2012

Organizer

for your income tax return information

Table of Contents for 2012 Domestic Organizer

Miscellaneous Questions

**For all information in the Organizer, please indicate the type of currency if not U.S. dollars.
If we do not have copies of your Federal, State, City and Foreign income tax returns for 2009, 2010 and 2011, please include them with this Organizer.**

Indicate **X** if:

1. You would like to have any overpayment of federal tax refunded . . . . ____

2. You would like to have any overpayment of federal tax applied to your 2013 estimated tax . . ____

3. During 2012, you received any notices or settled any examinations concerning your prior years' Federal, State, Local, or Foreign tax returns. **If so, attach copies of notices** . . . . . . ____

4. You or your spouse made any gifts (not charitable contributions) in excess of $13,000 to any one donee during the year. If so, provide details on a continuation sheet . . . . ____

5. You or your spouse made any gifts to a trust for any amount . . . . ____
If so, provide a copy of the trust instrument and provide details on a continuation sheet.

6. You received grants of stock options from your employer or disposed of any stock acquired under a qualified employee stock purchase plan . . . . ____
If so, provide details on a continuation sheet and copies of documentation.

7. You exercised any stock options during 2012. If so, provide details on a continuation sheet . . ____

8. You disposed of any corporate bonds for which you paid other than the principal amount (i.e., discount or premium). If so, provide details on a continuation sheet . . . . ____

9. You loaned money for an interest rate less than the market rate of interest . . . . ____
If so, provide details on a continuation sheet.

10. You received any payments from a pension or profit-sharing plan this year or expect to receive next year . . . . ____
If so, provide details on a continuation sheet and attach statements from the plan.

11. You received a Form 1099-DIV that includes dividends you received as a nominee; that is, in your name, but the dividends actually belong to someone else. . . . . ____

If so, indicate X if a 1099-DIV was prepared to transfer the dividend to the proper recipient and indicate the amount on the **Dividend Income** organizer form . . . . ____

12. You have received K-1s from partnerships, estates and trusts, or S corporations . . . . ____
If so, please attach copies of all K-1 forms received and any other relevant tax information from the entities and identify the K-1's on the **Partnerships, Estates and Trusts, S Corporations** organizer form.

13. You had income from rental property that is not listed elsewhere in this organizer . . . . ____
If so, please provide details of income, expenses, and the acquisition dates and cost of the property and any equipment, furniture, fixtures, and appliances.

14. In 2012, you purchased a new alternative-powered vehicle that was not intended for resale. If so, please provide the certificate of uniformity provided by the manufacturer . . . . ____

15. In 2012, you made extraordinary retail purchases (e.g., vehicle, boat, etc.) . . . . ____
If so, indicate the amount of total sales tax paid for these items on the medical expenses and taxes organizer page.

16. You had a foreign bank account, securities account or signature authority over such an account at any time during 2012. If so, provide details on a continuation sheet . . . . ____

17. You owned any non-bank account assets in foreign countries, including (but not limited to) real estate, commodities, business interests . . . . ____

18. You paid household employee wages of $1,800 or more or withheld federal income tax in 2012. If so, provide details on the **Household Employment Taxes** organizer form, or if new, provide detail on the continuation sheet . . . . ____

19. You sold your **primary** residence this year. If so, please attach copies of closing statements from the original purchase and from this sale . . . . ____

20. You sold your **secondary** residence this year. If so, please attach copies of closing statements from the original purchase and from this sale . . . . ____

21. You moved in connection with your employment in 2012 . . . . ____

Where you moved to . . . . ____________________

When you moved . . . . ________________

If so, attach copies of documentation of expenses incurred related to the relocation (e.g. shipping, travel, lodging, meal expenses, etc). Also provide on a continuation sheet the number of miles from old residence to old work place and to new work place.

22. You refinanced a mortgage during 2012. If so, provide details on a continuation sheet. Attach the closing statements and the term of the new mortgage . . . . ____

23. You incurred any nonbusiness bad debts . . . . ____

If so, provide the following details on a continuation sheet:

- A description of the debt, including the amount and the date it became due,
- The name of the debtor, and any business or family relationship between you and the debtor,
- The efforts you made to collect the debt, and
- Why you decided the debt was worthless.

24. You have written substantiation for all employee business expenses (e.g., travel and entertainment expense) . . . . ____

You should keep the following in a safe place:

- Date, place, and amount of expense
- Actual receipts for expenses in excess of $75
- Name and business affiliation of persons entertained
- Business purpose of expense
- Documentation of the business discussed before, during and after the entertainment
- Receipts for hotel, airline, and other travel expense

25. You incurred any casualty or theft losses in 2012 . . . . ____

If so, provide details on a continuation sheet - date of loss, type of property, type of loss, fair market value before and after the loss, the date the property was acquired, and any insurance proceeds received.

26. You used gasoline or special fuels for business purposes other than for a highway vehicle during the year. If so, please include the type of fuel, the number of gallons used, and the business purpose on a continuation sheet . . . . ____

27. You paid mortgage interest on a loan where the proceeds were not used to buy, build or improve your new home. . . . . ____

28. You received a corrective distribution from a deferred compensation plan such as a 401(k) plan. If so, please provide related documents and details . . . . ____

29. You made any out of state purchases and didn't pay a sales tax in your resident state. If so, please enter the details in the state section of the organizer . . . . ____

Taxpayer Information

Personal Information

First name | Initial | Last name | Social Security Number | M/F

_____ _____ _____ _____ _____ **TP** 1

_____ _____ _____ _____ _____ **SP** 2

Street address | Apt. number

_____ _____ 3

_____ 4

City | State | Zip code | County

_____ _____ _____ _____ 5

Foreign Country | Foreign Province | Foreign Zip code

_____ _____ _____ 6

Preferred: | Home/Cell | Business/Cell | Ext | Fax

Taxpayer Telephone . . ( ) _____ ( ) _____ _____ ( ) _____ 7

Spouse Telephone . . . ( ) _____ ( ) _____ _____ ( ) _____ 8

E-Mail Address _____ 9

X if you want your tax return mailed to a different address. (Provide details on a continuation sheet.) _____ 10

X if you authorize taxing authority to discuss return with paid preparer Federal . . _____ State . . _____ 11

X if you don't want state tax forms mailed to you next year . . . . _____ 12

Filing Status - Form 1040 - U.S. Citizen or Resident Alien

Indicate **X** for marital status at 12/31 (1040NR filers use the **Taxpayer Information - Nonresident Alien** form):

Single . . . . _____ 13

Married, filing jointly . . . . _____ 14

Married, filing separately . . . . _____ 15

Head of household (Unmarried and providing more than half the cost of a home for a dependent or unmarried child) . . . . _____ 16

Widow (widower), as of 2010 or later, who maintained a home as the principal place of residence for a dependent child, stepchild, adopted child or foster child . . . . _____ 17

If nonresident alien spouse:

Head of household status and rates, spouse exemption not claimed . . . . _____ 18

Married, filing separately status and rates, spouse exemption claimed . . . . _____ 19

Head of Household

Indicate the name of the qualifying child who is not a dependent _____ 20

Social security number of qualifying child . . . . _____ 21

General

	Taxpayer	Spouse	
Occupation	_____	_____	22
Date of birth	_____	_____	23
Disabilities	Blind _____ Deaf _____	Blind _____ Deaf _____	24
	Other _____	Other _____	25
Contribute to Presidential Campaign Fund	Yes _____ No _____	Yes _____ No _____	26
Date of Death	_____	_____	27

Information for Direct Deposit of Refund

Routing number _____ (should be 9 digits) 28

Account number _____ 29

(Attach a voided check)

If you want to direct your refund to more than one bank account (up to three in total) or to Purchase Savings Bonds with your refund, please indicate such on the continuation sheet.

Account type

Refunds will be deposited into your checking account. If you prefer a savings account deposit, please indicate with an X. . . . . _____ 30

Dependent Information

Dependents

In general, individuals may not be claimed as a dependent, unless:
1) they were a U.S. citizen or a U.S. legal resident, **and**
2) you provided over half of their total support in 2012, **and**
3) they had gross income of less than $3,700, **or**, the individual was your child, or qualifying relative **and**
   a) Your child was under age 19 at the end of 2012, **or**
   b) Your child was under age 24 at the end of 2012 **and** was a student for any 5 mos.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

T/S/J	First name	Last name	Social security number	Date of birth	Dependency relationship son, other, grandchild, etc. (indicate with * if dependent is part of non-custodial agreement)	No. of months lived in your home in 2012, or B = born D = died	Child care expenses incurred and paid in 2012*	
								1
								2
								3
								4
								5
								6

* Provide details on the **Child and Dependent Care Expenses** form, if provided, or on a continuation sheet. Only include expenses incurred prior to dependents 13th birthday.

Organizer | General Information | Dependents | Columnar Dependents Entry

Miscellaneous Information

In this section, taxpayer may refer to your minor child.

Indicate: **X** if taxpayer can be claimed as a dependent on another's return . . . . ____ 7

Organizer | General Information | Basic Return Data | Taxpayer Information

Computation of Tax for Minor Children with Investment Income

This section should be completed for children with investment income who are filing their own return and may be taxed at their parent's effective tax rate. Please attach supporting statement.

