

Prepared By:

LMGW Certified Public Accountants LLP
20520 Prospect Road Suite 200
Saratoga, CA 95070

Prepared For:

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2012 Client Organizer

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Saratoga, CA 95070

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2012 Client Organizer

LMGW Certified Public Accountants LLP
20520 Prospect Road Suite 200
Saratoga, CA 95070
408-252-1800

Dear :

We appreciate the opportunity to work with you. To minimize the possibility of a misunderstanding between us, this letter outlines the terms of our engagement and clarifies the nature and extent of the services we will provide to you.

We will prepare your 2012 federal, California and _____ state income tax returns from information you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked and in keeping the fee to a minimum. If you do not complete the questionnaires, we will assume that the matter does not apply to you or that a "no" answer is your response.

In the course of preparing your tax return we will sometimes find it necessary to verify certain information regarding payments made to the state of California in order to file an accurate and complete tax return. Your signature on this letter authorizes us to obtain information regarding any state tax payments, credits, or wage information directly from the Franchise Tax Board using the California FTB's MyFTB website. If for any reason you do not wish us to access this information in the course of preparing your return, please notify us immediately.

It is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns, including but not limited to expenses for auto, travel, gifts and entertainment, charitable contributions and all other deductions claimed. If you have any questions as to the type of records required, please ask us. You have the final responsibility for the income tax returns and therefore you should examine them carefully before you sign them or authorize us to e-file them. We are not responsible for the disallowance of doubtful deductions or inadequately supported amounts, nor for resulting taxes, penalties and interest.

It is our policy to keep returns related to this engagement for seven years from the completion of the engagement. As a general rule, LMGW Certified Public Accountants does not keep any original client records, so we expect to return those to you at the completion of the engagement. By your signature below, you acknowledge and agree that upon the expiration of the seven year period, LMGW Certified Public Accountants shall be free to destroy the records related to this engagement.

We have instituted a disaster recovery plan that includes safeguarding of records related to your engagement. However, no disaster recovery plan, no matter how thorough, can provide absolute assurance that catastrophic or other unforeseeable events will not occur that result in the premature deterioration of records or that render records unavailable before the expiration of the above retention period.

This engagement cannot be relied upon to disclose errors, fraud, or illegal acts.

Although we are available to provide you with tax planning advice, we are not obligated

to do so unless you specifically request it. Moreover, it is our policy to put all tax planning advice in writing and you rely at your own peril on any advice that has not been fully reviewed and put in writing by our firm.

We will use our professional judgment in preparing these returns. Should we become aware that applicable tax law is unclear or if there are conflicting interpretations of the law by authorities (e.g. tax agencies and courts), we will explain the positions you may take on the returns. We will follow the position you request on the return so long as it is consistent with the codes, regulations and interpretations that have been promulgated. If any taxing authorities should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such additional tax, penalties or interest.

Please note that any person or entity subject to the jurisdiction of the United States having a financial interest in, or signature or other authority over, financial accounts having a value exceeding \$10,000 in a foreign country, shall report such a relationship and failure to disclose the required information to the U.S. Department of the Treasury may result in substantial civil and/or criminal penalties. In addition, the IRS requires information reporting if you are an officer, director or shareholder with respect to foreign corporations; foreign-owned U.S. corporations or foreign corporations engaged in a U.S. trade or business; and U.S. transferor of property to a foreign corporation. By your signature below, you accept responsibility for informing us if you believe that you fall into one of the above categories and you agree to provide us with the information necessary to prepare the appropriate disclosures.

Our fees are determined by our good faith judgment as to the value of services rendered after considering factors including the time required by the individuals assigned to your engagement and the risk and complexity of the work. Out of pocket expenses will be billed to your account and separate consulting services after the preparation of tax returns, including responding to inquiries by the taxing authorities, will be billed on an hourly basis. Invoices for our fees may be submitted as work progresses, and are due and payable upon presentation. We reserve the right to assess a late charge of 1 1/2 % per month or the maximum amount allowable by law on delinquent bills, and to discontinue work until your account is brought current. In the event of a dispute over fees for our engagement, which we are unable to resolve, both parties agree to submit to resolution by binding arbitration in accordance with the rules of the American Arbitration Association, and to give up the right to have the dispute decided in a court of law before a judge or jury.

If the above fairly sets forth your understanding, please sign below and return it to us with your organizer. We want to express our appreciation for this opportunity to work with you.

