

# TAX ORGANIZER

Dear ,

Enclosed is your Tax Organizer for tax year 2012.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as \$35 for each \$100 in deductible expenses you find in your 2012 records.

If our firm prepared your return last year, your prior year amounts are included in the Prior Year Amount column of your Organizer. Use this information to help you remember the types of income and deductions you reported last year.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the General Business and Investment questions, please provide detailed information with your answer.

When you arrive for your appointment, or if you are dropping off/ mailing/ emailing your information to us, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax return (if not in our possession)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you have any questions before your scheduled appointment, please give us a call.

Sincerely,

Casey T. Smith  
Wiser Wealth Management



## TAX PREPARATION AGREEMENT

Thank you for choosing Wiser Wealth Management to prepare your income tax returns for tax year 2012. This letter confirms the services we will provide.

We will prepare your federal and state returns for tax year 2012 based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2012, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

Our fees for preparation of your returns are billed at \$185 per hour with a \$250 minimum plus any out-of-pocket expenses including a \$35 processing fee. Our invoices are due and payable upon presentation. We will not e-file a return until we have been paid for our services.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign in the space indicated and return it to us.

Thank you again for choosing our firm to prepare your 2012 tax return. We appreciate your business.

Sincerely,

Wiser Wealth Management, Inc

Accepted by: \_\_\_\_\_

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

### Wiser Wealth Management

The Brumby Building @ Marietta Station, 127 Church St. Suite 360 Marietta, GA 30060  
Tel: 678-905-4450 Fax: 678-264-0989 Cellular: 678.521.0680 Toll Free: 800.596.0716  
casey@wiserinvestor.com

[WWW.WISERINVESTOR.COM](http://WWW.WISERINVESTOR.COM)

# General Information

## Taxpayer

## Spouse

First Name . . . . .

Middle Initial . . . . .

Last Name . . . . .

Suffix . . . . .

Social Security Number . . . . .

Date of Birth . . . . .

Check ("X") which phone number to list on return.

Home Phone . . . . .

Work Phone . . . . .

Cell Phone . . . . .

Fax Number . . . . .

Legally Blind . . . . .

Totally Disabled . . . . .

Claimed as a Dependent . . . . .

Presidential Election Fund (\$3) . . . . .

Occupation . . . . .

E-mail address . . . . .

State of Residence as of 12/31 . . . . .

County of Residence as of 12/31 . . . . .

School District as of 12/31 . . . . .

Sales tax rate of locality in 2012 . . . . . %

If Part Year, Period of Residency . . . . . to

## Filing Status

Status on 2011 return :

- Status as of 12/31/2012 :  **1** Single
- Enter ("X") in the box  **2** Married filing joint
- 3** Married filing separately  
(Enter spouse's name and SSN above)
- 4** Head of Household Non-dependent name: \_\_\_\_\_  
Non-dependent SSN: \_\_\_\_\_
- 5** Qualifying widow(er) with minor child Year spouse died \_\_\_\_\_

## Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If address is in a foreign country, enter that country . . . \_\_\_\_\_

