



# Tax Organizer for Individual Tax Returns

1040 Returns

Individual Tax  
Organizer

2013

## 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.



Tax Preparation | Bookkeeping  
3225 McLeod Drive, Suite 100

Las Vegas, Nevada, 89121

Toll Free: 888-829-8447

Local: 702-487-3780

Fax: 702-664-0547

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

## **IMPORTANT**

- Please attach a copy of your previous year tax return if not prepared by either Anderson Business Advisors or De Joya Griffith CPAs.
- 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 DG 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, DG 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 DG 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, DG 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, DG 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 DG 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** (Required): \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**\*Name on Credit Card** (Required): \_\_\_\_\_

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**\*Card Number** (Required)

		-		
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Expiration Date

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Code

By signing, you are authorizing DG Anderson 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@DGanderson.com](mailto:taxdept@DGanderson.com)**

## **FAX COVER PAGE**

**Attention: DG Anderson**

TO: DG Anderson - 702-664-0547

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

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

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

Total Number of Pages (Including Cover): \_\_\_\_\_

**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, 2014.

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

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

Please provide a copy of the prior year Individual Tax Return if not prepared by our offices (Anderson Business Advisors or De Joya Griffith).

- ☐ 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.

**Taxpayer Name:** \_\_\_\_\_

\*If you need extensions filed for entities, please contact our offices or download the 2013 Extension Request form and list all entities that require the filing of an extension.



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**INSTRUCTIONS FOR COMPLETING PERSONAL**  
**(FORM 1040) 2013 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 "CLIENTS" 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 ANDERSON OR DE JOYA GRIFFITH).**

IF YOU HAVE MORE THAN ONE HOME BASED BUSINESS, SOLE PROPRIETORSHIP, 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 KAREN STONEMAN IN THE TAX DEPARTMENT AT 888-829-8447 EXT.245 OR EMAIL [TAXDEPT@DGANDERSON.COM](mailto:TAXDEPT@DGANDERSON.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 2013.
- 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 2013.
- 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, SPECIAL EQUIPMENT PURCHASED PER DOCTOR PRESCRIPTION, AND THE 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.
- 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 2013 AND WHAT NAME THEY WERE DEPOSITED TO CONVERSIONS AND BALANCES ON DECEMBER 31, 2013.

- COPY OF YOUR DIVORCE DECREE IF DIVORCED IN 2013
- COPY OF YOUR SPOUSE'S 2012 FEDERAL & STATE TAX RETURN IF YOU WERE MARRIED IN 2013
- 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, PROVIDERS NAMES, ADDRESSES, FEDERAL IDENTIFICATION NUMBERS OR SOCIAL SECURITY NUMBERS (IF AN INDIVIDUAL), AND AMOUNTS 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**

	TAXPAYER	SPOUSE
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 # \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

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

2013 ESTIMATED TAX PAYMENTS PAID (DO NOT INCLUDE PAYMENTS PAID THROUGH YOUR EMPLOYER):

	FEDERAL		STATE		LOCAL	
DUE BY DATE	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
QUARTER 1 BY 4/15/13						
QUARTER 2 BY 6/15/13						
QUARTER 3 BY 9/15/13						
QUARTER 4 BY 1/15/14						

### OTHER TAX PAYMENTS PAID

	FEDERAL	STATE	LOCAL
2012 OVERPAYMENT APPLIED TO 2013			
2012 BALANCE PAID IN 2013			
2013 EXTENSION PAYMENTS PAID IN 2014			
OTHER TAXES PAID IN 2013 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**

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

**MISC. INCOME**

1099-A AND/OR 1099-C (FORECLOSURE/CANCELLATION OF DEBT)	TAXPAYER	SPOUSE

**\*\* 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 2013? ☐ 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)

INTEREST			DIVIDEND			
NAME OF PAYER	TOTAL	TAX EXEMPT	TOTAL	QUALIFIED	CAPITAL GAIN	FOREIGN TAXES PAID

**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	Investment
_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	_____	\$ _____	\$ _____	_____	_____

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

### SALES OF STOCKS AND SECURITIES

Is the Brokerage Account in Your Name or a Disregarded LLC You Own?: ☐ Yes ☐ No  
(if no, skip this page, the transactions should be reported on the entity's tax return)

Please include the entire form 1099-B furnished from your Brokers along with a Gain/Loss Activity Report in Excel format. If the broker statements include the COST of the securities sold during the year and or you are sending printouts showing the cost of the securities sold, you do not need to complete this section.

DESCRIPTION OF PROPERTY	DATE ACQUIRED	DATE SOLD	SALES PRICE	COST BASIS

#### OPTIONS:

TOTAL OPTIONS PURCHASED IN 2013 \$ \_\_\_\_\_

TOTAL OPTIONS SOLD IN 2013 \$ \_\_\_\_\_

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	
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**

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

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

NAME OF INDIVIDUAL	ADDRESS	SOCIAL SECURITY NUMBER

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:**

POINTS PAID	DATE OF LOAN	LIFE OF LOAN (YEARS)

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

INVESTMENT INTEREST	AMOUNT

## CHARITABLE GIVING

### **CASH CONTRIBUTIONS**

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

NAME OF CHARITABLE ORGANIZATION	REQUIRED DOCUMENTATION	AMOUNT
	<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

NAME OF CHARITABLE ORGANIZATION	ADDRESS OF ORGANIZATION	DESCRIPTION OF DONATED PROPERTY	GOOD USED CONDITION (YES/NO)	AMOUNT
			<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	

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

DATE OF CONTRIBUTION	DATE ACQUIRED	HOW ACQUIRED	YOUR ORIGINAL COST

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

EMPLOYEE BUSINESS EXPENSES	TAXPAYER	SPOUSE
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		
Misc		

**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.

YEAR END INFORMATION	VEHICLE 1	VEHICLE 2
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		
ACTUAL EXPENSES	VEHICLE 1	VEHICLE 2
REPAIRS & MAINTENANCE		
INSURANCE		
INTEREST		
LICENSE & REGISTRATION		
VEHICLE LEASE		
TOLLS & PARKING		
OTHER EXPENSES	VEHICLE 1	VEHICLE 2
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 2013?