Very truly yours,

LMGW Certified Public Accountants LLP

Accepted By: _____

Accepted By: _____

Date: _____

LMGW Certified Public Accountants LLP

**20520 Prospect Road Suite 200
Saratoga, CA 95070
(408) 252-1800**

Dear :

We do not have you currently scheduled for a tax appointment this year. While many clients prefer not having tax appointments and would rather correspond with us via telephone, fax and email, we are always happy to see you and if you would like to schedule an appointment, please call the front desk.

We request you mail in, drop off, or upload via your online client access account your completed tax organizer and as many tax documents as you have received **by March 15th**. This allows us the opportunity to have the majority of your tax return completed before the filing deadline and finish up your return as any remaining pieces of information come in.

Your return may be subject to a 20% fee surcharge if we have not received your information by **March 31st**.

Thank you for the opportunity to serve you.

Sincerely,

LMGW Certified Public Accountants LLP

LMGW Certified Public Accountants LLP
20520 Prospect Road Suite 200
Saratoga, CA 95070
408-252-1800

Dear :

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2012 personal income tax return. To help you complete the organizer with minimal time and effort, you will find certain information from your 2011 personal income tax return listed .

Enter 2012 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

If you are in need of additional Organizer forms, these are available at our website, www.lmgw.com. Look for the tab that says 'News & Resources' for a link to a blank PDF of the client organizer package. You may also fill out your organizer on-line by using your secure client access account. This is also located at our website, under "client login".

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

Professional standards now require us to electronically file all federal most state individual income tax returns ("e-filing"). However, you do have the right to "opt out" of the e-filing program. Please notify us should you desire not to have your returns e-filed, so that we may provide you with the forms necessary for opting out of the e-file program. Please note that unless you notify us of your desire to not e-file your return, we will prepare your return to be e-filed.

Thank you for the opportunity to serve you.

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1900?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance any loans this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any non-business bad debts this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Are your total mortgages on your first and/or second residence greater than \$1,000,000? If so, please provide the principal balance and interest rate at the beginning and the end of the year	<input type="checkbox"/>	<input type="checkbox"/>
Did you have an outstanding home equity line at the end of the year? If so, please provide the principal balance and interest rate at the beginning and the end of the year.	<input type="checkbox"/>	<input type="checkbox"/>
Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>

Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401k, or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse convert to a Roth IRA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>

Itemized Deduction Information

Did you incur a casualty or theft loss during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.	<input type="checkbox"/>	<input type="checkbox"/>
Did you have an expense account or allowance during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use your car on the job, for other than commuting?	<input type="checkbox"/>	<input type="checkbox"/>
Did you work out of town for part of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any expenses related to seeking a new job during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Information

Did you make gifts of more than \$13,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you assist in the purchase of any asset (auto, home) for any individual during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you forgive any indebtedness to any individual, trust or entity during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term health care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any COBRA health care coverage continuation premiums?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a business owner and have paid health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a job change?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country, or have an interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own any foreign assets?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the Internal Revenue Service?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you want to designate \$3 to the Presidential Election Campaign Fund?		
If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>

Care expenses paid for dependent

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) [8]		
Taxpayer email address		[9]
Spouse email address		[10]
	Taxpayer	Spouse
Car telephone number		[11] [19]
Fax telephone number		[12] [20]
Mobile telephone number		[13] [21]
Pager number		[14] [22]
Other:		[15] [23]
Telephone number		[16] [24]
Extension		[17] [25]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Car phone		[18] [26]

NOTES/QUESTIONS:

Direct Deposit/Electronic Funds Withdrawal Information

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Primary account:

Financial institution routing transit number _____ [1]
 Name of financial institution _____ [2]
 Your account number _____ [3]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [4]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [5]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [6]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [7] or Percent (xxx.xx) _____ [8]

Secondary account #1:

Financial institution routing transit number _____ [23]
 Name of financial institution _____ [24]
 Your account number _____ [25]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [26]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [27]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [28]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [9] or Percent (xxx.xx) _____ [10]

Secondary account #2:

Financial institution routing transit number _____ [29]
 Name of financial institution _____ [30]
 Your account number _____ [31]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [32]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [33]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [34]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [13] or Percent (xxx.xx) _____ [14]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [15] or Percent (xxx.xx) _____ [16]
 Owner's name (First Last) _____ [36] _____ [37]
 Co-owner or beneficiary (First Last) _____ [38] _____ [39]
 Mark if the name listed above is a beneficiary _____ [40]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [19] or Percent (xxx.xx) _____ [20]
 Owner's name (First Last) _____ [41] _____ [42]
 Co-owner or beneficiary (First Last) _____ [43] _____ [44]
 Mark if the name listed above is a beneficiary _____ [45]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing ____[1]