Foreign province/county . . . \_\_\_\_\_ Foreign postal code \_\_\_\_\_

If a bona fide resident of a U.S. territory, enter territory . . . \_\_\_\_\_

**Questions**

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

**Basic Information**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1 Did your marital status change since last year?
<input type="checkbox"/>	<input type="checkbox"/>	2 Are there any changes in your dependents from last year?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you have any children under 19 (or 24 if a full time student) who received more than \$950 in investment income?
<input type="checkbox"/>	<input type="checkbox"/>	4 Are all your dependents either US residents or citizens?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you provide over half of the support for someone you aren't claiming as a dependent?
<input type="checkbox"/>	<input type="checkbox"/>	6 Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
<input type="checkbox"/>	<input type="checkbox"/>	7 Were either you or your spouse in the military or National Guard?
<input type="checkbox"/>	<input type="checkbox"/>	8 Did you purchase or sell your principal residence?
<input type="checkbox"/>	<input type="checkbox"/>	9 Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
<input type="checkbox"/>	<input type="checkbox"/>	10 Were there any changes to a prior year's income, deductions, or credits?
<input type="checkbox"/>	<input type="checkbox"/>	11 Did you make gifts of more than \$13,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>	12 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2012?
<input type="checkbox"/>	<input type="checkbox"/>	13 Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	14 Did you have a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?
<input type="checkbox"/>	<input type="checkbox"/>	15 Do you want to e-file your return?
		16 If you are due a refund, how do you want to receive it?
		<input type="checkbox"/> Check sent to you in the mail
		<input type="checkbox"/> Western Union® Reloadable MoneyWise™ Prepaid MasterCard®
		<input type="checkbox"/> Apply to next year's estimates
		<input type="checkbox"/> Other quick refund via a bank product
		<input type="checkbox"/> Direct deposit (please provide a voided blank check)      Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
		If you owe taxes, how do you want to pay them?
		<input type="checkbox"/> Paper check sent with my return
		<input type="checkbox"/> Credit card <input type="checkbox"/> Installment Agreement
		<input type="checkbox"/> Direct debit from my bank account (please provide a voided blank check)      Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

**Income**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	17 Did you have an interest in or signature authority over a financial account in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	18 Were you the grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	19 Did you receive income from a foreign source or pay taxes to a foreign government?
<input type="checkbox"/>	<input type="checkbox"/>	20 Did you barter your services for goods or services from someone else?
<input type="checkbox"/>	<input type="checkbox"/>	21 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
<input type="checkbox"/>	<input type="checkbox"/>	22 Did you make a loan to someone at an interest rate below market rate?
<input type="checkbox"/>	<input type="checkbox"/>	23 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
<input type="checkbox"/>	<input type="checkbox"/>	24 Did you cash in any U.S. savings bonds?
<input type="checkbox"/>	<input type="checkbox"/>	25 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
<input type="checkbox"/>	<input type="checkbox"/>	26 Did you itemize your deductions in a previous year and receive a state or local refund, or a refund of any other deduction you itemized, in 2012? (If yes, attach Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	27 Did you receive disability income?
<input type="checkbox"/>	<input type="checkbox"/>	28 Do you have gambling winnings? (If yes, be sure to include in gambling expenses)
<input type="checkbox"/>	<input type="checkbox"/>	29 Did you receive any unemployment benefits?
<input type="checkbox"/>	<input type="checkbox"/>	30 During 2012, did you receive payments from a Long-Term Care insurance contract?
<input type="checkbox"/>	<input type="checkbox"/>	31 Did you receive employer-provided adoption benefits for a previous year?
<input type="checkbox"/>	<input type="checkbox"/>	32 Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)
<input type="checkbox"/>	<input type="checkbox"/>	33 Did you "roll over" a retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	34 Did you receive Social Security benefits?

**Questions (Cont.)**

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

- | Yes                      | No                       |                                                                                         |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>35</b> Did you convert a traditional IRA to a Roth IRA?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>36</b> Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>37</b> Do you have any short sales, commodity sales, or straddles?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>38</b> Did you receive Form 2439?                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>39</b> Did you buy or sell any bonds?                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>40</b> Did you receive stock from a stock bonus plan with your employer?             |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>41</b> Did you sell any other personal assets at a gain?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>42</b> Did you sell any real estate (other than your home) during the year?          |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>43</b> Did you sell any assets using the installment method?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>44</b> Did you receive proceeds from a prior year installment sale?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>45</b> Did you purchase a rental property?                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>46</b> Did you exchange any property for other property?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>47</b> Did you receive any income not reported in this Organizer?                    |

**Business and Rental Property Income**

- | Yes                      | No                       |                                                                                     |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>48</b> If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>49</b> Did you start or acquire a new business?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>50</b> Did you sell any part of an existing business, or sell business assets?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>51</b> Did you cease operating any business or rental property?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>52</b> Did you remove any of your business assets for personal use?              |

