

# Tax Organizer for Individual Tax Returns 1040 Returns

Use this Organizer for Individual (or MFJ) Returns

Individual  
Tax  
Organizer

2012

## IMPORTANT

We will be unable to complete your tax return until we have received the completed tax organizer and required documentation including the client statement, payment information & personal information pages.

### ***Anderson Tax Advisors***

*(Formerly Boss Business Services)*

3225 McLeod Drive, Suite 100

Las Vegas, Nevada, 89121

Toll Free: 888-969-2677

Local: 702-214-1100

Fax: 702-664-0547

E-Mail: [taxdept@andersonadvisors.com](mailto:taxdept@andersonadvisors.com)

## **IMPORTANT NOTICE**

Effective immediately, the Anderson/Boss tax preparation and bookkeeping practice will move under the umbrella of De Joya Griffith (Certified Public Accountants and Consultants).

### **What does this mean for our clients?**

The change will be seamless as all existing Anderson/Boss tax professionals will become representatives of De Joya Griffith. Our existing team will remain intact to serve you; however, additional resources and personnel will also become available as a result of the change.

Rates and processes will remain the same, personnel will remain the same, and our tax department will remain accessible via all of our current communication channels (emails, phone numbers, etc., will still reach the intended recipient).

### **Who will sign my return?**

Our current tax preparation procedures will remain the same, but De Joya Griffith will be the firm on all returns.

### **Will I need to change anything?**

No. All tax organizers, trackers and data sheets can be used. Over the coming weeks and months, updated materials will become available under De Joya Griffith.

### **Will phone numbers and emails change?**

The existing phone numbers and emails will still be received by the intended recipient, but new emails and additional means of contact may become available in the future depending on the services you utilize.

### **Who is De Joya Griffith?**

De Joya Griffith, LLC provides high quality and personalized tax and accounting services to clients no matter their physical location, and our clientele is located throughout the U.S. and beyond. We employ only the best professionals in the accounting profession and leverage technology to support our commitment to maintain our standing as a leading U.S. CPA Firm.

### **Where does De Joya Griffith have offices?**

De Joya Griffith has offices in Las Vegas, Chicago, New York, Pune (India) and Beijing (China). Anderson/Boss will continue to house the tax department in our Anderson/Boss location in Las Vegas as well through at least the end of tax season.

### **But the Organizer says “Anderson”**

As for as this Tax Organizer is concerned, “Anderson” shall be taken to mean “De Joya Griffith” as used herein for purposes of the client statement, authorizations, etc.

**The credit card authorization in the client statement shall include Anderson and De Joya Griffith as far as charges are concerned.**

## **INSTRUCTIONS**

- ✓ Please attach a copy of your previous year tax return if not prepared by our offices.
- ✓ Complete the sections pertaining to your tax reporting requirements.
- ✓ Please check the organizer to make sure you are furnishing all the information needed to complete your return correctly and accurately.
- ✓ Use the last page of the organizer to write down questions you may have & we will address them during the preparation of the tax return.

## CLIENT STATEMENT

Tax returns are prepared in the order received. Completed Tax Organizers are due in our offices 30 days prior to the return deadline in order for Anderson to guarantee the timeliness of the return. In the event a Tax Organizer is received within the 30 day period prior to the tax deadline, Client will pay an expedite fee of \$150.00 to ensure timely completion and if received in the final 2 weeks before the deadline, Client will pay \$250.00 to ensure timely completion. If unable to complete by deadline, Anderson will request an extension on Client's behalf if that option is available.

The scope of work in connection with the preparation of your ("the Client") federal and state income tax returns is intended to be in compliance with the requirements issued by the various taxing authorities. Because tax laws are not always clear, honest differences of opinions may arise between our interpretation of laws and that of the various taxing authorities. We will assist you in resolving these differences in your favor whenever possible.

Client and/or your duly appointed representative agree not to hold Anderson liable for interpretations made with regard to any of the information supplied by Client and used in the preparation of the tax returns. Unless compelled to do so by law, Anderson does not disclose any irregularities or provide statements with regard to the validity of the information supplied by Client to any taxing authority.

All tax returns are subject to review and acceptance by the various taxing authorities. In the event of an examination or other taxing authority contact, Anderson can respond or represent your position to the taxing authority; however, there is a fee for this service. You may appeal any adjustments proposed by a taxing authority.

**Please review any completed tax returns carefully.** As preparers, we have a responsibility both to the various taxing authorities with whom we file tax returns as well as to our clients. Any client will remain liable for the contents of tax returns prepared by Anderson with data provided by said client.

**All tax return preparation fees must be paid before the tax return can be electronically processed.** Once payment is received and the proper forms are signed to electronically file the tax return, i.e. Form 8879, we will file the tax return.

I/We acknowledge this statement by signature/signatures and dates below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Code \_\_\_\_\_

By signing, you are authorizing Anderson/De Joya Griffith to send you an invoice electronically (via email) and to charge the credit card provided above five (5) days after the invoice has been submitted to you.

Check here if you would like a quote for the preparation fees based on the information provided in this Organizer before work is commenced.