Do you want to receive email notification when your electronic file is accepted by the taxing agency? (1 = Return, 2 = Return & Extension) ____[2]

If yes, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account ____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) ____[7]

Spouse self-selected Personal Identification Number (PIN) ____[8]

NOTES/QUESTIONS:

If you have an overpayment of 2012 taxes, do you want the excess:

Refunded _____ [43]

Applied to 2013 estimated tax liability _____ [44]

Do you expect a considerable change in your 2013 income? (Y, N) _____ [45]

If yes, please explain any differences:

_____ [46]
 _____ [47]
 _____ [48]
 _____ [49]

Do you expect a considerable change in your deductions for 2013? (Y, N) _____ [50]

If yes, please explain any differences:

_____ [51]
 _____ [52]
 _____ [53]
 _____ [54]

Do you expect a considerable change in the amount of your 2013 withholding? (Y, N) _____ [55]

If yes, please explain any differences:

_____ [56]
 _____ [57]
 _____ [58]
 _____ [59]

Do you expect a change in the number of dependents claimed for 2013? (Y, N) _____ [60]

If yes, please explain any differences:

_____ [61]
 _____ [62]
 _____ [63]
 _____ [64]

2012 Federal Estimated Tax Payments
--

2011 overpayment applied to 2012 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/17/12	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/15/12	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/17/12	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/15/13	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

NOTES/QUESTIONS:

2012 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J)

____[1]

State postal code

____[2]

Amount paid with 2011 return

+ _____[3]

2011 overpayment applied to '12 estimates

+ _____[4]

Treat calculated amounts as paid

____[8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____[9]	+ _____[10]	_____
2nd quarter payment _____[11]	+ _____[12]	_____
3rd quarter payment _____[13]	+ _____[14]	_____
4th quarter payment _____[15]	+ _____[16]	_____
Additional payment _____[17]	+ _____[18]	_____

2012 City Estimated Tax Payments

City #1		City #2	
City name _____[28]		City name _____[50]	
Amount paid with 2011 return + _____[31]		Amount paid with 2011 return + _____[53]	
2011 overpayment applied to '12 estimates + _____[32]		2011 overpayment applied to '12 estimates + _____[54]	
Treat calculated amounts as paid _____[36]		Treat calculated amounts as paid _____[58]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____[37]	+ _____[38]	1st quarter payment _____[59]	+ _____[60]
2nd quarter payment _____[39]	+ _____[40]	2nd quarter payment _____[61]	+ _____[62]
3rd quarter payment _____[41]	+ _____[42]	3rd quarter payment _____[63]	+ _____[64]
4th quarter payment _____[43]	+ _____[44]	4th quarter payment _____[65]	+ _____[66]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3		City #4	
City name _____[72]		City name _____[94]	
Amount paid with 2011 return + _____[75]		Amount paid with 2011 return + _____[97]	
2011 overpayment applied to '12 estimates + _____[76]		2011 overpayment applied to '12 estimates + _____[98]	
Treat calculated amounts as paid _____[80]		Treat calculated amounts as paid _____[102]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____[81]	+ _____[82]	1st quarter payment _____[103]	+ _____[104]
2nd quarter payment _____[83]	+ _____[84]	2nd quarter payment _____[105]	+ _____[106]
3rd quarter payment _____[85]	+ _____[86]	3rd quarter payment _____[107]	+ _____[108]
4th quarter payment _____[87]	+ _____[88]	4th quarter payment _____[109]	+ _____[110]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Wages and Salaries #1

Please provide all copies of Form W-2.

2012 Information**Prior Year Information**

Taxpayer/Spouse (T, S) _____ [1]
 Employer name _____ [3]
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____ [5]
 Mark if this is your current employer _____ [6]
 Federal wages and salaries (**Box 1**) + _____ [10]
 Federal tax withheld (**Box 2**) + _____ [12]
 Social security wages (**Box 3**) (If different than federal wages) + _____ [14]
 Social security tax withheld (**Box 4**) + _____ [16]
 Medicare wages (**Box 5**) (If different than federal wages) + _____ [18]
 Medicare tax withheld (**Box 6**) + _____ [20]
 SS tips (**Box 7**) + _____ [22]
 Allocated tips (**Box 8**) + _____ [24]
 Dependent care benefits (**Box 10**) + _____ [26]
Box 13 -
 Statutory employee _____ [28]
 Retirement plan _____ [29]
 Third-party sick pay _____ [30]
 State postal code (**Box 15**) _____ [31]
 State wages (**Box 16**) (If different than federal wages) + _____ [33]
 State tax withheld (**Box 17**) + _____ [35]
 Local wages (**Box 18**) + _____ [37]
 Local tax withheld (**Box 19**) _____ [39]
 Name of locality (**Box 20**) _____ [42]

Control Totals+**Wages and Salaries #2**

Please provide all copies of Form W-2.