Indicate parent's filing status: **A** = Single, **B** = Married, filing jointly, **C** = Married, filing separately, **D** = Head of household, **E** = Qualifying widow(er)

Parent's name

___ ______________________________ 8

If your minor child has siblings who are also under age 18 (under 24 if a full-time student) at the end of 2012 and have unearned income, enter their names below. If we are not preparing the siblings returns, then also please provide their 2012 unearned income.

		2012 Unearned Income				
First name	Last name	Interest & Ordinary Dividends	[1] Net Capital Gain	Investment Interest Expense	Qualified Dividends	
						9
						10
						11
						12

Organizer | Income | Kid-tax Income | Tax for Children

Parent's Election to Report Child's Interest and Dividends

This section should be completed for children with investment income which may be reported on the parent's return. Please attach supporting statement.

First name	Last name	Interest	Tax-exempt interest	[1] Capital gains	[2] Dividends	
						13
						14
						15
						16

[1] Please indicate amount of both short-term and long-term (including capital gain distribution).

[2] Please indicate amount of qualified and non-qualified dividends.

Organizer | Income | Kid-tax Income | Child's Int. & Div.

Employee Compensation and Withholding

Wages and Salaries

Please enclose all copies of 2012 Forms W-2. Enter payments of 2012 estimated tax on the **Payments of 2012 Federal, State & City Estimated Tax** organizer.

Indicate: **T** = Taxpayer, **S** = Spouse

T/S	Employer's name / Name of state	Box 1 Wages and Salaries	Box 2 Federal income tax withheld	Box 4 Social Security tax withheld	Box 6 Medicare tax withheld	Box 17 State tax withheld Name state*:	Box 19 City tax withheld Name state*:	
								1
								2
								3
								4
								5
								6
								7
								8
								9
								10
	Total (Lines 1-10)							T

Organizer | Income | Wages and Salaries | Columnar Wages Entry

*if more than one state/city please list under "Other Federal, State and City Tax Withholdings" section below

Other Wage Information

Other Federal, State and City Tax Withholdings

Do not duplicate elsewhere. Enter payments of 2012 estimated tax on the **Payments of 2012 Federal, State & City Estimated Tax** organizer. Enter state and local income tax refunds on the **Miscellaneous Income** organizer.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

T/S/J	Description	Federal	State	City/Local	Name of state	
						11
						12
						13
						14
	Total (Lines 11-14)					T

Other W-2 Information

	Taxpayer	Spouse	
If your employer provided any other economic benefit not reported excluding company provided fringe benefits, indicate the total amount			15

If any of the following income items were received, provide details on a continuation sheet:

- tip income
- reimbursements in excess of expenses
- professional fees
- personal use of company automobile
- discriminatory medical payments

Organizer | Income | Wages and Salaries | Other Wage Withholding & Misc.

Interest Income - 1099-INT

List all interest received per Forms 1099-INT or other information statements you received. Enter any early withdrawal penalties on the next page.
Please enclose copies of all 1099-INT's, Schedules K-1, and other documents indicating interest received.

- Include supplemental information provided by the broker for determining any modifications for state income tax purposes.
- Include interest credited to your savings accounts during the year as of Dec. 31.
- Include interest credited annually on dividends left on deposit with a life insurance company.
- **Do not** list interest from Schedule K-1.
- If you've entered an amount in the Foreign Taxes Paid column, please enter foreign source income below and foreign country on a Continuation Sheet.

Interest Income

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint
Enter **"X"** if state withholding is present

T/S/J	X	Name of Payer	Box 1 Interest Income not Included in Box 3	Box 1 PY Amount	Box 3 Interest on U.S. Savings Bonds & Treasury Obligations	Box 4 Federal Income Tax Withheld	Box 5 Investment Expenses	Box 6 Foreign Tax Paid	- Foreign Source Interest Income	Box 8 Tax-exempt Interest	- Nonresident Tax-Exempt Interest	Box 9 Specified Private Activity Bond Interest
		Total interest										

Interest Income - Other

Seller-Financed Mortgage Interest

		2012 amount	PY amount	
__	Buyer's name			1
	Buyer's address ______ SSN			2
__	Buyer's name			3
	Buyer's address ______ SSN			4

Organizer | Income | Interest Income | Seller Financed Mortgage | Tax Exempt Interest

Other Interest

		2012 amount	PY amount	
__	Interest received on Federal tax refunds			5
__	Interest received on State tax refunds (list total for all State refunds)			6
	List state names included in total			
__	Interest received as a nominee			7
__	Interest accrued to buy bonds			8
__	Accrued Market Discount			9
	Total interest income (Lines 5-9)			T

Organizer | Income | Interest Income | Interest Adjustments

Original Issue Discount, 1099-OID

Indicate **T** = Taxpayer, **S** = Spouse, **J** = Joint

Enter **"X"** if state withholding is present

T/S/J	X	Name of Payer	Box 1 Original Issue Discount	Box 2 Other Periodic Interest	Box 3 Early Withdrawal Penalty	Box 4 Federal Inc. Tax Withheld	Box 5 Description	Box 6 OID on US Treasury Obligations	Box 7 Investment Expenses

Early Withdrawal Penalty - 1099-INT

Indicate **T** = Taxpayer, **S** = Spouse, **J** = Joint

T/S/J	Name of Payer	Box 2 Amount

Organizer | Income | Interest Income

Dividend Income - 1099-DIV

List all dividends received by you or for your account.

Please enclose copies of all 1099-DIV's, Schedules K-1, and other documents indicating dividends received.

- Include dividends left with a company to be reinvested in the company's stock.
- Do **not** include Credit Union Dividends here. They should be included on the **Interest Income - 1099-INT** organizer.
- Do **not** include dividends received as a return of premiums from mutual insurance companies.
- Do **not** list dividends from Schedules K-1.
- If you've entered an amount in the Foreign Taxes Paid column, please enter foreign country and break out foreign qualified dividends on a Continuation Sheet.

Dividends

Indicate: **T** = Taxpayer, **S = Spouse,** **J** = Joint

Enter **"X"** if state withholding is present

T/S/J	X	Name of Payer	Box 1a Ordinary Dividends	Box 1a PY Amount	Box 1b Qualified Dividends	Box 2a Capital Gain distribution	- U.S. Gov't Interest incl. in dividends	Box 2b Unrecap. sec. 1250 gain	Box 2c Sec. 1202 gain	Box 3 Non-taxable distribution	- Exempt-interest dividends	Box 4 Federal Tax Withheld	Box 5 Investment expenses	Box 6 Foreign Tax Paid	- Foreign Source Dividend Income
		Total dividends													

Schedule C - Profit or Loss from Business or Profession

Activity Information

Indicate: **T** = Taxpayer, **S** = Spouse, **J**= Joint . . . . ____ 1
Business name . . . . ________ 2
Street . . . . ________ 3
City, state, zip, country . . . . ________ 4
Principal business/profession ________ 5
________ Employer identification number ________ Tax shelter ID number ________ Tax shelter registration number 6

Accounting Method

Indicate method of accounting: **A** = Accrual, **O** = Other, **Blank** = Cash, **B** = Leave unanswered . . . . . ____ 7
If other (specify) ________ 8

Inventory Valuation

Indicate method of inventory valuation: (If "other", please provide explanation on a continuation sheet.)
C = Cost, **L** = Lower of cost or market, **O** = Other, **D** = Not applicable . . . . ____ 9
X if there was any change in determining quantities, cost, or valuation of inventories . . . . ____ 10

Miscellaneous Information

Indicate **X** if this business was started or acquired during 2012 . . . . ____ 11
Indicate **X** if you received earnings as a statutory employee . . . . ____ 12
Indicate **X** if the business was disposed of in 2012 . . . . ____ 13
Indicate **X** if the business was ever audited by IRS, State, or Foreign Tax Authority . . . . ____ 14
Year of audit . . . . ____ 15

	2012 amount	PY amount	
Self-employed health insurance premium payments you made during 2012 . .			16

Organizer | Income | Business Income | *Business Name* | Business Information | Sch. C Activity Information

Income

Gross Receipts or Sales

	2012 amount	PY amount	
			17
			18
Total gross receipts or sales (Lines 17-18)			T
Sales returns & allowances			19

Cost of Goods Sold and/or Operations

	2012 amount	PY amount	
Inventory at beginning of year			20
Purchases less cost of items withdrawn for personal use			21
Cost of labor			22
Materials and supplies			23
Other costs related to inventory			
			24
			25
Inventory at end of year			26
Total cost of goods sold and/or operations (Lines 20-26)			T

Reimbursements

	2012 amount	PY amount	
Meals and Entertainment			27
Other reimbursements			28

Other Income

	2012 amount	PY amount	
			29
			30
Total other income (Lines 29-30)			T
Portfolio Income			31

Organizer | Income | Business Income | *Business Name* | Business Information | Income/Expenses

Schedule C - Profit or Loss from Business or Profession

Business name:

Expenses

	2012 amount	PY amount	
Advertising			32
Car and truck expenses (Do not duplicate expenses listed on the vehicle business expense schedule page)			33
Commissions and fees			34
Contract Labor			35
Employee benefit programs			36
Insurance (other than health insurance)			37
Mortgage interest paid to financial institutions			38

If amount is entered, please attach details and required bank documents.