**THIS PAGE MUST BE SIGNED AND RETURNED**  
**FAX: 702-664-0547 or EMAIL: [taxdept@andersonadvsiors.com](mailto:taxdept@andersonadvsiors.com)**

# FAX COVER PAGE

**Attention: Anderson Tax Advisors**

**TO:** Anderson Tax Advisors - 702-664-0547

**Attention:** \_\_\_\_\_

**FROM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

THIS FAX INCLUDES THE FOLLOWING (CHECK ALL THAT APPLY):

- Client Statement
- Organizer for (Name \_\_\_\_\_)
- Supporting Documentation
- Other \_\_\_\_\_

## EXTENSION REQUEST

The individual Tax Return must be filed on or before April 15, 2013.

If you are unable to provide us with the necessary information to complete the return timely, you can file Form 4868 Application for an Extension of Time to File and request an automatic six-month extension. Any taxes owed for the year, however, must be paid or interest and penalties may apply.

We can file the extension for you.

Here is what you need to do:

CONTACT ANDERSON TAX ADVISORS BY WRITING AT LEAST ONE WEEK BEFORE THE DUE DATE OF THE TAX RETURN AND REQUEST THAT ANDERSON FILE THE EXTENSION ON YOUR BEHALF.

PLEASE EMAIL ALL REQUESTS TO [TAXDEPT@ANDERSONADVISORS.COM](mailto:TAXDEPT@ANDERSONADVISORS.COM).

Please provide a copy of the prior year Individual Tax Return if not prepared by our offices.

- Check here if you would like us to file an extension for your return. This is a free service so long as we file the return. If the extension deadline is reached and we have not filed your return, we will bill the card on file \$35 to cover the filing cost of the extension.

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**INSTRUCTIONS FOR COMPLETING PERSONAL  
(FORM 1040) 2012 TAX ORGANIZER  
\*PLEASE READ CAREFULLY\***

**THIS ORGANIZER IS FOR INDIVIDUALS ONLY**

**DO NOT USE FOR CORPORATIONS, PARTNERSHIPS OR LLC'S. IF YOU HAVE A CORPORATION, PARTNERSHIP OR AN LLC, PLEASE CALL THE TAX DEPARTMENT TO REQUEST AN ORGANIZER FOR YOUR PARTICULAR ENTITY, OR VISIT OUR WEBSITE AND GO TO THE DOWNLOADS SECTION**

PLEASE PRINT ALL INFORMATION CLEARLY.

KEEP A COPY OF THE COMPLETED ORGANIZER AND YOUR ORIGINAL W-2'S AND 1099'S FOR YOUR RECORDS.

**E-MAIL, FAX OR MAIL THE COMPLETED ORGANIZER WITH COPIES OF YOUR W-2'S AND 1099R'S AND SIGNED CLIENT STATEMENT (PREFERABLY TWO-DAY PRIORITY WITH A CONFIRMATION OR CERTIFIED RETURN RECEIPT REQUESTED THROUGH THE UNITED STATES POST OFFICE) ALONG WITH A COPY OF YOUR 2011 FEDERAL AND STATE INCOME TAX RETURNS (IF THEY WERE NOT PREPARED BY BOSS).**

**IF YOU HAVE MORE THAN ONE HOME BASED BUSINESS, SOLE PROPRIETOR, OR SELF EMPLOYED BUSINESS, WE WILL NEED A SEPARATE BUSINESS INFORMATION SECTION FOR EACH BUSINESS.**

IF YOU HAVE ANY QUESTIONS REGARDING THE ORGANIZER PLEASE CONTACT SUMMER MAYORGA IN THE TAX DEPARTMENT AT 888-969-2677 EXT.245 OR [TAXDEPT@ANDERSONADVISORS.COM](mailto:TAXDEPT@ANDERSONADVISORS.COM)

***BELOW IS A LIST OF ITEMS YOU WILL NEED TO  
COMPLETE YOUR ORGANIZER:***

- ❑ ALL W-2 FORMS FOR YOURSELF, YOUR SPOUSE AND DEPENDENT CHILDREN.
- ❑ ALL 1099 FORMS FOR YOURSELF AND SPOUSE, INCLUDING DEBT RELIEF.
- ❑ ALL UNEMPLOYMENT FORMS.
- ❑ ALL FORMS SSA FROM SOCIAL SECURITY FOR INCOME RECEIVED FROM SOCIAL SECURITY FOR THE YEAR.
- ❑ SOCIAL SECURITY NUMBERS, DATES OF BIRTH AND RELATIONSHIPS OF ALL OF YOUR DEPENDENTS FOR 2012.
- ❑ RECORDS OF INCOME, EXPENSES AND ENDING INVENTORY FOR YOUR SELF-EMPLOYED BUSINESS
- ❑ MILEAGE LOG FOR AUTOS
- ❑ YOUR TIP CALENDAR FOR THOSE OF YOU WHO ARE IN GAMING SERVICES
- ❑ SALE OF PROPERTY, CLOSING ESCROW STATEMENT (HUD) ON THE PURCHASE AND SALE, LIST OF MAJOR IMPROVEMENTS, ALONG WITH THE COSTS AND DATES OF IMPROVEMENTS.
- ❑ RENTAL INCOME AND EXPENSES, ADDRESS OF PROPERTY, CLOSING ESCROW STATEMENT (HUD-1) IF PURCHASED IN 2012.
- ❑ FARM INCOME AND EXPENSES.
- ❑ INTEREST EARNED ON TAX FREE MUNICIPAL BONDS AND ORIGINAL ISSUE DISCOUNT (OID).
- ❑ DIVIDEND AND INTEREST YEAR END STATEMENTS, ALONG WITH THE APPROPRIATE 1099 FORM ISSUED.
- ❑ MEDICAL BILLS, COST OF PRESCRIPTIONS, HEALTH INSURANCE PREMIUMS AND SPECIAL EQUIPMENT PURCHASED PER DOCTOR PRESCRIPTION, AMOUNT OF MEDICAL MILEAGE INCURRED.
- ❑ PROPERTY TAXES PAID. PLEASE DO NOT GROUP THESE TOGETHER. LIST PROPERTY ADDRESS AND AMOUNT PAID.
- ❑ AMOUNT OF COLLEGE TUITION, LAB FEES, BOOKS, SUPPLIES AND GRANTS RECEIVED, FOR HIGHER EDUCATION.
- ❑ INTEREST PAID ON STUDENT LOANS.
- ❑ AMOUNTS OF INTEREST PAID ON MORTGAGES AND THE 1098 FORM RECEIVED FROM THE MORTGAGE COMPANY.