2012 Information**Prior Year Information**

Taxpayer/Spouse (T, S) _____ [1]
 Employer name _____ [3]
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____ [5]
 Mark if this your current employer _____ [6]
 Federal wages and salaries (**Box 1**) + _____ [10]
 Federal tax withheld (**Box 2**) + _____ [12]
 Social security wages (**Box 3**) (If different than federal wages) + _____ [14]
 Social security tax withheld (**Box 4**) + _____ [16]
 Medicare wages (**Box 5**) (If different than federal wages) + _____ [18]
 Medicare tax withheld (**Box 6**) + _____ [20]
 SS tips (**Box 7**) + _____ [22]
 Allocated tips (**Box 8**) + _____ [24]
 Dependent care benefits (**Box 10**) + _____ [26]
Box 13 -
 Statutory employee _____ [28]
 Retirement plan _____ [29]
 Third-party sick pay _____ [30]
 State postal code (**Box 15**) _____ [31]
 State wages (**Box 16**) (If different than federal wages) + _____ [33]
 State tax withheld (**Box 17**) + _____ [35]
 Local wages (**Box 18**) + _____ [37]
 Local tax withheld (**Box 19**) _____ [39]
 Name of locality (**Box 20**) _____ [42]

Control Totals+**Income****Form ID: W2**

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)	Interest Income ^[1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts +						
	2	Payer						
		Amounts +						
	3	Payer						
		Amounts +						
	4	Payer						
		Amounts +						
	5	Payer						
		Amounts +						
	6	Payer						
		Amounts +						
	7	Payer						
		Amounts +						
	8	Payer						
		Amounts +						
	9	Payer						
		Amounts +						
	10	Payer						
		Amounts +						

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Dividend Income

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S Type J Code (**See codes below)	Ordinary ^[1] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer										
	Amounts +										
2	Payer										
	Amounts +										
3	Payer										
	Amounts +										
4	Payer										
	Amounts +										
5	Payer										
	Amounts +										
6	Payer										
	Amounts +										
7	Payer										
	Amounts +										
8	Payer										
	Amounts +										
9	Payer										
	Amounts +										
10	Payer										
	Amounts +										

**Dividend Codes	
Blank = Other	3 = Nominee

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____ [1]
State postal code _____ [2]

Social Security Benefits

	2012 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2012 (Box 3 minus Box 4) (Box 5)	+ _____ [8]	_____
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	_____
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	_____
Prescription drug (Part D) premiums	+ _____ [14]	_____

Tier 1 Railroad Benefits

	2012 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2012 (Box 5)	+ _____ [22]	_____
Federal Income Tax Withheld (Box 10)	+ _____ [25]	_____
Medicare Premium Total (Box 11)	+ _____ [27]	_____

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2012 or receive any prior year benefits in 2012. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

_____	[38]
_____	[39]
_____	[40]
_____	[41]
_____	[42]

NOTES/QUESTIONS:

Schedule C - General Information**Preparer use only****2012 Information****Prior Year Information**

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Business name _____ [5]
 Principal business/profession _____ [6]
 Business code _____ [11]
 Business address, if different from home address on Organizer Form ID: 1040
 Address _____ [14]
 City/State/Zip _____ [15] _____ [16] _____ [17]
 Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____ [18]
 If other: _____ [20]
 Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____ [21]
 If other enter explanation: _____ [23]

 Enter an explanation if there was a change in determining your inventory: _____ [24]

 Did you "materially participate" in this business? (Y, N) _____ [25]
 If not, number of hours you did significantly participate _____ [27]
 Mark if you began or acquired this business in 2012 _____ [29]
 Did you make any payments in 2012 that require you to file Form(s) 1099? (Y, N) _____ [30]
 If "Yes", did you or will you file all required Forms 1099? (Y, N) _____ [32]
 Mark if this business is considered related to qualified services as a minister or religious worker _____ [34]
 Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____ [36]
 Medical insurance premiums paid by this activity + _____ [39]
 Long-term care premiums paid by this activity + _____ [41]
 Amount of wages received as a statutory employee + _____ [44]