**Business and Rental Property Deductions**

- | Yes                      | No                       |                                                                                                               |
|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>53</b> Did you use part of your home for business purposes?                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>54</b> Did you make any contributions to a Keogh or a self-employed SEP plan for 2012?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>55</b> Do you pay for any health or long term care insurance through your business?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>56</b> If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>57</b> Did you purchase any furniture or equipment for your business?                                      |

**Other Deductions**

- | Yes                      | No                       |                                                                                                                          |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>58</b> Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2012?          |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>59</b> Did you make any contributions to HSA (Health Savings Account) in 2012?                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>60</b> Did you use your car on the job (other than to and from work)?                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>61</b> Did you work out of town for part of the year?                                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>62</b> Did you incur any travel and entertainment expenses for business purposes?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>63</b> Did you pay expenses for the care of your child or other dependent so you could work?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>64</b> Did you lose property or have damage to a property due to a casualty, theft, or condemnation?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>65</b> Did any security become worthless during 2012?                                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>66</b> Did any debts become uncollectible during 2012?                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>67</b> Did you purchase a 'clean fuel' or electric hybrid vehicle in 2012?                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>68</b> Did you contribute less than an entire interest in any property to charity?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>69</b> Did you refinance a mortgage or take out a home equity loan during 2012?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>70</b> Did you incur moving expenses during the year due to a change of employment?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>71</b> Did you pay any educational tuition or fees for you or a dependent?                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>72</b> Did you pay any student loan interest?                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>73</b> Did you make any federal or state estimated payments?                                                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>74</b> Did you have a certain trade or business from which you figured your domestic production activities deduction? |







Name \_\_\_\_\_

SSN \_\_\_\_\_

## Wages and Retirement Income

### W-2 Information

Enter "X"  
if spouse

W-2	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1 .....				
<input type="checkbox"/>	2 .....				
<input type="checkbox"/>	3 .....				
<input type="checkbox"/>	4 .....				
<input type="checkbox"/>	5 .....				
<input type="checkbox"/>	6 .....				
<input type="checkbox"/>	7 .....				
<input type="checkbox"/>	8 .....				
<input type="checkbox"/>	9 .....				
<input type="checkbox"/>	10 .....				
<input type="checkbox"/>	11 .....				
<input type="checkbox"/>	12 .....				
<input type="checkbox"/>	13 .....				
<input type="checkbox"/>	14 .....				
<input type="checkbox"/>	15 .....				

### 1099-R Information

	Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 14 State Distribution	Box 12 State Income Tax Withheld
<input type="checkbox"/>	1 .....				
<input type="checkbox"/>	2 .....				
<input type="checkbox"/>	3 .....				
<input type="checkbox"/>	4 .....				
<input type="checkbox"/>	5 .....				
<input type="checkbox"/>	6 .....				
<input type="checkbox"/>	7 .....				
<input type="checkbox"/>	8 .....				
<input type="checkbox"/>	9 .....				
<input type="checkbox"/>	10 .....				
<input type="checkbox"/>	11 .....				
<input type="checkbox"/>	12 .....				
<input type="checkbox"/>	13 .....				
<input type="checkbox"/>	14 .....				
<input type="checkbox"/>	15 .....				

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

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

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	1					
<input type="checkbox"/>	2	.....	2					
<input type="checkbox"/>	3	.....	3					
<input type="checkbox"/>	4	.....	4					
<input type="checkbox"/>	5	.....	5					
<input type="checkbox"/>	6	.....	6					
<input type="checkbox"/>	7	.....	7					
<input type="checkbox"/>	8	.....	8					
<input type="checkbox"/>	9	.....	9					
<input type="checkbox"/>	10	.....	10					
<input type="checkbox"/>	11	.....	11					
<input type="checkbox"/>	12	.....	12					
<input type="checkbox"/>	13	.....	13					
<input type="checkbox"/>	14	.....	14					
<input type="checkbox"/>	15	.....	15					
<input type="checkbox"/>	16	.....	16					
<input type="checkbox"/>	17	.....	17					
<input type="checkbox"/>	18	.....	18					
<input type="checkbox"/>	19	.....	19					
<input type="checkbox"/>	20	.....	20					