**Continued on Next Page**



- ❑ ANY INTEREST YOU PAID ON HOME EQUITY LOANS - PROVIDE COPY OF CLOSING STATEMENT (HUD-1) FOR REFINANCING OF PRINCIPAL MORTGAGE. IF YOU ARE PAYING YOUR MORTGAGE TO AN INDIVIDUAL, INCLUDE THEIR FULL NAME, ADDRESS AND SOCIAL SECURITY NUMBER.
- ❑ ALL PENSION STATEMENTS, DISTRIBUTIONS FROM PENSIONS AND ROLLOVER INFORMATION. IF THEY WERE TRANSFERRED FROM ONE ACCOUNT TO ANOTHER, THE TRANSACTION DATES, THE ACCOUNT NUMBERS OF BOTH THE NEW AND OLD THE NEW COMPANIES, AMOUNTS CONTRIBUTED TO ROTH IRA'S, KEOGH'S AND SEP'S FOR 2012 AND WHAT NAME THEY WERE DEPOSITED TO CONVERSIONS AND BALANCES ON DECEMBER 31, 2012.
- ❑ COPY OF YOUR DIVORCE DECREE, IF DIVORCED IN 2012
- ❑ COPY OF YOUR SPOUSE'S 2011 FEDERAL & STATE TAX RETURN IF YOU WERE MARRIED IN 2012
- ❑ LIST OF CASH CONTRIBUTIONS AND NON-CASH CONTRIBUTIONS MADE TO CHARITIES.
- ❑ STOCK SALES, ORIGINAL STOCK BUYS AND ORIGINAL STOCK SELLS RECEIVED FROM YOUR BROKER ALONG WITH THE BROKER STATEMENTS FOR YEAR END (1099-B)
- ❑ COPY OF POLICE REPORT AND INSURANCE REIMBURSEMENT, IN RELATIONSHIP TO THEFTS AND CASUALTIES AND LOSSES DUE TO ACCIDENTS, FIRES, ETC...
- ❑ CHILD CARE EXPENSES, PROVIDER NAME, ADDRESS, FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER, IF AN INDIVIDUAL AMOUNT PAID FOR EACH CHILD.
- ❑ AMOUNT OF ALIMONY RECEIVED, AMOUNT OF ALIMONY PAID, ALONG WITH THE NAME OF PERSON PAID TO AND THEIR SOCIAL SECURITY NUMBER
- ❑ AMOUNTS PAID FOR MISCELLANEOUS EMPLOYEE EXPENSES (I.E. UNION DUES, SAFETY EQUIPMENT, REQUIRED BOOKS AND MANUALS, CONTINUING EDUCATION, ETC) AMOUNTS IF ANY REIMBURSED BY YOUR EMPLOYER NOT INCLUDED IN YOUR W-2 FORM.
- ❑ INFORMATION ON MEDICAL SAVINGS ACCOUNTS AND EDUCATIONAL SAVINGS ACCOUNTS THAT YOU ARE A PARTICIPANT IN THROUGH YOUR EMPLOYER
- ❑ CUSTODIAL FEES FOR IRA ACCOUNTS, LEGAL FEES FOR PRESERVATION OF INCOME, COLLECTION FEES ON SELLER FINANCED MORTGAGES
- ❑ GAMBLING LOSSES NOT TO EXCEED THE AMOUNT OF GAMBLING WINNINGS
- ❑ MISCELLANEOUS OTHER INCOME RECEIVED, STATE INCOME TAX REFUND, JURY DUTY PAY, GAMBLING WINNINGS, ETC.
- ❑ COPIES OF INVOICES WHERE THE PURCHASES QUALIFY FOR ENERGY TAX CREDITS.