Business Income**2012 Information****Prior Year Information**

Gross receipts and sales
 _____ + _____ [49]
 _____ + _____
 _____ + _____
 _____ + _____
 Returns and allowances + _____ [52]
 Other income:
 _____ + _____ [54]
 _____ + _____
 _____ + _____
 _____ + _____

Cost of Goods Sold**2012 Information****Prior Year Information**

Beginning inventory + _____ [56]
 Purchases + _____ [58]
 Labor:
 _____ + _____ [60]
 _____ + _____
 Materials + _____ [62]
 Other costs:
 _____ + _____ [64]
 _____ + _____
 _____ + _____
 _____ + _____
 Ending inventory + _____ [66]

Control Totals+**Business****Form ID: C-1**

Schedule C - Expenses**Preparer use only**

Principal business or profession _____

2012 Information**Prior Year Information**

Advertising	+ _____ [6]
Car and truck expenses	+ _____ [8]
Commissions and fees	+ _____ [10]
Contract labor	+ _____ [12]
Depletion	+ _____ [14]
Depreciation	+ _____ [16]
Employee benefit programs (Include Small Employer Health Insurance Premiums credit):	
_____	+ _____ [18]
_____	+ _____
Insurance (Other than health):	
_____	+ _____ [20]
_____	+ _____
Interest:	
Mortgage (Paid to banks, etc.)	
_____	+ _____ [22]
_____	+ _____
_____	+ _____
Other:	
_____	+ _____ [24]
_____	+ _____
Legal and professional services	+ _____ [26]
Office expense	+ _____ [29]
Pension and profit sharing:	
_____	+ _____ [31]
_____	+ _____
Rent or lease:	
Vehicles, machinery, and equipment	+ _____ [33]
Other business property	+ _____ [35]
Repairs and maintenance	+ _____ [37]
Supplies	+ _____ [39]
Taxes and licenses:	
_____	+ _____ [41]
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
Travel, meals, and entertainment:	
Travel	+ _____ [43]
Meals and entertainment	+ _____ [45]
Meals (Enter 100% subject to DOT 80% limit)	+ _____ [47]
Utilities	+ _____ [51]
Wages (Less employment credit):	
_____	+ _____ [53]
_____	+ _____
Other expenses:	
_____	+ _____ [55]
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____

Control Totals+**Form ID: C-2**

Preparer use only

Principal business or profession _____

Preparer use only Carryovers	Regular		AMT	
Operating	+	[11]	+	[12]
Short-term capital	+	[13]	+	[14]
Long-term capital	+	[15]	+	[16]
28% rate capital	+	[17]	+	[18]
Section 1231 loss	+	[19]	+	[20]
Ordinary business gain/loss	+	[21]	+	[22]
Section 179	+	[23]	+	[24]

NOTES/QUESTIONS:

Rent and Royalty Property - General Information**Preparer use only**

2012 Information		Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [3]	
State postal code	_____ [4]	
Description	_____ [2]	
Physical address: Street	_____ [5]	
City, state, zip code	_____ [6] _____ [7] _____ [8]	
Foreign country	_____ [10]	
Foreign province/county	_____ [11]	
Foreign postal code	_____ [12]	
Type (1 = Single-family, 2 = Multi-family, 3 = Vacation/short-term, 4 = Commercial, 5 = Land, 6 = Royalties, 7 = Self-rental, 8 = Other)	_____ [13]	
Description of other type (Type code #8)	_____ [14]	
Did you make any payments in 2012 that require you to file Form(s) 1099? (Y,N)	_____ [15]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [17]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)	_____ [19]	
Percentage of ownership if not 100%	_____ [21]	
Business use percentage, if not 100% (Not vacation home percentage)	_____ [23]	