**Dividend Income**

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

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Ordinary Dividends		Qualified Dividends		Capital Gains	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	1					
<input type="checkbox"/>	2	.....	2					
<input type="checkbox"/>	3	.....	3					
<input type="checkbox"/>	4	.....	4					
<input type="checkbox"/>	5	.....	5					
<input type="checkbox"/>	6	.....	6					
<input type="checkbox"/>	7	.....	7					
<input type="checkbox"/>	8	.....	8					
<input type="checkbox"/>	9	.....	9					
<input type="checkbox"/>	10	.....	10					
<input type="checkbox"/>	11	.....	11					
<input type="checkbox"/>	12	.....	12					
<input type="checkbox"/>	13	.....	13					
<input type="checkbox"/>	14	.....	14					
<input type="checkbox"/>	15	.....	15					
<input type="checkbox"/>	16	.....	16					
<input type="checkbox"/>	17	.....	17					
<input type="checkbox"/>	18	.....	18					
<input type="checkbox"/>	19	.....	19					
<input type="checkbox"/>	20	.....	20					

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box:  Filer  Spouse

#### General Information

- 1 Employer Identification Number \_\_\_\_\_ (do not enter Social Security Number)
- 2 Principal business or profession \_\_\_\_\_
- 3 Business name . . . . . \_\_\_\_\_
- 4 Business address . . . . . \_\_\_\_\_
- 5 City . . . . . \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### General Check Boxes (Enter "X" where applicable)

- 6 Accounting Method . . . . .  Cash  Accrual  Other - (Specify) \_\_\_\_\_
- 7 Did you "materially participate" in this business?  Yes  No
- 8 Check ('X') if you started or acquired this business in 2012.
- 9 Did you make any payments in 2012 that would require you to file Form(s) 1099?  Yes  No

#### Business Income

\* Report statutory income as W-2 income.

		Current Year Amount	Prior Year Amount
10	Income reported on 1099 MISC . . . . .		
	Gross receipts or sales not reported on Form 1099 or Form W-2		
11	_____		
12	_____		
13	_____		
14	_____		
15	Returns and allowances . . . . .		
16	Other income . . . . .		

#### Inventory (Enter "X" where applicable)

- 17 Method(s) used to value closing inventory . . .  Cost  Lower of cost or market  Other
- 18 Any change in determining quantities, costs, or valuations between opening and closing inventory?  Yes  No

		Current Year Amount	Prior Year Amount
19	Inventory at the beginning of year . . . . .		
20	Purchases less cost of items withdrawn for personal use . . . . .		
21	Cost of labor . . . . .		
22	Materials and supplies . . . . .		
23	Other Costs . . . . .		
24	Inventory at end of year . . . . .		

#### Assets Placed in Service This Year

Description:

		Date Placed In Service	Purchase Amount
A	_____		
B	_____		
C	_____		
D	_____		
E	_____		
F	_____		
G	_____		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Self-Employed Business Expenses Cont. (Schedule C)**

Expenses		Current Year Amount	Prior Year Amount
25	Advertising . . . . .	25	
26	Contract labor . . . . .	26	
27	Commissions and fees . . . . .	27	
28	Depletion . . . . .	28	
29	Employee benefit programs (other than on line 35) . . . . .	29	
30	Insurance (other than health) . . . . .	30	

**Interest:**

31	Mortgage (paid to banks, etc.) . . . . .	31	
32	Other . . . . .	32	

33	Legal and professional services . . . . .	33	
34	Office expense . . . . .	34	
35	Pension and profit-sharing plans . . . . .	35	

**Rent or Lease:**

36	Machinery rental or lease . . . . .	36	
37	Equipment rental or lease . . . . .	37	
38	.....	38	
39	.....	39	
40	.....	40	
	Other business property rental or lease		
41	.....	41	
42	.....	42	
43	.....	43	

44	Repairs and maintenance . . . . .	44	
45	Supplies (not included in inventory cost of goods sold) . . . . .	45	
46	Taxes and licenses . . . . .	46	