**WITH THE ABOVE INFORMATION IN HAND YOU WILL BE BETTER EQUIPPED TO FILL OUT THE TAX ORGANIZER ACCURATELY AND WITH THE LEAST AMOUNT OF YOUR TIME EXPENDED.**

## PERSONAL INFORMATION

	<u>TAXPAYER</u>	<u>SPOUSE</u>
LAST NAME		
FIRST NAME		
MIDDLE INITIAL & SUFFIX		
SOCIAL SECURITY #		
OCCUPATION		
HOME PHONE		
WORK PHONE		
BIRTH DATE		
BLIND	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
CONTRIBUTION TO PRESIDENTIAL CAMPAIGN FUND	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Street Address: \_\_\_\_\_

Apartment # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax # \_\_\_\_\_ Email \_\_\_\_\_

Resident Locality \_\_\_\_\_ County \_\_\_\_\_

School District \_\_\_\_\_ School District Number \_\_\_\_\_

### Financial Summary

	Beginning of Year	End of Year
Checking/Saving		
Brokerage Account(s)		
Retirement (Type: _____)		
Retirement (Type: _____)		

### Insurance and Annuities

Type (VUL, IUL, Whole, Annuity)	Face Value	Surrender Value

At what age do you plan to retire? \_\_\_\_\_

What amount do you need to receive monthly upon retirement?: \_\_\_\_\_

Do you currently have long term care insurance?:  YES     NO

**FILING STATUS**

- Single
- Married Filing Jointly
- Married Filing Separately
- Head of Household
- Qualifying Widow(er) Date Spouse Died \_\_\_\_\_

**DEPENDENT INFORMATION**

**DO NOT INCLUDE YOURSELF OR SPOUSE**

<b>FIRST NAME</b>	<b>MIDDLE INITIAL</b>	<b>LAST NAME</b>	<b>SOCIAL SECURITY #</b>	<b>RELATION SHIP</b>	<b>DATE OF BIRTH</b>	<b>MONTHS IN HOME</b>

Are you planning to help fund a child’s education?  YES  NO

What, if any, plans have you established (i.e. 529, Coverdale)?: \_\_\_\_\_

**TAX PAYMENTS**

2012 ESTIMATED TAX PAYMENTS PAID (DO NOT INCLUDE PAYMENTS PAID THROUGH YOUR EMPLOYER):

**FEDERAL**

**STATE**

**LOCAL**

<b>DUE BY DATE</b>	<b>DATE</b>	<b>AMOUNT</b>	<b>DATE</b>	<b>AMOUNT</b>	<b>DATE</b>	<b>AMOUNT</b>
QUARTER 1 BY 4/15/12						
QUARTER 2 BY 6/15/12						
QUARTER 3 BY 9/15/12						
QUARTER 4 BY 1/15/12						

**OTHER TAX PAYMENTS PAID:**

	<b><u>FEDERAL</u></b>	<b><u>STATE</u></b>	<b><u>LOCAL</u></b>
2011 OVERPAYMENT APPLIED TO 2012			
2011 BALANCE PAID IN 2012			
2012 EXTENSION PAYMENTS PAID IN 2013			
OTHER TAXES PAID IN 2012 FOR PRIOR YEARS			

WILL YOU OWE ADDITIONAL TAXES TO THE IRS?     YES    NO

WILL YOU OWE ADDITIONAL TAXES TO THE STATE?    YES    NO

**WAGES, SALARIES AND OTHER INCOME**

INDICATE THE NUMBER OF W-2'S & ATTACH ALL COPIES	
INDICATE THE NUMBER OF 1099-R'S (PENSIONS, ANNUITIES, RETIREMENT & IRA PLANS)	
INDICATE THE NUMBER OF W-2G'S (GAMBLING OR LOTTERY WINNINGS)	
INDICATE THE NUMBER OF 1099- MISC (MISCELLANEOUS INCOME)	
INDICATE THE NUMBER OF SSA-1099 ( SOCIAL SECURITY BENEFIT FORMS)	
INDICATE THE NUMBER OF 1099-MSA ( MEDICAL SAVINGS ACCT)	
INDICATE THE NUMBER OF 1099-G'S ( GOVERNMENT PAYMENTS)	
INDICATE THE NUMBER OF 1065 K-1'S (PARTNERSHIP INCOME)	
INDICATE THE NUMBER OF 1120S K-1'S (SUB CHAPTER S CORPORATIONS)	
INDICATE THE NUMBER IF 1041 K-1'S (ESTATE & TRUST INCOME)	

**NATURE AND SOURCE OF OTHER INCOME**

	<b>TAXPAYER</b>	<b>SPOUSE</b>
ALIMONY RECEIVED		
EX-SPOUSE SOCIAL SECURITY #		
SCHOLARSHIPS/FELLOWSHIPS RECEIVED		
TIPS NOT REPORTED TO EMPLOYER		
GAMBLING WINNINGS		
JURY DUTY PAY		

**MISC. INCOME**

<b>1099-A AND/OR 1099-C (FORECLOSURE/CANCELLATION OF DEBT)</b>	<b><u>TAXPAYER</u></b>	<b><u>SPOUSE</u></b>

**\*\* If you had a foreclosure, short sale or abandoned property, please contact the tax department as additional information may be necessary.**

**ROTH CONVERSION**

Did you defer any income from a Roth conversion made in prior years?  Yes  No

Did you rollover funds from a qualified retirement account into a Roth in 2012?  Yes  No

**INTEREST/DIVIDEND INCOME; INCLUDE ENTIRE COMBINED FORM 1099 FROM  
FINANCIAL & BROKERAGE FIRMS.**

**INCLUDE ALL ORIGINAL 1099 – INT’S, DIV’S  
(IF MORE SPACE IS NEEDED PLEASE MAKE COPIES OF THIS FORM)**

<u>NAME OF PAYER</u>	<u>INTEREST</u>		<u>DIVIDEND</u>		<u>CAPITAL GAIN</u>	<u>FOREIGN TAXES PAID</u>
	<u>TOTAL</u>	<u>TAX EXEMPT</u>	<u>TOTAL</u>	<u>QUALIFIED</u>		