	2012 amount	PY amount	
Other interest			39
Legal and professional services			40
Office expenses (postage, etc.)			41
Pension and profit-sharing plans			42
Machinery and equipment rent			43
Other business property rent			44
Repairs and maintenance			45
Supplies			46
Taxes and licenses			47
Travel			48
Meals & Entertainment & Overnight Meals (gross amount subject to limitation)			49
Utilities			50
Wages (gross)			51
Total expenses (Lines 32-51)			

Indicate **X** if you were subject to the Department of Transportation hours of service limits . . . . ____ 52

Other Expenses

	2012 amount	PY amount	
Local transportation including train, cabs, bus, etc.			53
Overnight travel expense (lodging, car rental, taxi, etc. **excluding meals)**			54
Telephone			55
Professional dues			56
Stationery, postage			57
Professional magazines, journals			58

Other expenses (e.g. uniforms required as condition of employment)

	2012 amount	PY amount	
			59
			60
			61
			62
			63
Total (Lines 53-63)			T

Domestic Production Deduction - Sec. 199

The primary source of your revenue in this business is in one of the following activities:

1) Disposition of property manufactured, produced, grown or extracted in the U.S. . . . . ____ 64
2) Construction of real property in the U.S. . . . . ____ 65
3) Engineering and architectural services performed in the U.S. with respect to real property . . . . ____ 66

Schedule C - Profit or Loss from Business or Profession

Business name:

Depreciation and Amortization

Enter all property and equipment used in your business or profession. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price. Please indicate in the notes section if you would like to elect Section 179 expense for a particular asset placed in service in 2012. For vehicle expenses, make your entries on the **Business Expense Schedule and Form 2106** page, and indicate Schedule C on the property type code.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
						1
						2
						3
						4
						5
						6
						7
						8
Total (Lines 1-8)						T

New Clients: For assets placed in service prior to 1/1/2012, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this business, provide details (description, date purchased, cost, life, etc.) below:

____________________ 9

____________________ 10

____________________ 11

____________________ 12

Notes:

Retirement Distributions

Retirement Distributions

Indicate: **T** = Taxpayer, **S** = Spouse

Please attach all Forms 1099R

	2012 amount	PY amount	
___ Name of payer ______________________			1
Box 1 - Gross distribution (Mandatory)	______	[shaded]	2
Box 2a - Taxable amount	______	[shaded]	3
Box 2b - Indicate X if taxable amount not determined	___		4
Indicate X if total distribution	___		5
Box 3 - Capital gain	______		6
Box 4 - Federal income tax withheld	______		7
Box 7 - Distribution code(s) (Mandatory)	___		8
Box 7 - Indicate X if from IRA/SEP/SIMPLE	___		9
Box 9a - Percentage of total distribution	______		10
Box 9b - Total employee contributions	______		11
Box 10 - State tax withheld ______ State name	______		12
Box 13 - Local tax withheld ______ Locality name	______		13
Indicate X if entire distribution was converted to a Roth IRA	___		14
Indicate X if entire distribution was rolled over	___		15
Indicate X if this is an inherited IRA	___		16
Indicate X if this distribution was used to pay qualified first-time homebuyer expenses, qualified medical or higher education expenses	___		17
If partial rollover, enter amount of distribution rolled over	______	[shaded]	18
If partial conversion to Roth IRA, enter amount converted	______		19
Amount subject to 10% penalty tax (Override)	______		20

Organizer| Income| Retirement Distributions | 1099-R

Partly Taxable Pension/Annuity using Simplified Method or General Rule (For Preparer Use Only)

Pension/Annuity Type (A=Regular, B=Section 101(d), C=Section 101(d) with surviving spouse exclusion)	___		21
Cost in the plan (if different than box 9b amount)	______		22
Amounts previously recovered tax free in PY for post 1986 annuities	______		23
Simplified Method			
Indicate X to use Simplified Method (default to General Rule)	___		24
Annuity starting date (Required)	______		25
Indicate X if annuity start date after 12/31/1997 and payments are for your life and that of beneficiary	___		26
Elect to skip line 3 of worksheet and enter amount from line 4 of PY worksheet here	______	[shaded]	27
Number of months for which this year's payments were made	___		28
General Rule			
Expected return (if a regular pension or annuity)	______		29
Number of years in which payments are to be received (if section 101d)	___		30
Percent or amount not taxable (50% = .50) (Override)	______		31

Organizer| Income| Retirement Distributions | 1099-R | Partly Taxable Pension/Annuity

Rent and Royalty Income and Expense

Ownership

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint . . . . ____ 1

Activity Information

Kind of property . . . . ____________________ 2

Location of property . . . . ____________________ 3

You disposed of the property in 2012 . . . . ____ 4

Enter percentage of this property that is allocated to another . . . . ____ 5

Type of Property - Activity Type

1 - Single Family Residence	3 - Vacation/short-Term Rental	5 - Land	7 - Self-Rental
2 - Multi-Family Residence	4 - Commercial	6 - Royalties	8 - Other (describe) ____ 6

If Royalty, indicate type:

Royalty other than oil and gas ____ Royal with oil and gas depletion ____ Royalty with no depletion ____ 7

If Rental Real Estate

Indicate **1** if: You materially participated in the operation of the activity during 2012*
Indicate **2** if: You actively participated in the operation of the activity during 2012*
Indicate **3** if: You are a real estate professional
. . . . ____ 8

***Note: Material participation** consists of involvement in the activity on a regular, continuous, and substantial basis. **Active participation** is defined as a taxpayer who must participate in a significant and bona fide sense, such as making management decisions.

Organizer | **Income** | **Rent and Royalty** | *Property Name* | **Rent and Royalty Information** | **Activity Information**

Rent or Royalty Income

(Include 100% of income including amounts attributable to others.)

	2012 amount	PY amount	
Income			9

Rent or Royalty Expense

(Include 100% of expenses including amounts attributable to others.)

	2012 amount	PY amount	
Advertising			10
Auto and travel			11
Cleaning and maintenance			12
Commissions			13
Insurance			14
Legal and other professional fees			15
Management fees			16
Mortgage interest paid to financial institutions . . . . (If an amount is entered, please attach detail.) Do not duplicate elsewhere.			17
Mortgage interest paid to individuals* . . . . (If an amount is entered, please attach detail.) Do not duplicate elsewhere.			18

*If another received Form 1098, enter the recipient's name and address:

____

	2012 amount	PY amount	
Other interest			19
Repairs (enter major improvements on the Asset Detail Organizer)			20
Supplies			21
Taxes			22
Utilities			23
Yard maintenance			24
Other Expenses			
______________________________			25
______________________________			26
______________________________			27
Total expenses (Lines 10-27)			T

Organizer | **Income** | **Rent and Royalty** | *Property Name* | **Rent and Royalty Information** | **Rent/Roy Inc. and Exp.**

Rent and Royalty Income and Expense

Property name:

Depreciation and Amortization

Enter all property and equipment used in your rental activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
						1
						2
						3
						4
						5
						6
						7
						8
Total (Lines 1-8)						T

New Clients: For assets placed in service prior to 1/1/2012, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this property, provide details (description, date purchased, cost, life, etc.) below:

9

10

11

12

Organizer | **Income** | **Rent and Royalty** | *Property Name* | **Depreciation and Amortization** | **Asset Detail**

Notes:

Office-in-Home

Activity name: ______

Property Type Code
A = Form 2106, **C** = Schedule C, **F** = Farm (Sch. F/Form 4835), **R** = Rent/Royalty . . . . ____

Ownership
Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint . . . . ____ 1

Activity Information
Kind of property . . . . ______ 2

Location of property . . . . ______ 3

Business Use
Indicate: Total area ______ Area used exclusively for business . . . . ______ 4

Day-Care Facilities Not Used Exclusively for Business
Indicate the total hours: Used for day-care during the year______ Available for use during the year . . . . ______ 5

Organizer | Income | Business Income | *Business Name* | Office-in-Home
Note: For an office-in-home tied to an entity other than a business, use the navigation cues for that entity.

Office-in-Home Income and Expenses

		2012 amount	PY amount	
Income related to this office-in home (Type: Wages, Sch. C, etc.)		______		6

Please attach an explanation if expenses include amounts incurred when the property was rented.

	2012 *Direct amount	2012 *Indirect amount	PY amounts	
Mortgage interest paid to financial institutions	______	______		7
(Attach detail - Do not duplicate elsewhere)				
Real estate taxes	______	______		8
Casualty loss after insurance reimbursement	______	______		9
Advertising	______	______		10
Auto and travel	______	______		11
Cleaning and maintenance	______	______		12
Commissions	______	______		13
Insurance	______	______		14
Legal and other professional fees	______	______		15
Management fees	______	______		16
Repairs and maintenance	______	______		17
Rent	______	______		18
Supplies	______	______		19
Utilities	______	______		20
Excess mortgage interest (no entry required)				21
Other expenses				
______	______	______		22
______	______	______		23
______	______	______		24
______	______	______		25
______	______	______		26
______	______	______		27
Total expenses (Lines 7-27)	______	______		T

***Direct expenses** benefit only the business part of your home. **Indirect expenses** benefit both the business and personal parts of your home.