Rent and Royalty Income

2012 Information	Prior Year Information
Rents and royalties + _____ [32]	

Rent and Royalty Expenses

	2012 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [34]	_____ [35]	
Auto	+ _____ [37]	_____ [38]	
Travel	+ _____ [40]	_____ [41]	
Cleaning and maintenance	+ _____ [43]	_____ [44]	
Commissions:			
_____	+ _____ [46]	_____ [48]	
_____	+ _____	_____	
Insurance:			
_____	+ _____ [49]	_____ [51]	
_____	+ _____	_____	
Legal and professional fees	+ _____ [53]	_____ [54]	
Management fees:			
_____	+ _____ [56]	_____ [58]	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098)	+ _____ [59]	_____ [61]	
Other mortgage interest	+ _____ [62]	_____ [64]	
Qualified mortgage insurance premiums	+ _____ [65]	_____ [66]	
Other interest:			
_____	+ _____ [68]	_____ [70]	
_____	+ _____	_____	
Repairs	+ _____ [71]	_____ [72]	
Supplies	+ _____ [74]	_____ [75]	
Taxes:			
_____	+ _____ [77]	_____ [79]	
_____	+ _____	_____	
Utilities	+ _____ [80]	_____ [81]	
Depreciation	+ _____ [83]	_____ [84]	
Depletion	+ _____ [86]	_____ [87]	
Other expenses:			
_____	+ _____ [89]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	

Control Totals+**Rent & Royalty****Form ID: Rent**

☐ **Preparer use only**

Description _____

Refinancing Points

Preparer - Enter on Screen Rent

2012 Information

Prior Year Information

Refinancing points paid -

Recipient's/Lender's name _____ [91]
 Date of refinance _____
 Total # Payments _____
 Reported on 1098 in 2012 _____
 Total points paid _____
 Points deemed as paid in current year **(Preparer use only)** _____

Refinancing points paid -

Recipient's/Lender's name _____
 Date of refinance _____
 Total # Payments _____
 Reported on 1098 in 2012 _____
 Total points paid _____
 Points deemed as paid in current year **(Preparer use only)** _____

Refinancing points paid -

Recipient's/Lender's name _____
 Date of refinance _____
 Total # Payments _____
 Reported on 1098 in 2012 _____
 Total points paid _____
 Points deemed as paid in current year **(Preparer use only)** _____

Vacation Home Information

2012 Information

Prior Year Information

Number of days home was used personally _____ [6]
 Number of days home was rented _____ [8]
 Number of day home owned, if not 366 _____ [10]
 Carryover of disallowed operating expenses into 2012 + _____ [20]
 Carryover of disallowed depreciation expenses into 2012 + _____ [21]

Passive and Other Information

Preparer use only Carryovers	Regular	AMT
Operating	+ [28]	+ [29]
Short-term capital	+ [30]	+ [31]
Long-term capital	+ [32]	+ [33]
28% rate capital	+ [34]	+ [35]
Section 1231 loss	+ [36]	+ [37]
Ordinary business gain/loss	+ [38]	+ [39]
Comm revitalization	+ [40]	+ [41]
Section 179	+ [42]	+ [43]

Partnerships and S Corporations

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of entity _____ [4]
 State postal code _____ [5]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [12]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating	[49]	[50]
	Short-term capital	[51]	[52]
	Long-term capital	[53]	[54]
	28% rate capital	[55]	[56]
	Section 1231 loss	[57]	[58]
	Ordinary business gain/loss	[59]	[60]
	Other losses - 1040 pg.1	[61]	[62]
	Comm revitalization	[63]	[64]
	Section 179	[65]	[66]
	Excess farm loss	[69]	[70]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of entity _____ [4]
 State postal code _____ [5]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [12]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating	[49]	[50]
	Short-term capital	[51]	[52]
	Long-term capital	[53]	[54]
	28% rate capital	[55]	[56]
	Section 1231 loss	[57]	[58]
	Ordinary business gain/loss	[59]	[60]
	Other losses - 1040 pg.1	[61]	[62]
	Comm revitalization	[63]	[64]
	Section 179	[65]	[66]
	Excess farm loss	[69]	[70]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of entity _____ [4]
 State postal code _____ [5]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [12]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating	[49]	[50]
	Short-term capital	[51]	[52]
	Long-term capital	[53]	[54]
	28% rate capital	[55]	[56]
	Section 1231 loss	[57]	[58]
	Ordinary business gain/loss	[59]	[60]
	Other losses - 1040 pg.1	[61]	[62]
	Comm revitalization	[63]	[64]
	Section 179	[65]	[66]
	Excess farm loss	[69]	[70]

Estates and Trusts**Please provide all copies of Schedules K-1 showing income from estates and trusts.**