**SALE OF REAL ESTATE**

Enclose copies of Form(s) **1099-S & CLOSING STATEMENTS HUD-1'S FOR ALL PURCHASES, SALES, AND REFINANCINGS.**

Description	Date Acq'd	Date Sold	Sales Price	Cost Basis	Rental	Invest.
_____	__/__/__	__/__/__	\$ _____	\$ _____	_____	_____
_____	__/__/__	__/__/__	\$ _____	\$ _____	_____	_____
_____	__/__/__	__/__/__	\$ _____	\$ _____	_____	_____
_____	__/__/__	__/__/__	\$ _____	\$ _____	_____	_____
_____	__/__/__	__/__/__	\$ _____	\$ _____	_____	_____

**If the sold properties have been depreciated as prior rentals please provide all depreciation schedules.**

**SALES OF STOCKS AND SECURITIES**

***DO NOT REPORT OPTIONS HERE***

**ATTACH ALL PAGES OF FORM 1099-B. IT IS MANDATORY THAT ALL THE INFORMATION REQUESTED BELOW BE PROVIDED. (IF YOU HAVE MORE TRANSACTIONS, PLEASE COPY THIS FORM)**

<b><u>DESCRIPTION OF PROPERTY</u></b>	<b><u>DATE ACQUIRED</u></b>	<b><u>DATE SOLD</u></b>	<b><u>SALES PRICE</u></b>	<b><u>COST BASIS</u></b>

**TOTAL OPTIONS PURCHASED IN 2012**                      \$ \_\_\_\_\_

**TOTAL OPTIONS SOLD IN 2012**                        \$ \_\_\_\_\_

**CAPITAL LOSS CARRYOVER FROM PRIOR YEAR**   \$ \_\_\_\_\_

**LIST ALL OPEN OPTIONS AT YEAR END ON LAST PAGE**



**ITEMIZED DEDUCTIONS**

**MEDICAL AND DENTAL EXPENSES**

PRESCRIPTION MEDICATIONS	
HEALTH INSURANCE PREMIUMS	
FAMILY & SPOUSE	
SELF – EMPLOYED TAXPAYER	
DOCTORS, DENTISTS & HOSPITALS	
EYEGASSES & MEDICAL EQUIPMENT	
MILES DRIVEN FOR MEDICAL PURPOSES	
OTHER MEDICAL EXPENSES:	
LONG TERM CARE INSURANCE PREMIUMS	
A)	
B)	

**TAXES**

AMOUNT PAID ON BALANCE DUE FOR STATE TAXES PAID IN 2011	
REAL ESTATE TAXES PAID ON PRINCIPAL RESIDENCE	
REAL ESTATE TAXES PAID ON ADDITIONAL HOMES OR LAND (NOT RENTALS)	
VEHICLE REGISTRATION TAX	
OTHER PERSONAL PROPERTY TAXES	
OTHER TAXES:	
A)	
B)	

**HOME MORTGAGE INTEREST ONLY**

<u>HOME MORTGAGE INTEREST</u>	<u>CHECK IF NOT ON FORM 1098</u>	<u>AMOUNT</u>
	<input type="checkbox"/>	
	<input type="checkbox"/>	
<b>POINTS PAID ON LOAN TO BUY, BUILD OR IMPROVE YOUR HOME:</b>	<u>CHECK IF NOT ON FORM 1098</u>	<u>AMOUNT</u>
	<input type="checkbox"/>	
	<input type="checkbox"/>	

**IF INTEREST IS PAID TO AN INDIVIDUAL:**

<u>NAME OF INDIVIDUAL</u>	<u>ADDRESS</u>	<u>SOCIAL SECURITY NUMBER</u>

ANY MORTGAGE BALANCES IN EXCESS OF \$1 MILLION? ( ) YES ( ) NO

ENTER POINTS PAID ON A HOME EQUITY LOAN, REFINANCED MORTGAGE OR LOAN FOR A SECOND HOME:

<u>POINTS PAID</u>	<u>DATE OF LOAN</u>	<u>LIFE OF LOAN (YEARS)</u>

INVESTMENT INTEREST (I.E., MARGIN INTEREST, INTEREST PAID ON LOANS USED FOR PROPERTY HELD FOR INVESTMENT, ETC)

<u>INVESTMENT INTEREST</u>	<u>AMOUNT</u>

**CHARITABLE GIVING**

**CASH CONTRIBUTIONS**

**THE DOCUMENTATION FOR THE RECORD OF A CONTRIBUTION OVER \$250 MUST BE IN THE FORM OF A WRITTEN STATEMENT**

<u>NAME OF CHARITABLE ORGANIZATION</u>	<u>REQUIRED DOCUMENTATION</u>	<u>AMOUNT</u>
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**NON CASH CONTRIBUTIONS**

**ANY CONTRIBUTION IN EXCESS OF \$5000 REQUIRES A WRITTEN APPRAISAL**

<u>NAME OF CHARITABLE ORGANIZATION</u>	<u>ADDRESS OF ORGANIZATION</u>	<u>DESCRIPTION OF DONATED PROPERTY</u>	<u>GOOD USED CONDITION (YES/NO)</u>	<u>AMOUNT</u>
A)				
B)				
C)				
D)				