Organizer | Income | Business Income | *Business Name* | Office-in-Home | OIH-Inc and Exp
Note: For an office-in-home tied to an entity other than a business, use the navigation cues for that entity.

Vacation Home and Other Rental Properties with Personal and Business Use

Ownership

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint . . . . ____ 1

Activity Information

Kind of property (Mandatory) (House, Timeshare, etc.) ____________________ 2

Location of Property (Including Country) . . . . . . ____________________ 3

Activity Type

Indicate **V** if vacation home or **P** if other personal/business property . . . . ____ 4

Personal/Business Property

Indicate: Total area__________ Area used exclusively for business . . . . __________ 5

Vacation Home

Indicate the total number of days in 2012: Rented at fair market value ____________ Occupied by you or a relative__________ 6

If property is a timeshare, indicate total number of days available . . . . __________ 7

Passive Activity - Vacation Home or Other Personal/Business Property Information

Indicate **X** if you **actively** participated in the operation of the activity during 2012* . . . . ____ 8

Indicate X if you disposed of the property in 2012 . . . . ____ 9

***Note: Active participation** is defined as a taxpayer who must participate in a significant and bona fide sense, such as making management decisions.

Organizer | Income | Vacation Home/Other Rental | *Property Name* **| Vacation/Other Rental Information | Activity Information**

Rental Income

	2012 amount	PY amount	
Income			10

Rental Expenses

Please attach an explanation if expenses include amounts incurred when the property was rented.

	2012 *Direct amount	2012 *Indirect amount	PY amounts	
Mortgage interest paid to financial institutions				11
(Attach detail - Do not duplicate elsewhere)				
Real estate taxes				12
Casualty loss after insurance reimbursement				13
Advertising				14
Auto and travel				15
Cleaning and maintenance				16
Commissions				17
Insurance				18
Legal and other professional fees				19
Management fees				20
Repairs				21
Supplies				22
Utilities				23
Other expenses				
				24
				25
				26
				27
				28
				29
Total expenses (Lines 11-29)				T

***Direct expenses** benefit only the business part of your home. **Indirect expenses** benefit both the business and personal parts of your home.

Organizer | Income | Vacation Home/Other Rental | *Property Name* **| Vacation/Other Rental Information | Vacation Home-Inc and Exp**

Office-in-Home, Vacation Home and Other Rental Properties with Personal and Business Use

Property name:

Depreciation and Amortization

Enter all property and equipment used in your home office, vacation home, or any other rental/personal business property. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
						1
						2
						3
						4
						5
						6
						7
						8
	Total (Lines 1-8)					T

New Clients: For assets placed in service prior to 1/1/2012, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this property, provide details (description, date purchased, cost, life, etc.) below:

_______________ 9

_______________ 10

_______________ 11

_______________ 12

Organizer | Income | Vacation Home/Other Rental | *Property Name* **| Depreciation and Amortization | Asset Detail**

Note: If these are Office-in-Home assets tied to another entity, follow the navigation cues for that entity.

Notes:

Schedule K-1: Partnerships (including Limited Liability Companies), Estates and Trusts, S Corporations

Listed below are all partnerships, estates and trusts and S corporations that were included in your 2011 tax return. Please list any new or additional ones and indicate any that were sold or otherwise disposed of in 2012 and provide details of the sales transaction on a continuation page.

Attach all Schedules K-1 and other supporting documents that you have received, including the amount paid for self-employed health insurance and state information.

Indicate:
T = Taxpayer, **S** = Spouse, **J** = Joint
A = Partnership (Non-PTP), **B** = Estate/Trust, **C** = S Corp., **F** = Publicly Traded Partnership (PTP)
A = You materially participated in the operation of the activity during 2012*
B = Other Passive
C = Portfolio (Interest, Dividends)
D = Rental Real Estate

T/S/J	A/B/C/F	A/B/C/D	Name of Partnership, Estate/Trust, S Corporation, PTP	Indicate **X** if Foreign Partnership	ID number	Indicate **X** if disposed of in 2012	
							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

Self-employed health insurance premium payments you made during 2012 . . . . . ________ 26

***Note: Material participation** consists of involvement in the activity on a regular, continuous, and substantial basis. **Active participation** is defined as a taxpayer who must participate in a significant and bona fide sense, such as making management decisions.

Farm Income and Expense

Ownership

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint . . . . ____ 1

Activity Information

Farm name **(Mandatory)** . . . . ______ 2

Principal product . . . . ______ 3

Employer identification number . . . . ______ 4

Tax shelter registration number . . . . ______ 5

Tax shelter ID number. . . . . ______ 6

Accounting Method

Indicate method of accounting: Blank = Cash, **A** = Accrual, **B** = To leave question unanswered . . . ____ 7

Activity Type

Indicate **A =** Material participation*, **B =** Other passive, **D =** Rental real estate
G = Nonpassive tax shelter, **H =** Passive non-tax shelter . . . . ____ 8

Note: Material participation consists of involvement in the activity on a regular, continuous, and substantial basis.

Miscellaneous Information

Indicate **X** if a farm rental . . . . ____ 9

Indicate **X** if you disposed of the business in 2012 . . . . ____ 10

	2012 amount	PY amount	
Self-employed health insurance premium payments you made during 2012 . . .			11

Organizer | **Income** | **Farm Income** | *Farm Name* | **Farm Information** | **Sch F Information**

Farm Income - Cash Method

	2012 amount	PY amount	
Sale of livestock and other items bought for resale			12
Cost or other basis of livestock and other items bought for resale			13
Custom hire (machine work) income			14
Sale of livestock, produce, grains, and other products you raised			15
Cooperative distributions: Total			16
Taxable amount			17
Agricultural program payments: Total			18
Taxable amount			19
Commodity Credit Corporation (CCC) loans reported under election			20
CCC loans forfeited or repaid with certificates: Total			21
Taxable amount			22
Crop insurance proceeds and disaster payments:			
Amount received in 2012			23
Taxable amount			24
Deferred from 2011			25
Other income			
			26
			27
			28
Total income (Lines 12 - 28)			T

Organizer | **Income** | **Farm Income** | *Farm Name* | **Farm Information** | **Income and Expenses**

Farm Income and Expense

Farm name:

Farm Expenses - Cash and Accrual

	2012 amount	PY amount	
Car and truck expenses			29
Chemicals			30
Conservation expenses (include prior year carryover)			31
Custom hire (machine work)			32
Employee benefit programs (other than pensions and profit-sharing plans)			33
Feed purchased			34
Fertilizers and lime			35
Freight and trucking			36
Gasoline, fuel and oil			37
Insurance (other than health insurance)			38
Interest - mortgage (paid to banks, etc.) (If an amount is entered, please attach detail.)			39
Interest - other			40
Labor hired			41
Pension and profit-sharing plans			42
Rent or lease - vehicle, machinery and equipment			43
Rent or lease - other (land, animals, etc.)			44
Repairs and maintenance			45
Seeds and plants purchased			46
Storage and warehousing			47
Supplies purchased			48
Taxes			49
Preproductive period expense			50
Utilities			51
Veterinary, breeding, and medicine fees			52
Other expenses			
			53
			54
			55
			56
			57
			58
			59
			60
			61
			62
			63
Total expenses (Lines 29 - 63)			T

Organizer | Income | Farm Income | *Farm Name* | Farm Information | Income and Expenses

Domestic Production Deduction - Sec.199

The primary source of your revenue in this business is in one of the following activities:

1) Disposition of property manufactured, produced, grown or extracted in the U.S.		64
2) Construction of real property in the U.S.		65
3) Engineering and architectural services performed in the U.S. with respect to real property		66

Farm Income and Expense

Farm name:

Depreciation and Amortization

Enter all property and equipment, including livestock used in your farming activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
						1
						2
						3
						4
						5
						6
						7
						8
	Total (Lines 1-8)					T

New Clients: For assets placed in service prior to 1/1/2012, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this farm, provide details (description, date purchased, cost, life, etc.) below:

9

10

11

12

Organizer | **Income** | **Farm Income** | *Farm Name* | **Depreciation and Amortization** | **Asset Detail**

Notes:

Farm Income Averaging

2011 Information

Filing Status:

Single . . . . ____ Qualified widow(er) ____ Married filing separately ____ 1

Married filing joint ____ Head of household ____ 2

Enter Amount From:

Form 1040, Line 9b . . . . ______________ 3

Form 1040, Line 43 . . . . ______________ 4

Form 1040, Line 44 (do not include any amount from Form 4972 or 8814) . . . . ______________ 5

