

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				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					
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				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					
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				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

Miscellaneous Information

Name: _____

SSN: _____

Yes No

General Information

<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

<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: _____

Miscellaneous Information

Name:

SSN:

Yes No

Business Information

- | <input type="checkbox"/> | <input type="checkbox"/> | 1. Did you start a new business or purchase any rental property during 2013? |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you own rental property? What percentage of time did you spend managing your rentals? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use? |

Yes No

Other Information

- | <input type="checkbox"/> | <input type="checkbox"/> | 1. Were any tuition costs paid during 2013 (even if classes were attended in another year)? |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did anyone in your household attend higher education classes in 2013? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you incur a loss due to damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you purchase or sell a home that you used as a principal residence? If yes, please provide closing documentation. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. If yes to question 6, was the First-Time Homebuyer Credit taken? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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

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?			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?			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?			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?			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?			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?			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?			2013		2012
Child Care Credit - qualifying expenses incurred and paid in 2013							
Child Care Credit - portion of qualifying expenses provided by employer							

Child and Dependent Care

Name:

SSN:

Child Care Provider's Information

2013

2012

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP

Foreign Only Province/State,
Country, Postal Code

2013

2012

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP

Foreign Only Province/State,
Country, Postal Code

2013

2012

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP

Foreign Only Province/State,
Country, Postal Code

2013

2012

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP

Foreign Only Province/State,
Country, Postal Code

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

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				JOB EXPENSES (list):		
State and local income taxes				Unreimbursed employee expenses		
Sales tax						
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						