**THIS SECTION MUST BE FILLED IN IF YOU HAVE NON CASH CONTRIBUTIONS**

<u>DATE OF CONTRIBUTION</u>	<u>DATE ACQUIRED</u>	<u>HOW ACQUIRED</u>	<u>YOUR ORIGINAL COST</u>
A)			
B)			
C)			
D)			

**UNREIMBURSED EMPLOYEE EXPENSES (W-2 INCOME ONLY)**

<b>EMPLOYEE BUSINESS EXPENSES</b>	<b>TAXPAYER</b>	<b>SPOUSE</b>
BUSINESS GIFTS		
EDUCATION TO MAINTAIN EMPLOYMENT (C.E.U.)		
MEALS & ENTERTAINMENT		
TELEPHONE USED FOR EMPLOYER'S BUSINESS		
TRADE PUBLICATIONS		
TRAVEL EXPENSES AWAY FROM HOME		
UNIFORMS & PROTECTIVE CLOTHING		
UNION & PROFESSIONAL DUES		
OTHER UNREIMBURSED EMPLOYEE BUSINESS EXPENSES		
<b>Misc:</b>		

**VEHICLE EXPENSES**

**(UNREIMBURSED EMPLOYEE EXPENSES USE ONLY. W-2 INCOME ONLY)**

**IF VEHICLE IS USED BY BOTH TAXPAYER AND SPOUSE OR FOR MORE THAN ONE EMPLOYER, MAKE A COPY OF THIS FORM FOR EACH.**

<b><u>YEAR END INFORMATION</u></b>	<b><u>VEHICLE 1</u></b>	<b><u>VEHICLE 2</u></b>
BEGINNING ODOMETER READING		
ENDING ODOMETER READING		
DESCRIPTION OF VEHICLE		
DATE PLACED IN SERVICE		
TOTAL MILES FOR THE YEAR		
TOTAL BUSINESS MILES FOR YR		
TOTAL COMMUTING MILES FOR YR		
MILEAGE ROUND TRIP EACH DAY TO WORK		
<b><u>ACTUAL EXPENSES:</u></b>	<b><u>VEHICLE 1</u></b>	<b><u>VEHICLE 2</u></b>
REPAIRS & MAINTENANCE		
INSURANCE		
INTEREST		
LICENSE & REGISTRATION		
VEHICLE LEASE		
TOLLS & PARKING		
<b><u>OTHER EXPENSES:</u></b>	<b><u>VEHICLE 1</u></b>	<b><u>VEHICLE 2</u></b>
COST OF VEHICLE		

**IS ANOTHER VEHICLE AVAILABLE FOR PERSONAL USE?  YES  NO**

**DO YOU HAVE EVIDENCE TO SUPPORT THE BUSINESS USE CLAIMED?  YES  NO**

**IF YES, IS THE EVIDENCE WRITTEN?  YES  NO**

**WAS THE VEHICLE TRADED IN 2012?  YES  NO**

**TAX PAYER MUST MAINTAIN MILEAGE LOG WHEN CLAIMING AUTO EXPENSE DEDUCTION.**

**MISCELLANEOUS DEDUCTIONS**

	<b><u>TAXPAYER</u></b>	<b><u>SPOUSE</u></b>
TAX PREP FEES		
SAFETY DEPOSIT BOX FEES		
IRA FEES		
OTHER MISCELLANEOUS DEDUCTIONS		
MANAGEMENT FEES (K-1'S)		
<b>Misc</b>		

**ADJUSTMENTS TO INCOME**

	<b><u>TAXPAYER</u></b>	<b><u>SPOUSE</u></b>
EDUCATOR EXPENSES		
CERTAIN BUSINESS EXPENSES OF RESERVIST, PERFORMING ARTISTS & FEE-BASIS GOVERNMENT OFFICIALS		
HEALTH SAVINGS ACCOUNT DEDUCTION		
MOVING EXPENSES		
SELF-EMPLOYED SEP, SIMPLE & QUALIFIED PLANS		
SELF EMPLOYED HEALTH INSURANCE DEDUCTION		
PENALTY ON EARLY WITHDRAWAL OF SAVINGS		
TRADITIONAL IRA DEDUCTION		
ROTH IRA DEDUCTION		
STUDENT LOAN INTEREST		
TUITION & FEES DEDUCTION		
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION		
ROTH CONVERSIONS		

**DEPENDENT CARE EXPENSES & EDUCATION CREDITS**  
**ENTER BELOW THE PERSONS OR ORGANIZATIONS WHO PROVIDED  
 THE CHILD & DEPENDENT CARE.**

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>	<u>ID NUMBER</u>	<u>AMOUNT PAID</u>
1.				
2.				
3.				