Schedule D, Line 15 . . . . ______________ 6

Schedule D, Line 16 . . . . ______________ 7

Schedule D, Line 18 . . . . ______________ 8

Schedule D, Line 19 (unrecaptured section 1250 gain) . . . . ______________ 9

Form 4952, Line 4e . . . . ______________ 10

Form 4952, Line 4g . . . . ______________ 11

2010 Information

Filing Status:

Single . . . . ____ Qualified widow(er) ____ Married filing separately ____ 12

Married filing joint ____ Head of household ____ 13

Enter Amount From:

Form 1040, Line 9b . . . . ______________ 14

Form 1040, Line 43 . . . . ______________ 15

Form 1040, Line 44 (do not include any amount from Form 4972 or 8814) . . . . ______________ 16

Schedule D, Line 15 . . . . ______________ 17

Schedule D, Line 16 . . . . ______________ 18

Schedule D, Line 18 . . . . ______________ 19

Schedule D, Line 19 (unrecaptured section 1250 gain) . . . . ______________ 20

Form 4952, Line 4e . . . . ______________ 21

Form 4952, Line 4g . . . . ______________ 22

2009 Information

Filing Status:

Single . . . . ____ Qualified widow(er) ____ Married filing separately ____ 23

Married filing joint ____ Head of household ____ 24

Enter Amount From:

Form 1040, Line 9b . . . . ______________ 25

Form 1040, Line 43 . . . . ______________ 26

Form 1040, Line 44 (do not include any amount from Form 4972 or 8814) . . . . ______________ 27

Schedule D, Line 15 . . . . ______________ 28

Schedule D, Line 16 . . . . ______________ 29

Schedule D, Line 18 . . . . ______________ 30

Schedule D, Line 19 (unrecaptured section 1250 gain) . . . . ______________ 31

Form 4952, Line 4e . . . . ______________ 32

Form 4952, Line 4g . . . . ______________ 33

If amounts are not preprinted above, provide preparer with a copy of the three previous tax returns.

Miscellaneous Income

Social Security/RRTA Payments

	2012 amount	PY amount	
Refer to Box 5 on SSA 1099 Social Security and RRTA payments received - Taxpayer			1
Medicare Insurance Premiums after Social Security - Taxpayer (Enter gross amount before medicare deductions.) (enter related withholding on the Employee compensation & withholding)			2
Social Security and RRTA payments received - Spouse			3
Medicare Insurance Premiums after Social Security - Spouse (Enter gross amount before medicare deductions.)			4

Organizer | Income | Miscellaneous Income | Social Security/RRTA Payments

Miscellaneous Income

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

* List states or localities on Continuation sheet.

		2012 amount	PY amount	
	State income tax refunds received in 2012 (total for all states)*			5
	Local income tax refunds received in 2012 (total for all localities)* Include interest received on the **Interest Income - 1099-INT** organizer; include withholding taxes from Form W-2 on the **Employee Compensation and Withholding** organizer; and include payments for 2011 estimated taxes on the **Payments of 2012 Federal, State & City Estimated Tax** organizer form.			6
	Alimony income or legal separation payments received			7
	Unemployment insurance compensation			8
	Insurance reimbursements for prior-year medical expenses			9
	Total miscellaneous income (Lines 5 - 9)			T

Organizer | Income | Miscellaneous Income | Miscellaneous Income

Other Miscellaneous Income

List below other miscellaneous income including director's fees, jury duty fees, trustee's fees, HSA distributions not used for unreimbursed qualified medical expenses, executor's fees, gambling winnings, barter income, etc. Please enter any taxes withheld related to other miscellaneous income in the **Other Wage Information** section of the **Employee Compensation & Withholding** organizer.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Preparer Use Only: A or Blank = Subject to S/E Tax, **B** = Not subject to S/E Tax

		Description	2012 amount	in state Amount taxable	PY amount	
						10
						11
						12
		Total other miscellaneous income (Lines 10 -12)				T

Organizer | Income | Miscellaneous Income | Miscellaneous Income

Qualified Education Program/Distributions (1099-Q) and Coverdell ESA Contributions

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Name of payer

	2012 amount	PY amount	
Box 1 - Gross distribution			13
Box 2 - Earnings			14
Box 3 - Basis			15
Box 5 - Enter X if a private 529 program			16
Box 5 - Enter X if a state 529 program			17
Box 5 - Enter X if a Coverdell ESA			18
Amount contributed to this Coverdell ESA in 2012			19
Basis in this Coverdell ESA for 2011 and prior years			20

	Taxpayer	Spouse	
Adjusted qualified higher education expense paid for during 2012 with qualified education program payments			21
Adjusted qualified higher education expense paid for during 2012 with Coverdell ESA distributions			22

Organizer | Income | Miscellaneous Income | Qualified Education Program Payments

Capital Gains and Losses

Complete the following for each sale of stock, bonds; including municipals, mutual funds, or similar securities. Indicate the amount of any transfer taxes paid after the description. The amounts shown on this form must reconcile to Form 1099-B.

- If any sales were transacted outside the U.S., provide the following details on a continuation sheet:
  (a) the name of the country where the sale took place and
  (b) information regarding any tax imposed on the sale by that country.
- If you had an installment sale in 2012, provide that information on a continuation sheet. For installment sales prior to 2012, use the **Installment Sales** form.
- If you had a like-kind transaction (section 1031) during 2012, please provide details below and additional details on a continuation sheet.
- **Dispositions of depreciable business assets should be shown on Business, Farm or Rental income forms or on a continuation sheet.**
- **Include cost basis statements for capital gain transactions, if not included in broker's statements referenced in the note below.**

Please enclose all broker's statements (i.e. Form(s) 1099-B or equivalent statement such as broker's confirmation statement) for purchases and sales of stock.

Sales of Stocks, Bonds, etc.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Indicate: **A** = Transaction is reflected on Form 1099B with proceeds and basis (covered), **B** = Transaction is reflected on Form 1099B with only proceeds (non-covered), **C** = Transaction is not reported on Form 1099B

T/S/J	A/B/C	Number of shares and company name	Date acquired MM/DD/YYYY	Date sold or date worthless* MM/DD/YYYY	Sales proceeds net of selling expense	Cost or other basis	Adjustments before limitations	Code	LT ST	
										1
										2
										3
										4
										5
										6
										7
										8
										9
										10
										11
										12
										13
										14
										15
										16
										17
										18
										19
										20
										21
										22
										23
										24
				Total (Lines 1 - 24)						T
					Net Gain/Loss					GT

Indicate **X** if you owned any securities which became worthless during 2012 . . . . ____ 25
*(Also provide on a continuation sheet how it was determined to be worthless.)

Indicate **X** if you re-purchased securities within 30 days before or after the sale of any securities from the same company or fund within any taxable or nontaxable account. If so, provide details on Continuation sheet. . . ____ 26

Indicate **X** if you engaged in any collar transactions during 2012. If so, provide details on Continuation sheet. . . . . ____ 27

Installment Sales

General Information

Note: Installment Sale is defined as receiving periodic payments of principal and interest as a result of the sale. If this is the year of the sale, please attach supporting documents such as sales contract and record of purchase. If documents are not available, describe terms of the sale on a continuation sheet.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint . . . . ____ 1

Description and location of property sold:

____ 2

Date acquired (mm/dd/yyyy) . . . . ____________ 3

Date sold (mm/dd/yyyy) . . . . ____________ 4

Computation of Gain

	Amount	
Gross sales price	____________	5
If this mortgage was assumed or the property was purchased subject to a mortgage enter the amount of mortgage assumed	____________	6
Original cost	____________	7
Improvements added	____________	8
Commissions and expenses of sale	____________	9
Depreciation taken to date	____________	10

Collections

Indicate the total amount of principal collected in 2012 (Principal only, do not list interest income here. Include on **Interest Income** form.) . . . . ____________ 11

If property was sold in a prior year, indicate total collections in prior years. (Do not include current-year collections.) . . . . ____________ 12

Additional Information

Indicate **X** if:

Investment property . . . . ____ 13

Installment sale is a sale of residence . . . . ____ 14

Related Party Information

If this sale was to a relative, enter name, address and ID number of relative below:

Name

____ 15

Address

____ 16

Indicate **X** if related party disposed of the property in the current year . . . . ____ 17

Indicate **X** if the property was a marketable security . . . . ____ 18

Organizer I Gains and Losses I Installment Sales

Note: For installment sales tied to an entity, follow the navigation cues for that entity, then select Gains and Losses I Installment Sales

Adjustments to Income

Individual Retirement Arrangement (IRA)

For IRAs, contributions **must** be made on or before April 15, 2013, even if the due date of the return is extended beyond that date.

Amount contributed to your IRA(s)	Taxpayer	PY Amount	Spouse	PY Amount	
Regular IRA* or SEP IRA* during 2012					1
Regular IRA or SEP IRA Jan - April					2
Roth IRA**during 2012					3
Roth IRA Jan - April					4
Conversion from Regular to Roth IRA					5
Nondeductible Contributions for 2012 (made during 2012) .					6

* Do not include amounts withdrawn for 2012 or rolled over before 1/1/2013

	Taxpayer	Spouse	
Indicate **X** if you were eligible to participate in a qualified employee maintained retirement plan	____	____	7
Indicate **X** if you want maximum IRA contribution calculated	____	____	8
Nondeductible contributions for 2012 made during 1/1/2013 - 4/15/2013 (also include in total nondeductible contributions for all above)			9

(Enter "IRA Management Fees" on the **Miscellaneous Deductions** form.)