**Travel, Meals, and Entertainment:**

Travel

47	.....	47	
48	.....	48	
49	.....	49	
50	.....	50	

Meals and entertainment

51	Enter "X" in the box if subject to DOT hours of service limits . . . . .	51	<input type="checkbox"/>	<input type="checkbox"/>
52	.....	52		
53	.....	53		
54	.....	54		
55	.....	55		

56	Utilities . . . . .	56	
57	Wages . . . . .	57	

**Other Expenses**

58	.....	58	
59	.....	59	
60	.....	60	
61	.....	61	
62	.....	62	
63	.....	63	
64	.....	64	
65	.....	65	
66	.....	66	

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Vehicle Information (Schedule C)**

**Vehicle 1 -**

**Vehicle 2 -**

	<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle . . . . . 2				
3 Total miles driven for the year . . . . . 3				
4 Business miles driven during the year . . 4				
5 Commuting miles included on line 3 . . . 5				
6 Parking fees and tolls . . . . . 6				
7 Vehicle Interest . . . . . 7				
8 Vehicle Personal Property tax . . . . . 8				

**Actual Expenses**

9 Gasoline, oil and repairs . . . . . 9				
10 Vehicle Insurance . . . . . 10				
11 Vehicle registration fees . . . . . 11				
12 Vehicle lease or rental . . . . . 12				
13 ----- 13				

**Vehicle 3 -**

**Vehicle 4 -**

	<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle . . . . . 2				
3 Total miles driven for the year . . . . . 3				
4 Business miles driven during the year . . 4				
5 Commuting miles included on line 3 . . . 5				
6 Parking fees and tolls . . . . . 6				
7 Vehicle Interest . . . . . 7				
8 Vehicle Personal Property tax . . . . . 8				

**Actual Expenses**

9 Gasoline, oil and repairs . . . . . 9				
10 Vehicle Insurance . . . . . 10				
11 Vehicle registration fees . . . . . 11				
12 Vehicle lease or rental . . . . . 12				
13 ----- 13				



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Real Estate Rentals and Royalties

Property Description .....  
Address .....  
City ..... State ..... Zip .....

	Current Year Info	Prior Year Info
1 Owner of property (Enter Filer, Spouse, or Joint) . . . . . 1		
2 Enter "X" if you actively participated? . . . . . 2	<input type="checkbox"/>	<input type="checkbox"/>
3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? . . . . . 3	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a</b> If entered ("X"), enter the number of days of personal use? . . . . . 3a	<input type="text"/>	<input type="text"/>
<b>3b</b> If entered ("X"), enter the number of days rented? . . . . . 3b	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
4 Royalty received . . . . . 4		
5 Rent received . . . . . 5		
<b>a</b> If rental real estate, enter the percent of ownership if less than 100% . . . . . 5a		
<b>b</b> Rental use percentage for property used partially for personal use only . . . . . 5b		
6 Other Income . . . . . 6		

Property Expense	Current Year Amounts	Prior Year Amounts
7 Advertising . . . . . 7		
8 Cleaning and maintenance . . . . . 8		
9 Commissions . . . . . 9		
10 Insurance . . . . . 10		
11 Legal and other professional fees . . . . . 11		
12 Management fees . . . . . 12		
13 <b>a</b> Qualified mortgage interest paid to banks, etc. . . . . 13a		
<b>b</b> Other mortgage interest paid to banks, etc. . . . . 13b		
14 Other interest . . . . . 14		
15 Repairs . . . . . 15		
16 Supplies . . . . . 16		
17 <b>a</b> Real estate taxes . . . . . 17a		
<b>b</b> Other Taxes . . . . . 17b		
18 Utilities . . . . . 18		

### Assets Placed in Service This Year

Description:	Date Placed In Service	Purchase Amount
A .....	A	
B .....	B	
C .....	C	
D .....	D	
E .....	E	
F .....	F	
G .....	G	

Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

### Other Expenses (Schedule E)

#### Other Expense

19 .....

20 .....

21 .....

22 .....

23 .....

24 .....

25 .....

26 .....

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

#### Travel Expenses

27 .....

28 .....

29 .....

30 .....