☐ Yes ☐ No

**TAX PAYER MUST MAINTAIN MILEAGE LOG, INCLUDING BEGINNING AND ENDING ODOMETER READINGS, WHEN CLAIMING AUTO EXPENSE DEDUCTIONS**

**MISCELLANEOUS DEDUCTIONS**

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

**ADJUSTMENTS TO INCOME**

EDUCATOR EXPENSES	TAXPAYER	SPOUSE
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**

NAME	ADDRESS	PHONE NUMBER	ID NUMBER	AMOUNT PAID
1)				
2)				
3)				

**EDUCATION EXPENSES**

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

STUDENT'S NAME	STUDENT'S SSN	QUALIFIED EXPENSES*	FULL TIME OR PART TIME?	POST SECONDARY EDUCATION?
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 MAY INCLUDE: TUITION, BOOKS,  
SUPPLIES & EQUIPMENT (I.E. COMPUTER)

How many years has each student attended college? (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

**OTHER CREDITS**

**PLEASE PROVIDE A COPY OF THE INVOICE**

**HOME ENERGY CREDITS**

SOLAR ELECTRIC	
SOLAR WATER HEATING	
FUEL CELL	
WIND ENERGY	
GEOTHERMAL 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)	NEXT PAGE
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.**

GENERAL INFORMATION	VEHICLE 1	VEHICLE 2
ODOMETER READING 01/01/13		
ODOMETER READING 12/31/13		
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		
ACTUAL EXPENSES	VEHICLE 1	VEHICLE 2
AUTO CLUB		
GASOLINE & OIL		
REPAIRS & MAINTENANCE		
INSURANCE		
INTEREST		
LICENSE & REGISTRATION		
VEHICLE LEASE (PROVIDE COPY OF LEASE AGREEMENT)		
WASH & WAX		
TOLLS & PARKING		
<b>OTHER EXPENSES: ATTACH LIST</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 2013? ☐ 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: \_\_\_\_\_

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

**DEPRECIATION (For Home Office)**

DESCRIPTION	DATE ACQUIRED	COST
RESIDENCE		
ADDITION/IMPROVEMENT		
ADDITION/IMPROVEMENT		
ADDITION/IMPROVEMENT		

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

**BUSINESS DEPRECIATION**

**BUSINESS ASSETS ACQUIRED DURING THE YEAR 2013**

DESCRIPTION	DATE ACQUIRED	COST

**PLEASE PROVIDE A DETAILED DEPRECIATION  
SCHEDULE FOR ASSETS ACQUIRED BEFORE 2013**



**RENTAL "REAL ESTATE" PROPERTY AND ROYALTY INCOME**

ATTACH HUD-1'S FOR ALL PROPERTY PURCHASES &amp; REFINANCINGS IN 2013

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

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

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

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

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

**Income**

	(A)	(B)	(C)	(D)
Date Properties were available for	_____	_____	_____	_____
Rents received (total for year)	\$ _____	\$ _____	\$ _____	\$ _____
Royalties received	\$ _____	\$ _____	\$ _____	\$ _____

**Expense**

	(A)	(B)	(C)	(D)
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 (Over \$250, Itemize Below)	\$ _____	\$ _____	\$ _____	\$ _____
Real Estate Taxes	\$ _____	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____	\$ _____
Meals/Entertainment	\$ _____	\$ _____	\$ _____	\$ _____
Other Expenses (List on Last Page)	\$ _____	\$ _____	\$ _____	\$ _____

**ASSETS FOR DEPRECIATION****Rental Asset Worksheet:** Complete for all rental assets purchased. List any repairs, furnishings and appliances greater than \$250**Rental Asset Worksheet:** Complete for all rental assets purchased. List any repairs, furnishings and appliances over \$250.00

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: \_\_\_\_\_

EXPENSES OF TRANSPORT & STORAGE OF HOUSEHOLD GOODS & PERSONAL EFFECTS	AMOUNT
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	
Misc	

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

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

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

<b>DIRECT DEPOSIT OF REFUND TO FOLLOWING</b>	
NAME OF BANK	
ROUTING NUMBER	
ACCOUNT NUMBER	
TYPE OF ACCOUNT	

**WOULD YOU LIKE YOUR REFUND PAID VIA ELECTRONIC PAYMENT?**

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

<b>DIRECT ELECTRONIC PAYMENT OF BALANCE DUE ON TAXES FROM THE FOLLOWING</b>	
NAME OF BANK	
ROUTING NUMBER	
ACCOUNT NUMBER	
DATE OF ELECTRONIC WITHDRAWAL	

<b>DIRECT ELECTRONIC PAYMENT FOR BALANCE DUE WITH EXTENSION FORM 4868</b>	
NAME OF BANK	
ROUTING NUMBER	
ACCOUNT NUMBER	
DATE OF ELECTRONIC WITHDRAWAL	

**ADDITIONAL INFORMATION OR COMMENTS**