Organizer | Adjustments to Income | IRA | IRA Contributions

Value of all IRA(s) as of 12/31/2012

Provide IRA values here **only** if **either** of the following applies.

- You made nondeductible contributions to your IRA for 2012, or
- You received IRA distributions in 2012 and you have at any time made nondeductible contributions to any of your IRA(s).

Name of Trustee	Value on 12/31/2012 Taxpayer	Value on 12/31/2012 Spouse	
			10
			11
			12
Total IRA basis for 2011 and prior years			13

Organizer | Adjustments to Income | IRA | IRA Values

Self-Employed Retirement Plan (Qualified Plan and SEP)

Amount contributed:	Taxpayer	PY Amount	Spouse	PY Amount	
By your employer to SEP (if self-employed or a partner) . . .					14
To a Qualified plan					15

	Taxpayer	Spouse	
Indicate **X** if you want maximum SEP contribution calculated	____	____	16
Indicate **X** if you want maximum Qualified Plan contribution calculated . . .	____	____	17

Organizer | Adjustments to Income | Qualified Plan, SEP, and Simple Deductions

Alimony, Penalty on Early Withdrawal of Savings and Other Adjustments

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

T/S/J		2012 Amount	PY Amount	
___	Amount of penalty on early withdrawal of savings			18
___	Alimony or legal separation payments made			19
	Recipient's social security number			20
___	Amount of qualified student loan interest paid			21
___	Supplemental unemployment benefits repaid			22
___	Other adjustments to income . . . ______________________			23
___	Educator expenses			24
___	Contributions made to health savings account (HSA)			25

Organizer | Adjustments to Income | Other Adjustments to Income

Payments of 2012 Federal, State & City Estimated Tax

Federal Payments of Estimated Tax

Include prior year overpayment credited to estimated tax (Form 1040-ES) from 2011. Enter withholding taxes from Form W-2 on the **Employee Compensation and Withholding organizer.(Expatriate returns - Do not include hypothetical tax reductions.)**

Note: Enter the amounts that were actually paid and the date of payment for each installment.

	Calculated tax paid	Date paid MM/DD/YYYY	Actual tax paid	
2011 overpayment applied to 2012 estimate				1
1st installment (due 4/17/2012)				2
2nd installment (due 6/15/2012)				3
3rd installment (due 9/17/2012)				4
4th installment (due 1/15/2013)				5
Total federal estimated tax paid				T

Organizer | Itemized Deductions | Taxes And Interest | Estimated Tax Payments

State and City Payments of Estimated Tax

Enter withholding taxes from Form W-2 on the **Employee Compensation and Withholding** organizer. Enter state and local income tax refunds on the **Miscellaneous Income** organizer.

	Calculated tax paid	Date paid MM/DD/YYYY	Actual tax paid	
State/City name				6
2011 estimated tax paid in 2012				7
2011 extension amount paid in 2012				8
2011 balance due paid in 2012				9
2011 overpayment applied to 2012 estimate				10
1st installment (due 4/17/2012)				11
2nd installment (due 6/15/2012)				12
3rd installment (due 9/17/2012)				13
4th installment (due 1/15/2013)				14
Total state/city estimated tax paid				15
State/City name				16
2011 estimated tax paid in 2012				17
2011 extension amount paid in 2012				18
2011 balance due paid in 2012				19
2011 overpayment applied to 2012 estimate				20
1st installment (due 4/17/2012)				21
2nd installment (due 6/15/2012)				22
3rd installment (due 9/17/2012)				23
4th installment (due 1/15/2013)				24
Total state/city estimated tax paid				25
State/City name				26
2011 estimated tax paid in 2012				27
2011 extension amount paid in 2012				28
2011 balance due paid in 2012				29
2011 overpayment applied to 2012 estimate				30
1st installment (due 4/17/2012)				31
2nd installment (due 6/15/2012)				32
3rd installment (due 9/17/2012)				33
4th installment (due 1/15/2013)				34
Total state/city estimated tax paid				35

Organizer | Itemized Deductions | Taxes And Interest | Estimated Tax Payments

Medical Expenses and Taxes

Medical Expenses

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Medical and dental expenses (including health insurance, Medicare Part B premiums, prescriptions, glasses, hearing aids, Stop Smoking Program, special school tuition for autism and other disabilities, etc.)

NOTE: Medical expenses are only deductible if over 7.5% of AGI.

T/S/J	Description	2012 amount	PY amount	Line
				1
				2
				3
				4
				5
				6
				7
				8
				9
				10
				11
				12
				13
				14
				15
	Insurance reimbursements for 2012 medical expenses - (not necessary if amounts listed above are net of any reimbursements)	( )		16
	Taxpayer long term care insurance			17
	Spouse long term care insurance			18

Vehicle Expenses

T/S/J	Description	2012 amount	PY amount	Line
	Standard medical miles Jan - Dec			19
	Actual gas/oil, expenses incurred			20
	Parking fees/tolls			21
	Total (Lines 1 - 18, 20 & 21)			T

Organizer | Itemized Deductions | Medical and Dental Expenses

Deductible Taxes

Real estate taxes - (Exclude taxes reported on **Rent and Royalty Income, Vacation Home, Office-in-Home,** or **Form 1098.**) **NOTE:** A portion of real estate taxes may be deductible even if you do not itemize.

T/S/J	Description	2012 amount	PY amount	Line
				22
				23
				24
				25
	Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)			26
	Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)			27
	Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)			28
	State unemployment and disability taxes			29
	State/local sales or excise taxes paid during 2012 Include copy(ies) of purchase invoice for each vehicle referenced above			30
	Other state income taxes paid in 2012 (including amounts paid for prior year)			31
	Other city income taxes paid in 2012 (including amounts paid for prior year)			32
	Other deductible taxes			
				33
				34
				35
				36
	Total (Lines 22 - 36)			T

Organizer | Itemized Deductions | Taxes and Interest | Taxes - Other

Interest Expense

Home Mortgage Interest Expense (include Prepayment Penalties and Late Fees)

(Enclose mortgage statement/settlement sheet if home was purchased, refinanced, or sold in 2012. Do not include interest paid shown on the Rental and Royalty Income and Expense organizer or the **Vacation Home** organizer or the **Office-in-Home** organizer.)

Form 1098 - Mortgage Interest and Taxes (Name of Lender)

	2012 amount	PY amount	
___ ______ **X** if home equity line/loan ___			1
Mortgage interest received from payer(s)/borrower(s) (Box 1)			2
Points paid on purchase of principal residence (Box 2)			3
Refund of overpaid interest (Box 3)			4
Qualified Mortgage Insurance Premiums (Box 4)			5
Real estate taxes paid or other amount shown			6

Organizer | Source Documents | *Form 1098 - Mortgage Interest & Taxes* | Form 1098 - Mortgage Interest & Taxes

Form 1098 - Mortgage Interest and Taxes (Name of Lender)

(Enter any additional Form 1098 information on a continuation sheet)

	2012 amount	PY amount	
___ ______ **X** if home equity line/loan ___			7
Mortgage interest received from payer(s)/borrower(s) (Box 1)			8
Points paid on purchase of principal residence (Box 2)			9
Refund of overpaid interest (Box 3)			10
Qualified Mortgage Insurance Premiums (Box 4)			11
Real estate taxes paid or other amount shown			12

Organizer | Source Documents | *Form 1098 - Mortgage Interest & Taxes* | Form 1098 - Mortgage Interest & Taxes

Other Mortgage Interest Not Reported on Form 1098

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

	2012 amount	PY amount	
___ ______			13
___ ______			14
Total (Lines 13 - 14)			T

Organizer | Itemized Deductions | Taxes and Interest | Interest - Other

Points Not Reported on Form 1098

	Start date of loan	Life of loan in years	2012 Points Paid	PY amount	
___ **X** if loan is a refinancing					15

Organizer | Itemized Deductions | Taxes and Interest | Interest - Points Paid No 1098

Mortgage Interest Paid To an Individual

Name	SSN	I confirm this loan has properly been recorded ___		16
Address				17

Organizer | Itemized Deductions | Taxes and Interest | Interest - Paid to Individual

Other Mortgage Information

If your **home acquisition debt** (mortgages to buy, build, or improve your principal home and one other residence) totaled $1 million or more at any time during 2012 ($500,000 if married filing separately) or your **home equity debt** totaled $100,000 or more at any time during 2011 ($50,000 if married filing separately), provide balances below.

	Loan 1	Loan 2	Loan 3	Loan 4	
Name of Lender					18
Jan 1 Beginning Balance					19
Dec 31 Ending Balance					20
Interest paid per Form 1098					21

If you meet the requirements listed above **and** you borrowed any new amounts on a mortgage this year, you prepaid more than one month's principal, or you did not make level payments at fixed intervals, also provide all monthly loan statements.