31 .....

32 .....

33 .....

34 .....

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

#### Meals and Entertainment Expense

35 .....

36 .....

37 .....

38 .....

39 .....

40 .....

41 .....

42 .....

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Name \_\_\_\_\_

SSN \_\_\_\_\_

### K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Entity Name
1	.....
2	.....
3	.....
4	.....
5	.....
6	.....
7	.....
8	.....
9	.....
10	.....
11	.....
12	.....
13	.....
14	.....
15	.....
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34	.....
35	.....
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37	.....
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40	.....
41	.....
42	.....
43	.....
44	.....
45	.....
46	.....
47	.....
48	.....
49	.....
50	.....

Enter "S" if K1 (1120S)
Enter "P" if K1 (1065)
Enter "E" if K1 (1041)

		Unreimbursed Partnership Exp. Current Year
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
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	45	
	46	
	47	
	48	
	49	
	50	

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Social Security and Railroad Retirement

**Filer**

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 1
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 2
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 3
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 4
- 5 Enter the total amount of Medicare B Premiums withheld. . . . . 5
- 6 Enter the total amount of Medicare D Premiums withheld. . . . . 6

Current Year Amount	Prior Year Amount

**Spouse**

- 7 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 7
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 8
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 9
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 10
- 11 Enter the total amount of Medicare B Premiums withheld. . . . . 11
- 12 Enter the total amount of Medicare D Premiums withheld. . . . . 12


Name \_\_\_\_\_

SSN \_\_\_\_\_

**Miscellaneous Income**

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Refund from state . . . . .			1	
2	Unemployment compensation . . . . .			2	
3	Prizes and awards . . . . .			3	
4	Scholarships and fellowships . . . . .			4	
5	Bartering income . . . . .			5	
6	Fees received for jury duty . . . . .			6	
7	Income from rental of personal property, if not in the business of renting such property . . . . .			7	
8	Precinct election board duty . . . . .			8	
9	Alaska Permanent Fund Dividends . . . . .			9	
10	Net operating loss carryover (negative no.) . . . . .			10	
11	Canceled debts . . . . .			11	
12	-----			12	
13	-----			13	
14	-----			14	
15	Other income not provided for in this Organizer			15	

**Adjustments to Income**

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J			Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Educator expenses . . . . .		
<input type="checkbox"/>	2	Student loan interest . . . . .		
<input type="checkbox"/>	3	Health Savings account deduction . . . . .		
<input type="checkbox"/>	4	Moving expenses . . . . .		
<input type="checkbox"/>	5	Self-employed SEP, SIMPLE, or other qualified plans . . . . .		
<input type="checkbox"/>	6	Penalty on early withdrawal of savings . . . . .		
<input type="checkbox"/>	7	Tuition and fees . . . . .		

**Other Adjustments to Income**

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J			Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Performing-arts-related expenses . . . . .		
<input type="checkbox"/>	2	Foreign housing deduction . . . . .		
<input type="checkbox"/>	3	Jury duty pay given to your employer . . . . .		
<input type="checkbox"/>	4	Reforestation amortization . . . . .		
<input type="checkbox"/>	5	Repayment of sub-pay under the Trade Act of 1974 . . . . .		
<input type="checkbox"/>	6	Contributions to Section 501(c)(18)(D) pension plans . . . . .		
<input type="checkbox"/>	7	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions. . . . .		
<input type="checkbox"/>	8	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the the amount of the award includible in your gross income . . . . .		
<input type="checkbox"/>	9	Employee business expenses of fee-basis state or local government officials . . . . .		
<input type="checkbox"/>	10	Expenses from the rental of personal property but were not in the business of renting such property . . . . .		
<input type="checkbox"/>	11	Contributions by chaplains to section 403(b) plans . . . . .		
<input type="checkbox"/>	12	Archer MSA deduction . . . . .		
<input type="checkbox"/>	13	-----		
<input type="checkbox"/>	14	-----		

