Country	
Taxpayer Date of Birth	Spouse Date of Birth
Occupation	Occupation
Daytime phone: Ext:	Daytime phone: Ext:
Evening phone: Ext:	Evening phone: Ext:
Cell:	Cell:
E-mail	E-mail
<input type="checkbox"/> Full time student <input type="checkbox"/> Blind	<input type="checkbox"/> Full time student <input type="checkbox"/> Blind
Do you want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>	Does your spouse want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>
Date and time of this year's appointment	

Income Taxes Paid

Federal	2013 estimate date due	2013 estimated amount	Amount paid	Date paid	Check no.
2012 Refund	April 17, 2013				
2012 Refund applied to 2013	June 15, 2013				
2012 Balance Due	Sept. 15, 2013				
	Jan. 15, 2014				
Additional payments made	Amount paid	Date paid	Check no.	Amount paid	Date paid

Resident State	2013 estimate date due	2013 estimated amount	Amount paid	Date paid	Check no.
2012 Refund	April 17, 2013				
2012 Refund applied to 2013	June 15, 2013				
2012 Balance Due	Sept. 17, 2013				
	Jan. 15, 2014				
Additional payments made	Amount paid	Date paid	Check no.	Amount paid	Date paid

Local	2013 estimate date due	2013 estimated amount	Amount paid	Date paid	Check no.
2012 Refund	April 17, 2013				
2012 Refund applied to 2013	June 15, 2013				
2012 Balance Due	Sept. 17, 2013				
	Jan. 15, 2014				
Additional payments made	Amount paid	Date paid	Check no.	Amount paid	Date paid

Dependents

Name:					SSN:				
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$1000?			<input type="checkbox"/>		2013		2012
Child Care Credit - qualifying expenses incurred and paid in 2013									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$1000?			<input type="checkbox"/>		2013		2012
Child Care Credit - qualifying expenses incurred and paid in 2013									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$1000?			<input type="checkbox"/>		2013		2012
Child Care Credit - qualifying expenses incurred and paid in 2013									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$1000?			<input type="checkbox"/>		2013		2012
Child Care Credit - qualifying expenses incurred and paid in 2013									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$1000?			<input type="checkbox"/>		2013		2012
Child Care Credit - qualifying expenses incurred and paid in 2013									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$1000?			<input type="checkbox"/>		2013		2012
Child Care Credit - qualifying expenses incurred and paid in 2013									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$1000?			<input type="checkbox"/>		2013		2012
Child Care Credit - qualifying expenses incurred and paid in 2013									
Child Care Credit - portion of qualifying expenses provided by employer									

Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2013	2012	Federal tax 2013
					2012
		State wages	2013	2012	State tax 2013
					2012
		Local wages	2013	2012	Local tax 2013
					2012
TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2013	2012	Federal tax 2013
					2012
		State wages	2013	2012	State tax 2013
					2012
		Local wages	2013	2012	Local tax 2013
					2012
TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2013	2012	Federal tax 2013
					2012
		State wages	2013	2012	State tax 2013
					2012
		Local wages	2013	2012	Local tax 2013
					2012
TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2013	2012	Federal tax 2013
					2012
		State wages	2013	2012	State tax 2013
					2012
		Local wages	2013	2012	Local tax 2013
					2012
TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2013	2012	Federal tax 2013
					2012
		State wages	2013	2012	State tax 2013
					2012
		Local wages	2013	2012	Local tax 2013
					2012

Form 1099-MISC

Please attach all 1099-M(s)

Name:	SSN:
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TS		For		Payer's Federal ID number:
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Payer's name:

Address:

City:

U.S. Only State, ZIP:

Foreign Only Province/State, Country, Postal Code:

	2013	2012		2013	2012
Rents			State		State I.D.
Royalties			State tax withheld		
Other income			State income		
Description	Name of locality				
Federal tax withheld			Local tax withheld		
Fishing boat proceeds			Local income		
Medical and health care payments			State		State I.D.
Non-employee compensation			State tax withheld		
Substitute payments			State income		
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products	Name of locality				
Crop insurance proceeds			Local tax withheld		
Excess golden parachute			Local income		
Gross attorney proceeds					
Taxable Proceeds					
Section 409A deferrals					
Section 409A income					

Social Security Benefit Statement

	2013	2012		2013	2012
Net benefits			Net benefits		
Medicare premiums			Medicare premiums		
Income tax withheld			Income tax withheld		

Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

Name:		SSN:			
TS	Payer's name:				Payer's Federal ID Number:
Address:		City:			
U.S. Only	State, Zip				
Foreign Only	Province/State, Country, Postal Code			2013	2012
	2013	2012	State	State I.D.	
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld		
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution		
Gross distribution			Name of locality		
Taxable amount			Local income tax withheld		
Total distribution	<input type="checkbox"/>	<input type="checkbox"/>	Local distribution		
Capital gain			State	State I.D.	
Federal income tax withheld			State income tax withheld		
Employee contributions or insurance premiums			State distribution		
Distribution code(s)			Name of locality		
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld		
Your percentage of total distribution			Local distribution		

TS	Payer's name:				Payer's Federal ID Number:
Address:		City:			
U.S. Only	State, Zip				
Foreign Only	Province/State, Country, Postal Code			2013	2012
	2013	2012	State	State I.D.	
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld		
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution		
Gross distribution			Name of locality		
Taxable amount			Local income tax withheld		
Total distribution	<input type="checkbox"/>	<input type="checkbox"/>	Local distribution		
Capital gain			State	State I.D.	
Federal income tax withheld			State income tax withheld		
Employee contributions or insurance premiums			State distribution		
Distribution code(s)			Name of locality		
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld		
Your percentage of total distribution			Local distribution		

Itemized Deductions

Name:		SSN:			
MEDICAL and DENTAL					
	2013	2012	GIFTS TO CHARITY (attach receipts)	2013	2012
Health insurance premiums			Total gifts by cash or check		
Long term care premiums Age:			30% limitation		
Long term care premiums Age:			Charitable miles		
Number of medical miles			Other than by cash or check		
Other medical and dental expenses (list):			Carryover from prior year subject to:		
			QCC - qualified farmer or rancher		
			QCC - non-qualified farmer or rancher		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
			20% limitation		
TAXES YOU PAID					
State and local income taxes			JOB EXPENSES (list):		
Sales tax			Unreimbursed employee expenses		
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
Personal property taxes					
Other taxes (list):					
INTEREST YOU PAID					
Home mortgage interest and points on Form 1098					
Home mortgage interest not on Form 1098			Tax preparation fees		
SSN/EIN:			Other Expense (list):		
Name:					
Street:					
City:					
U.S. Only State, ZIP					
Foreign Only Province/State, Country, Postal Code			MISCELLANEOUS DEDUCTIONS		
			Other deductions not subject to 2% limit		
Portion of mortgage interest above that is home equity interest					
Points not reported on Form 1098					
Qualified mortgage insurance premiums					
Investment interest					