Investment Interest Expense

Include margin loan interest paid to purchase securities

	2012 amount	PY amount	
___ ______			22
___ ______			23
Total (Lines 22 - 23)			T

Organizer | Itemized Deductions | Taxes and Interest | Investment Interest Expense

Charitable Contributions & Misc. Itemized Deductions

Contributions

Cash Contributions

List only contributions to United States or Canadian organized charities. Include payroll deduction amounts for 2012. Keep written receipts from donee organization, canceled checks or payroll pledge card to substantiate contributions. Each contribution of $250 or more requires written acknowledgment of the contribution from the charitable organization - cancelled checks are not considered adequate substantiation for this purpose. Do not include political contributions. Reduce any contribution made by the value of any benefit received; i.e. meals, merchandise.

	Name of organization:	prep. use only 20% 30% 50%	2012 Amount	PY amount	
					1
					2
					3
					4
					5
					6
					7
					8
					9
					10
					11
					12
					13
					14
					15
	Total (Lines 1 - 15)				T

Volunteer Expenses

		2012 Amount	PY amount	
	Standard charitable miles Jan - Dec			16
	Actual gas/oil, expenses incurred			17
	Parking fees/tolls			18

Organizer | Itemized Deductions | Contributions | Contributions - CY and Carryovers

Miscellaneous Taxable Deductions Subject to 2% Floor

(Expenses related to investment income, investment counsel or advisory fees, appraisal fees paid to determine the amount of casualty loss or a charitable contribution of property, costs associated with looking for a new job in your same occupation, dues to labor unions, business publications, repayment of prior year compensation to employer, etc.)

		2012 amount	PY amount	
				19
				20
				21
				22
				23
	Tax return preparation fees			24
	Total (Lines 19 - 24)			T

Organizer | Itemized Deductions | Miscellaneous

Miscellaneous Deductions Not Subject to 2% Floor

(estate tax deduction, amortization of bond premium, etc.)

		2012 amount	PY amount	
				25
				26
				27
				28
				29
	Gambling losses (not to exceed gambling winnings)			30
	Total (Lines 25 - 30)			T

Organizer | Itemized Deductions | Miscellaneous

Noncash Charitable Contributions

Noncash Contributions

Enter noncash contributions here if your total of ALL noncash contributions is $500 or less

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Description of property contributed and organization name:

	Description of property contributed and organization name	prep. use only 20% 50% 30% 100%	2012 amount	
___	___	___	___	1
___	___	___	___	2
___	___	___	___	3
___	___	___	___	4
	Total (Lines 1 - 4)		___	5

Enter noncash contributions below if your total of ALL noncash contributions is greater than $500

Note: An appraisal may be required for contributions over $5000. Include out-of-pocket expenses.

If you donated a vehicle, boat or airplane during 2012, please provide Form 1098-C, the written acknowledgement you received from the charity.

For stock donations, provide the high & low selling prices per share on the date of donation.

Note: Clothing and household goods will be deductible only if in good to excellent condition when donated.

Ownership

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

		Name and Address of Donee*	Description of Donated Property	
___	1	___	___	6
		___		
___	2	___	___	7
		___		
___	3	___	___	8
		___		
___	4	___	___	9
		___		
___	5	___	___	10
		___		

	Contribution Date	Date Acquired	How Acquired	Cost or Basis	Fair Market Value	Method Used to Determine FMV	
1	___	___	___	___	___	___	11
2	___	___	___	___	___	___	12
3	___	___	___	___	___	___	13
4	___	___	___	___	___	___	14
5	___	___	___	___	___	___	15

*Preparer Note: Up to five donee organizations can be entered for each ownership code on the organizer screen.

Organizer | Itemized Deductions | Contributions | Noncash Contrib. > 500

Business Expense Schedule and Form 2106

Activity name: ______________________________

Use this organizer if you had "out-of-pocket" expenses related to your employment or business activities.

Property Type Code

A = Form 2106, **C** = Schedule C, **F** = Farm (Sch. F/Form 4835), **K** = Partnership, **R** = Rent/Royalty ____

Ownership

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint . . . . ____ 1

Occupation Information

Occupation (Mandatory) . . . . ______________________________ 2

Special Treatment

Indicate: **A** if you are a qualifying performing artist or **B** if you are a handicapped employee or
C if you are a state or local government employee who is compensated on a fee basis or
D if you are a reservist/national guard . . . . ____ 3

Indicate: **X** if you are a rural mail carrier . . . . ____ 4
if you are an employee subject to DOT hours of service limits . . . . ____ 5

Organizer | **Itemized Deductions** | **Employee Business Expense** | *Occupation* | **Business Expense Information** | **Occupation Info 2106**

Note: For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select General Business Expense.

Business Expenses

Reimbursements

(Enter either the "total" reimbursements or reimbursements allocated between "meals/entertainment" and "other" reimbursements, but not both.)

	Total	Meals/entertainment	Other	
Employer's reimbursements, not included in box 1 of Form W-2	________	________	________	6

Expenses (If you are self-employed, enter Business Expenses on the Schedule C Organizer Page)

Do not duplicate on any other form.

	2012 amount	PY amount	
Meals and entertainment	________		7
Parking fees and tolls	________		8
Local transportation including train, cabs, bus, plane, etc.	________		9
Overnight travel expense (lodging, airplane, car rental, taxi, etc. **excluding meals)**	________		10
Telephone	________		11
Professional dues	________		12
Stationery, postage	________		13
Professional magazines, journals	________		14
Other expenses			
______________________________	________		15
______________________________	________		16
______________________________	________		17
______________________________	________		18
______________________________	________		19
______________________________	________		20
______________________________	________		21
______________________________	________		22
______________________________	________		23
Total (Lines 7-23)	________		T

Organizer | **Itemized Deductions** | **Employee Business Expense** | *Occupation* | **Business Expense Information** | **Business Expenses**

Note: For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select General Business Expense.

Business Expense Schedule and Form 2106 - Vehicle Expenses

Activity name:

Vehicle Exp Question

Note: Please attach copies of documentation of business use (mileage logs, business purpose of trip, receipts for repairs and maintenance, etc.) The first 4 lines apply to all vehicles in this activity.

Indicate **N** for no, **Y** for yes, or **B** to leave question blank:

Do you have evidence to support your deduction? . . . . . . ____ 24

Is the evidence written? . . . . . . ____ 25

Questions for Vehicle used by Employees

Do you (or your spouse) have another vehicle available for personal use? . . . . . . ____ 26

Was an employer-provided vehicle available for personal use during off-duty hours? . . . . . . ____ 27

Vehicle number (1, 2, 3, 4, 5, or 6) . . . . . . ____ 28

Vehicle description . . . . . . ____ 29

Questions for Vehicles used by a "Self-Employed" Person

Was the vehicle available for personal use during off-duty hours? . . . . . . ____ 30

Was the vehicle used primarily by more than a 5% owner or related person? . . . . . . ____ 31

Was another vehicle available for personal use? . . . . . . ____ 32

If you purchased or leased a business auto this year, please provide a copy of your invoice or lease.

Vehicle Mileage

We will determine whether actual expenses or those based on miles driven are better.

	2012 amount	PY amount	
Total miles driven:			33
Total business miles driven:			34
or percentage of total miles applicable to business (50% = 50.)			35
Average daily round trip commuting distance			36
Total commuting miles driven during the year			37
Date acquired (MO/DA/YYYY)			38

Vehicle Expenses

(Include both business & personal amounts)
Note: We will automatically prorate car expenses between business and personal use based on the miles driven.

	2012 amount	PY amount	
Gasoline, oil, repairs, insurance, etc.			39
State and local taxes (not sales tax) -**Do not duplicate**			40
Interest (Paid to acquire the car)			41
Vehicle rentals/lease payments			42
Inclusion amount			43
Value of employer-provided vehicle			44

Organizer | **Itemized Deductions** | **Employee Business Expense** | *Occupation* | **Vehicle Exp. Info**

Note: For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select Vehicle Expense.

Miscellaneous vehicle expenses

	2012 amount	
		45
		46
		47
		48
		49
		50
		51
		52
		53
		54
Total (Lines 45-54)		T

Organizer | **Itemized Deductions** | **Employee Business Expense** | *Occupation* | **Columnar Vehicle Expense Entry**

Note: For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select Vehicle Expense.

Business Expense Schedule and Form 2106 - Depreciation

Activity name: ____________________

Depreciation and Amortization

Enter all property, including automobiles, and equipment used in your business or occupation, that is related to your "out-of-pocket" expenses for this activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
						1
						2
						3
						4
						5
						6
						7
						8
Total (Lines 1-8)						T

New Clients For assets placed in service prior to 1/1/2012, please provide a schedule of accumulated depreciation on a per asset basis.

Indicate X if you purchased a vehicle in 2012 which is powered by an electric motor or alternative means . . . . ____ 9

If you had any amortization expenses (organizational costs, loan fees, etc.), for this activity, provide details (description, date purchased, cost, life, etc.) below:

____________________ 10

____________________ 11

____________________ 12

____________________ 13

Organizer | Itemized Deductions | Employee Business Expense | *Occupation* **| Depreciation and Amortization | Asset Detail**
Note: If these are Business Expense Schedule assets tied to another entity, follow the navigation cues for that entity.