Name \_\_\_\_\_

SSN \_\_\_\_\_

### IRA and Other Contribution Information

#### Traditional IRA Contributions

**Filer**

- 1 Enter total traditional IRA contributions made for 2012 . . . . . 1
- 2 Enter contributions, on line 1, made after 12/31/2012 and before 04/15/2013 . . . . . 2
- 3 Enter value of all traditional IRAs as of 12/31/2012 . . . . . 3

Current Year Amount	Prior Year Amount

**Spouse**

- 4 Enter total traditional IRA contributions made for 2012 . . . . . 4
- 5 Enter contributions, on line 4, made after 12/31/2012 and before 04/15/2013 . . . . . 5
- 6 Enter value of all traditional IRAs on 12/31/2012 . . . . . 6


#### Roth IRA Contributions

**Filer**

- 1 Enter 2012 Roth IRA contributions . . . . . 1
- 2 Enter value of all Roth IRAs on 12/31/2012 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2012 Roth IRA contributions . . . . . 3
- 4 Enter value of all Roth IRAs on 12/31/2012 . . . . . 4


#### SIMPLE IRA

**Filer**

- 1 Enter value of all SIMPLE IRAs on 12/31/2012 . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Enter value of all SIMPLE IRAs on 12/31/2012 . . . . . 2

--	--

#### Education (Coverdell ESA)

**Filer**

- 1 Enter 2012 Coverdell ESA contributions . . . . . 1
- 2 Enter value of the Coverdell ESA on 12/31/2012 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2012 Coverdell ESA contributions . . . . . 3
- 4 Enter value of the Coverdell ESA on 12/31/2012 . . . . . 4








Name \_\_\_\_\_

SSN \_\_\_\_\_

**Unreimbursed Employee Expenses - Itemized Deductions**

Current Year Amount	Prior Year Amount
---------------------	-------------------

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

57	Union dues . . . . .	57		
58	Professional journals and subscriptions . . . . .	58		
59	Uniform and protective clothing costs and cleaning . . . . .	59		
60	Job search costs (resumes, travel, postage, etc.) . . . . .	60		
61	.....	61		
62	.....	62		
63	.....	63		
64	.....	64		
65	.....	65		
66	.....	66		
67	.....	67		

**Certain Miscellaneous Deductions - Itemized Deductions**

If investment related enter "X"

Current Year Amount	Prior Year Amount
---------------------	-------------------

68	Tax preparation fees . . . . .	68		
69	Certain attorney and accounting fees . . . . .	69		
70	Safe deposit box rental . . . . .	70		
71	IRA Custodial fees . . . . .	71		
72	Investment counsel and advisory fees . . . . .	72		
73	Losses on deposits in insolvent or bankrupt financial institutions . . . . .	73		
74	Convenience fees paid with credit or debit card for federal taxes in 2012	74		
75	.....	75		
76	.....	76		
77	.....	77		
78	.....	78		
79	.....	79		
80	.....	80		
81	.....	81		
82	.....	82		
83	.....	83		
84	.....	84		
85	.....	85		
86	.....	86		

**Other Miscellaneous Deductions**

87	Federal estate tax on income in respect of a decedent . . . . .	87		
88	Amortizable bond premiums on bonds acquired before 10/23/86 . . . . .	88		
89	Gambling losses (if gambling income) . . . . .	89		
90	Repayment of income . . . . .	90		
91	From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction . . . . .	91		
92	Certain unrecovered investment in a pension . . . . .	92		
93	.....	93		
94	.....	94		
95	.....	95		
96	.....	96		
97	.....	97		
98	.....	98		
99	.....	99		







Name \_\_\_\_\_

SSN \_\_\_\_\_

### Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited . . . . . **1** \_\_\_\_\_
- 2 Amount of dependent care expenses incurred in 2011 and paid in 2012 . . . . . **2** \_\_\_\_\_

**Note:** Enter qualified expenses for dependents on the Organizer dependent sheet.

### Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2012
<b>3</b>	_____	_____	_____	_____	_____
<b>4</b>	_____	_____	_____	_____	_____
<b>5</b>	_____	_____	_____	_____	_____

### Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2012
<b>6</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>7</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>8</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>9</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>10</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		