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[67]	[68]
	Short-term capital	[69]	[70]
	Long-term capital	[71]	[72]
	28% rate capital	[73]	[74]
	Section 1231 loss	[75]	[76]
	Ordinary business gain/loss	[77]	[78]
	Comm revitalization	[79]	[80]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[67]	[68]
	Short-term capital	[69]	[70]
	Long-term capital	[71]	[72]
	28% rate capital	[73]	[74]
	Section 1231 loss	[75]	[76]
	Ordinary business gain/loss	[77]	[78]
	Comm revitalization	[79]	[80]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[67]	[68]
	Short-term capital	[69]	[70]
	Long-term capital	[71]	[72]
	28% rate capital	[73]	[74]
	Section 1231 loss	[75]	[76]
	Ordinary business gain/loss	[77]	[78]
	Comm revitalization	[79]	[80]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[67]	[68]
	Short-term capital	[69]	[70]
	Long-term capital	[71]	[72]
	28% rate capital	[73]	[74]
	Section 1231 loss	[75]	[76]
	Ordinary business gain/loss	[77]	[78]
	Comm revitalization	[79]	[80]

Form ID: Sale

Form 4797 and 6252 - General Information**39****Preparer use only**

Description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [9]
 State postal code _____ [10]
 Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1 _____ [14]
 Mark if disposition is due to casualty or theft _____ [18]
 Mark if disposition was to a related party _____ [20]

Sale Information

Date acquired _____ [22]
 Date sold _____ [23]
 Gross sales price or insurance proceeds received + _____ [24]
 Cost or other basis + _____ [25]
 Commissions and other expenses of sale + _____ [26]
 Depreciation allowed or allowable + _____ [27]

Form 4797, Part III - Recapture

Additional depreciation after 1975 (**Section 1250**) + _____ [29]
 Applicable percentage (if not 100%) (**Section 1250**) _____ [30]
 Additional depreciation after 1969 (**Section 1250**) + _____ [31]
 Soil, water and land clearing expenses (**Section 1252**) + _____ [32]
 Applicable percentage (if not 100%) (**Section 1252**) _____ [33]
 Intangible drilling and development costs (**Section 1254**) + _____ [34]
 Applicable payments excluded from income under sec. 126 (**Section 1255**) + _____ [35]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [36]
 Total current year payments received + **0** [37]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [38]
 Address _____ [39]
 State, City and Zip _____ [40] [41] [42]
 Identifying number of related party _____ [43]
 Was the property sold as a marketable security? (Y, N) _____ [44]
 Enter date of second sale _____ [45]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [46]
 Selling price of property sold by a related party + _____ [48]

NOTES/QUESTIONS:**Control Totals+****Form ID: Sale**

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	___[1]	___[2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	___[3]	___[4]
Enter the total traditional IRA contributions made for use in 2012	+ _____[5]	+ _____[6]
	+ _____	+ _____
Enter the nondeductible contribution amount made for use in 2012	+ _____[11]	+ _____[12]
Enter the nondeductible contribution amount made in 2013 for use in 2012	+ _____[13]	+ _____[14]
Traditional IRA basis	+ _____[15]	+ _____[16]
Value of all your traditional IRA's on December 31, 2012:	+ _____[17]	+ _____[18]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

Roth IRA

Please provide copies of any 1998 through 2011 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	___[27]	___[28]
Enter the total Roth IRA contributions made for use in 2012	+ _____[29]	+ _____[30]
Enter the total amount of Roth IRA conversion recharacterizations for 2012	+ _____[37]	+ _____[38]
Enter the total contribution Roth IRA basis on December 31, 2011	+ _____[41]	+ _____[42]
Enter the total Roth IRA contribution recharacterizations for 2012	+ _____[43]	+ _____[44]
Enter the Roth conversion IRA basis on December 31, 2011	+ _____[45]	+ _____[46]
Value of all your Roth IRA's on December 31, 2012:	+ _____[47]	+ _____[48]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

NOTES/QUESTIONS:

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2012 Information	Prior Year Information
			+	
Address				
			+	
Address				
			+	
Address				

[illegible]

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

T/S/J

2012 Information

Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received

[1]	_____	+	_____ [2]
—	_____	+	_____
—	_____	+	_____
—	_____	+	_____
—	_____	+	_____
—	_____	+	_____

Medical insurance premiums you paid***: (Do not include pre-tax amounts paid by an employer-sponsored plan)

[4]	_____	+	_____ [5]
—	_____	+	_____
—	_____	+	_____
—	_____	+	_____

Long-term care premiums you paid***: (Do not include pre-tax amounts paid by an employer-sponsored plan)

[7]	_____	+	_____ [8]
—	_____	+	_____

Prescription medicines and drugs:

[10]	_____	+	_____ [11]
—	_____	+	_____
—	_____	+	_____

[13]	Miles driven for medical items	_____ [14]
------	--------------------------------	------------