Notes:

Household Employment Taxes

General Information

Indicate: **T** = Taxpayer, **S** = Spouse . . . . ____ 1

Employer ID number . . . . ____________ 2

Social Security, Medicare, and Income Taxes

Indicate **X** if:

You paid **any one** household employee wages of $1,800 or more in 2012 . . . . ____ 3

You withheld Federal income tax during 2012 at the request of any household employee . . . . ____ 4

You paid **total** wages of $1,000 or more in **any** calendar **quarter** of 2012 or 2011 to household employees . . . . ____ 5

You have filed Form W-2 for each of the employees you paid wages in 2012. **Attach copy.** . . . . ____ 6

Name of household employee	Wages subject to: Social security taxes	Wages subject to: Medicare taxes	Wages subject to: FUTA tax	Federal income tax withheld	
					7
					8
					9
					10
					11

Federal Unemployment (FUTA) Tax

The limit is $7,000 per year per employee.

Indicate **X** if:

You paid unemployment contributions to only one state . . . . ____ 12

You paid all state unemployment contributions for 2012 by April 15, 2013 . . . . ____ 13

All wages that are taxable for FUTA tax were also taxable for state's unemployment tax . . . . ____ 14

Complete this section for each state where you have paid unemployment contributions:

Name of state where you paid unemployment contributions . . . . ____________ 15

State reporting number as shown on state unemployment tax return . . . . ____________ 16

Contributions you paid to state unemployment fund for 2012 . . . . ____________ 17

State experience rate period . . . . From: ____________ To: ____________ 18

State experience rate . . . . ____________ 19

Child and Dependent Care Expenses

Note: Enter the qualified expenses incurred and paid for each dependent on the ***Dependent Information Page***

Miscellaneous

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint . . . . ____ 1

Indicate **X** if:

Taxpayer meets all the requirements to be treated as unmarried even though the filing status is MFS ____ 2

Taxpayer received employer provided dependent care benefits and is not claiming the credit . . . . . ____ 3

Qualified expenses incurred for care allocated towards spouse's dependent care benefit withholdings ____ 4

Indicate the employer provided dependent care benefits forfeited in 2012-Taxpayer ____ 5

Indicate the employer provided dependent care benefits forfeited in 2012-Spouse ____ 6

Organizer | Credits | Child and Dependent Care Credit | Credit Information

Persons or Organizations Who Provided The Care

Name . . . . ____ 7

Street Address . . . . ____ 8

City, State and Zip Code . . . . ____ 9

I.D. Number (SSN, EIN or Tax Exempt) (Mandatory) . . . . ____ 10

Amount Paid . . . . ____ 11

Phone Number (CA only) . . . . ____ 12

Name . . . . ____ 13

Street Address . . . . ____ 14

City, State and Zip Code . . . . ____ 15

I.D. Number (SSN, EIN or Tax Exempt) (Mandatory) . . . . ____ 16

Amount Paid . . . . ____ 17

Phone Number (CA only) . . . . ____ 18

Name . . . . ____ 19

Street Address . . . . ____ 20

City, State and Zip Code . . . . ____ 21

I.D. Number (SSN, EIN or Tax Exempt) (Mandatory) . . . . ____ 22

Amount Paid . . . . ____ 23

Phone Number (CA only) . . . . ____ 24

Organizer | Credits | Child and Dependent Care Credit | Care Providers

Spouse Who Was a Full-Time Student or Disabled

If you are married and you or your spouse were disabled, indicate **T** for Taxpayer or **S** for Spouse . . ____ 25

If so, indicate the number of months you or your spouse was disabled . . . . ____ 26

If you are married and you or your spouse was a full-time student, indicate either **T** for Taxpayer or **S** for Spouse . . . . ____ 27

If so, indicate the number of months for which you or your spouse was a full-time student . . . . . ____ 28

Indicate the monthly income of the spouse who was a full-time student. Enter **"NONE"** if there is no earned income in a month for which the taxpayer was a full-time student.

January	February	March	April	May	June	
____	____	____	____	____	____	29
July	**August**	**September**	**October**	**November**	**December**	
____	____	____	____	____	____	30

Organizer | Credits | Child and Dependent Care Credit | Disabled or student

Credits

Credit For The Elderly And Disabled

General Information

Indicate: **A** = Taxpayer, **B** = Spouse, **C** = Both

You are retired and permanently and totally disabled . . . . ____ 1

A physician's statement was filed in a prior year . . . . ____ 2

Taxpayer

Date of disability retirement if subsequent to 1/1/1977 (MO/DA/YYYY) . . . . ____________ 3

Name of Physician ______________________________ 4

Address of Physician ______________________________ 5

Spouse

Date of disability retirement if subsequent to 1/1/1977 (MO/DA/YYYY) . . . . ____________ 6

Name of Physician ______________________________ 7

Address of Physician ______________________________ 8

Organizer | Credits | Elderly or the Disabled Credit

Education Credits - American Opportunity/Lifetime

Please include copies of Form 1098T

American Opportunity Credit Qualifications (all four must be met)

1. As of the beginning of 2012, the student had not completed the first 4 years of post-secondary education.
2. The student was enrolled in 2012 in a program that leads to a degree, certificate, or other recognized educational credential.
3. The student was taking at least one-half the normal full-time workload for his or her course of study for at least one academic period beginning in 2012.
4. The student has not been convicted of a felony for possessing or distributing a controlled substance.

Lifetime Credit Qualifications *(these qualifications are less strict than those for the American Opportunity Credit)*

Applies:

1. For all years of post-high school education and for courses to acquire or improve job skills
2. For an unlimited number of years
3. To students who may not be pursuing a degree, certificate or credential
4. For one or more courses
5. Even if student has had a felony drug conviction

	Enter A if qualified for American Opportunity Credit, or L if qualified For Lifetime Credit	Qualified Education Expenses* during 2012	
Taxpayer	______	____________	9
Spouse	______	____________	10

Dependents

First Name	Last Name	SSN			
____________	____________	____________	______	____________	11
____________	____________	____________	______	____________	12
____________	____________	____________	______	____________	13
____________	____________	____________	______	____________	14
____________	____________	____________	______	____________	15

* Qualified expenses are amounts paid for tuition, fees, books, supplies and equipment required for the students' enrollment or attendance at an eligible educational institution. (do not include expenses for room and board or nonacademic fees)

NOTES: You cannot take the American Opportunity Credit and Lifetime Learning Credit for the same student in the same year. Also, income limits apply to these credits.

Organizer | Credits | Education Credits

Credits - Residential Energy/Alternative Motor Vehicle

Residential Energy Credits

Residential Energy Efficiency Property Credit

Available for any dwelling unit used as a residence, including a seasonal or vacation home.

Enter total cost of energy efficiency improvements including:

- qualified photovoltaic systems (using solar energy to generate electricity) . . ______ 1
- solar water heating systems. . . . . ______ 2
- qualified small wind property costs . . . . ______ 3
- qualified geothermal heat pump property costs . . . . ______ 4
- qualified fuel cells* (list expenditures for your main home only). . . . . ______ 5
- kilowatt capacity of qualified fuel cell property above . . . . ______ 6

Alternative Motor Vehicle Credit

Alternative Motor Vehicle Credit - Includes the following 2 vehicle types that are new vehicles, and used predominantly in the U.S.

	Vehicle 1			Vehicle 2			
Vehicle Type	Year, Make & Model	Vehicle Identification Number (VIN)	Date Placed in Service	Year, Make & Model	Vehicle Identification Number (VIN)	Date Placed in Service	
Qualified fuel cell							7
Qualified plug-in electric drive							8

Foreign Bank Account Information

Ownership
T = Taxpayer S = Spouse J = Joint
D = Taxpayer Joint Account/Spouse is not the principal owner
E = Spouse Joint Account/Taxpayer is not the principal owner

______ (Indicate Owner Code)

Number of Joint Owners . . . ______

Maximum Value of Account during the calendar year . . . . ______

Type of Account
Indicate X for the type of account:
Bank . . . . . ____ Securities Account . . . ____ Other (specify) . . . ______

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: ______
Account number or other designation . . . . ______
Mailing address of financial institution . . . . ______
City ______ State ____ Zip Code ______ Country ______

Taxpayer - Foreign Identification
Type: ____ Passport ____ Other ______
Number ______ Country of Issue ______

Spouse - Foreign Identification
Type: ____ Passport ____ Other ______
Number ______ Country of Issue ______

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: ___

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner . . . . ______
First name . . . . ______
Middle Initial . . . . ___
Tax identifying number . . . . ______
Street address ______
City ______ State ____ Zip Code ______ Country ______
Filer's Title with this Owner . . . ______

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner . . . . ______
Last Name/Organization name of joint owner . . . . ______
Middle Initial of joint owner . . . . ___
Taxpayer Identification Number of joint owner ______
Address ______
City ______ State ____ Zip Code ______ Country ______

Continuation Sheet

Page
Reference