**EDUCATION EXPENSES**  
**AMERICAN OPPORTUNITY TAX CREDIT (FORMERLY THE HOPE CREDIT)**

<u>STUDENT'S NAME</u>	<u>STUDENT'S SSN</u>	<u>QUALIFIED EXPENSES*</u>	<u>FULL TIME OR PART TIME?</u>	<u>POST SECONDARY EDUCATION?</u>
1.				<input type="checkbox"/> YES <input type="checkbox"/> NO
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO

**QUALIFIED EXPENSES INCLUDE: TUITION, BOOKS,  
 SUPPLIES & EQUIPMENT (I.E. COMPUTER)**

**OTHER CREDITS**  
**PLEASE PROVIDE A COPY OF THE INVOICE**

**HOME ENERGY CREDITS:**

SOLAR ELECTRIC	
SOLAR WATER HEATING	
FUEL CELL	
WIND ENERGY	
GEOHERMAL HEAT PUMP	
RESIDENTIAL ENERGY CREDIT	

**BUSINESS INCOME & EXPENSES**  
**(HOME BASED BUSINESS, SOLE PROPRIETOR)**

IF MORE THAN ONE BUSINESS, MAKE COPIES OF THE BUSINESS & EXPENSE FORMS

**CHECK OWNERSHIP:**  TAXPAYER  SPOUSE  JOINT

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**PRINCIPAL BUSINESS/PROFESSION:** \_\_\_\_\_

**EMPLOYER ID NUMBER:** \_\_\_\_\_

**DID YOU MATERIALLY PARTICIPATE IN THE OPERATION OF THIS BUSINESS DURING THE YEAR?**  YES  NO

**DID YOU START OR ACQUIRE THIS BUSINESS DURING THE YEAR?**  YES  NO

INCOME	AMOUNT
GROSS RECEIPTS OR SALES FROM 1099'S	
GROSS RECEIPTS OR SALES OTHER	
RETURN & ALLOWANCES	
OTHER INCOME (I.E. BUSINESS INTEREST)	

COST OF GOODS SOLD (INVENTORY ONLY)	AMOUNT
INVENTORY AT BEGINNING OF YEAR	
PURCHASES: LESS COST OF ITEMS WITHDRAWN FOR PERSONAL USE	
COST OF LABOR	
MATERIALS & SUPPLIES	
OTHER COSTS	
INVENTORY AT END OF YEAR	

EXPENSES:	AMOUNT
ADVERTISING	
CAR & TRUCK EXPENSES (COMPLETE VEHICLE EXPENSE SECTION)	<b>NEXT PAGE</b>
COMMISSIONS & FEES	
EMPLOYEE BENEFIT PROGRAM	
INSURANCE (OTHER THAN HEALTH)	
INSURANCE (HEALTH)	
INTEREST:	
A) COMMERCIAL MORTGAGE (FROM FORM 1098 ONLY)	
B) OTHER INTEREST (EXPLAIN)	
LEGAL & PROFESSIONAL SERVICES	
OFFICE EXPENSES	
PENSION & PROFIT-SHARING PLANS	
RENT OR LEASE:	
A) MACHINERY & EQUIPMENT	
B) OTHER BUSINESS PROPERTY	
REPAIRS & MAINTENANCE	
SUPPLIES (NOT INCLUDED IN COST OF GOODS SOLD)	
TAXES & LICENSES	
TRAVEL	

MEALS & ENTERTAINMENT	
TELEPHONE & CELLULAR	
UTILITIES	
WAGES	
<b>OTHER EXPENSES:</b>	<b>AMOUNT</b>
A)	
B)	
C)	
D)	

**VEHICLE EXPENSES (FOR BUSINESS USE ONLY)**

**IF VEHICLES ARE USED BY BOTH TAXPAYER & SPOUSE OR IN MORE THAN ONE BUSINESS,  
MAKE A COPY OF THIS FORM FOR EACH.**

<b><u>GENERAL INFORMATION</u></b>	<b><u>VEHICLE 1</u></b>	<b><u>VEHICLE 2</u></b>
ODOMETER READING 01/01/12		
ODOMETER READING 12/31/12		
DESCRIPTION OF VEHICLE		
DATE PLACED IN SERVICE		
TOTAL MILES FOR THE YEAR		
TOTAL BUSINESS MILES FOR THE YEAR		
TOTAL COMMUTING MILES FOR THE YEAR		
MILEAGE ROUND TRIP EACH DAY TO WORK		
<b><u>ACTUAL EXPENSES:</u></b>	<b><u>VEHICLE 1</u></b>	<b><u>VEHICLE 2</u></b>
AUTO CLUB		
GASOLINE & OIL		
REPAIRS & MAINTENANCE		
INSURANCE		
INTEREST		
LICENSE & REGISTRATION		
VEHICLE LEASE (PROVIDE COPY OF LEASE AGREEMENT)		
WASH & WAX		
TOLLS & PARKING		
<b><u>OTHER EXPENSES: ATTACH LIST</u></b>		
COST OF VEHICLE		

**IS ANOTHER VEHICLE AVAILABLE FOR PERSONAL USE?  YES  NO**  
**DO YOU HAVE EVIDENCE TO SUPPORT THE BUSINESS USE CLAIMED?  YES  NO**  
**IF YES, IS THE EVIDENCE WRITTEN?  YES  NO**  
**WAS THE VEHICLE TRADED IN 2012?  YES  NO**

**TAX PAYER MUST MAINTAIN MILEAGE LOG WHEN CLAIMING AUTO EXPENSE DEDUCTION**



**HOME OFFICE EXPENSE**  
 (HOME BASED BUSINESS, SOLE PROPRIETOR)

AREA USED REGULARLY & EXCLUSIVELY FOR BUSINESS (SQUARE FOOTAGE): \_\_\_\_\_

AREA USED FOR DAY CARE (SQUARE FOOTAGE): \_\_\_\_\_

TOTAL AREA OF HOME (SQUARE FOOTAGE): \_\_\_\_\_

NUMBER OF HOURS USED FOR DAY CARE IN THE YEAR: \_\_\_\_\_

<b>EXPENSES:</b>	<b>DIRECT:</b>	<b>INDIRECT:</b>
MORTGAGE INTEREST		
REAL ESTATE TAXES		
INSURANCE		
REPAIRS & MAINTENANCE		
UTILITIES		
RENT		
HOA FEES		
<b>OTHER EXPENSES:</b>		
A)		
B)		
C)		

**DEPRECIATION (For Home Office):**

<b>DESCRIPTION:</b>	<b>DATE ACQUIRED:</b>	<b>COST:</b>
RESIDENCE		
ADDITION/IMPROVEMENT		
ADDITION/IMPROVEMENT		
ADDITION/IMPROVEMENT		

LAND VALUE INCLUDED IN COST OF RESIDENCE: \_\_\_\_\_

**BUSINESS DEPRECIATION**

**BUSINESS ASSETS ACQUIRED DURING THE YEAR 2012**

<b><u>DESCRIPTION:</u></b>	<b><u>DATE ACQUIRED:</u></b>	<b><u>COST:</u></b>

**PLEASE PROVIDE A DETAILED DEPRECIATION  
 SCHEDULE FOR ASSETS ACQUIRED BEFORE 2012**

**RENTAL "REAL ESTATE" PROPERTY AND ROYALTY INCOME:**  
**ATTACH HUD-1'S FOR ALL PROPERTY PURCHASES & REFINANCINGS IN 2012**

Description of Property & Complete Property Address (*ex: Single family, Duplex, Condo, or Commercial*)

Property ID (A) \_\_\_\_\_

Property ID (B) \_\_\_\_\_

Property ID (C) \_\_\_\_\_

Property ID (D) \_\_\_\_\_

<b><u>Income:</u></b>	<b><u>(A)</u></b>	<b><u>(B)</u></b>	<b><u>(C)</u></b>	<b><u>(D)</u></b>
Date Property became Available for Rent	_____	_____	_____	_____
Rents received ( <i>total for year</i> )	_____	_____	_____	_____
Royalties received	_____	_____	_____	_____

<b><u>Expenses:</u></b>	<b><u>(A)</u></b>	<b><u>(B)</u></b>	<b><u>(C)</u></b>	<b><u>(D)</u></b>
Auto (Used for Rental Properties)	_____	_____	_____	_____
Advertising and Promotion	_____	_____	_____	_____
Cleaning and Maintenance	_____	_____	_____	_____
Commissions	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Legal and Professional Fees	_____	_____	_____	_____
Mortgage Interest	_____	_____	_____	_____
Management Fees	_____	_____	_____	_____
Points Purchase/Refinancing	_____	_____	_____	_____
Repairs ( <i>over \$250, itemized below</i> )	_____	_____	_____	_____
Real Estate Taxes	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Meals/Entertainment	_____	_____	_____	_____
Other Expenses ( <i>List on Last Page</i> )	_____	_____	_____	_____

**ASSETS FOR DEPRECIATION:**

**Rental Asset Worksheet:** *Complete for all rental assets purchased. List any repairs, furnishings and appliances greater than \$250*

Property ID	Date Purchased	Asset	Price	If Sold, Date	Sale Price

**Note:** If you converted personal property items for rental use, under the heading 'date purchased,' please indicate the date when the asset was first used for the rental and under the heading 'price,' indicate fair market value of asset on the date of first rental use.

**MOVING EXPENSES**

**DATE OF MOVE:** \_\_\_\_\_

**NUMBER OF MILES FROM OLD HOME TO NEW WORKPLACE:** \_\_\_\_\_

**NUMBER OF MILES FROM OLD HOME TO OLD WORKPLACE:** \_\_\_\_\_

<b>EXPENSES OF TRANSPORT &amp; STORAGE OF HOUSEHOLD GOODS &amp; PERSONAL EFFECTS:</b>	<b>AMOUNT:</b>
TRANSPORTATION EXPENSES	
STORAGE EXPENSES	
EXPENSES OF MOVING FROM OLD HOME TO NEW HOME:	
TRAVEL NOT INCLUDING MEALS	
LODGING NOT INCLUDING MEALS	
AMOUNT EMPLOYER PAID YOU FOR THE EXPENSES LISTED ABOVE	
<b>MISC</b>	

**OTHER ITEMS NOT INCLUDED ELSEWHERE PLEASE EXPLAIN FULLY:**

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**WOULD LIKE YOUR REFUND DIRECTLY DEPOSITED FOR YOU?**

**IF SO, PLEASE PROVIDE THE INFORMATION BELOW.**

**BANKING INFORMATION**

<b><u>DIRECT DEPOSIT OF REFUND TO FOLLOWING:</u></b>	
NAME OF BANK	
ROUTING NUMBER	
ACCOUNT NUMBER	
TYPE OF ACCOUNT	
<b><u>DIRECT ELECTRONIC PAYMENT OF BALANCE DUE ON TAXES FROM THE FOLLOWING:</u></b>	
NAME OF BANK	
ROUTING NUMBER	
ACCOUNT NUMBER	
DATE OF ELECTRONIC WITHDRAWAL	
<b><u>DIRECT ELECTRONIC PAYMENT FOR BALANCE DUE WITH EXTENSION FORM 4868:</u></b>	
NAME OF BANK	
ROUTING NUMBER	
ACCOUNT NUMBER	
DATE OF ELECTRONIC WITHDRAWAL	