***Not entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

Schedule A - Tax Expenses

T/S/J

2012 Information

Prior Year Information

State/local income taxes paid:

[18]	_____	+	_____ [19]
—	_____	+	_____
—	_____	+	_____
—	_____	+	_____
—	_____	+	_____

2011 state and local income taxes paid in 2012:

[21]	_____	+	_____ [22]
—	_____	+	_____
—	_____	+	_____

Real estate taxes paid:

[24]	_____	+	_____ [25]
—	_____	+	_____
—	_____	+	_____

Personal property taxes:

[27]	_____	+	_____ [28]
—	_____	+	_____

Other taxes, such as: foreign taxes and State disability taxes

[30]	_____	+	_____ [31]
—	_____	+	_____
—	_____	+	_____

Sales tax paid on major purchases:

[36]	_____	+	_____ [37]
—	_____	+	_____

Sales tax paid on actual expenses:

[39]	_____	+	_____ [40]
—	_____	+	_____
—	_____	+	_____

Interest Expenses

T/S/J	2012 Interest Paid ^[2]	2012 Points Paid	Type*	2012 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1]	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home

1 = Not used to buy, build, improve home or investment

2 = Used to pay off previous mortgage

3 = Used to pay off previous mortgage, excess proceeds invested

4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Payee's Name	SSN or EIN	2012 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				

[4]			+	[5]
Address				
City, state and zip code				
			+	
Address				
City, state and zip code				

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid

	Payer's/Borrower's name	[7]
	Street Address	
	City/State/Zip code	

Refinancing Points paid in 2012 -

Taxpayer/Spouse/Joint (T, S, J)	[11]
Recipient/Lender name	
Total points paid at time of refinance	
Percentage of principal exceeding original mortgage (For AMT adjustment)	
Points deemed as paid in 2012 (Preparer use only)	+ [12]
Date of refinance	
Term of new loan (in months)	
Reported on Form 1098 in 2012	
Taxpayer/Spouse/Joint (T, S, J)	
Recipient/Lender name	
Total points paid at time of refinance	
Percentage of principal exceeding original mortgage (For AMT adjustment)	
Points deemed as paid in 2012 (Preparer use only)	+ [12]
Date of refinance	
Term of new loan (in months)	
Reported on Form 1098 in 2012	

T/S/J 2012 Information

Investment interest expense, other than on Schedule(s) K-1:

[15]	+	[16]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

Control Totals +**Itemized Deductions****Form ID: A-2**

T/S/J		2012 Information	Prior Year Information
	Contributions made by cash or check (including out-of-pocket expenses)		
[2]	_____	+ _____ [3]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
[5]	Volunteer miles driven _____	_____ [6]	
	Noncash items, such as: Goodwill/Salvation Army/Other clothing or household goods		
[8]	_____	+ _____ [9]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

Miscellaneous Deductions

T/S/J		2012 Information	Prior Year Information	
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses			
[11]	_____	+ _____ [12]		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
	Union dues:			
[14]	_____	+ _____ [15]		
—	_____	+ _____		
[17]	Tax preparation fees _____	+ _____ [18]		
	Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, custodial fees			
[20]	_____	+ _____ [21]		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
[23]	Safe deposit box rental _____	+ _____ [24]		
	Investment expenses, other than on Schedule(s) K-1:			
[26]	_____	+ _____ [27]		
—	_____	+ _____		
—	_____	+ _____		
	Other expenses, not subject to the 2% AGI limitation:			
[30]	_____	+ _____ [31]		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
	Gambling losses: (Enter only if you have gambling income)			
[33]	_____	+ _____ [34]		
—	_____	+ _____		

Preparer use only

Taxpayer/Spouse (T, S) _____

Occupation in which expenses were incurred _____

State postal code _____

Vehicle Questions**2012 Information****Prior Year Information**

If you used your automobile for work purposes, please answer the following questions:

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable) _____

____[7]

Was another vehicle available for personal use? (Y, N) _____

____[9]

Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No) _____

____[11]

Vehicles #1 and #2 Actual Expenses

Vehicle 1 description _____[15]

Comments _____

Vehicle 2 description _____[44]

Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Date vehicle placed in service	____[18]		____[47]	
Total mileage	____[20]		____[49]	
Business mileage	____[22]		____[51]	
Average daily round trip commuting mileage	____[25]		____[54]	
Total commuting mileage	____[27]		____[56]	
Gasoline, oil, repairs, insurance, etc.	+ ____[29]		+ ____[58]	
Vehicle rentals	+ ____[31]		+ ____[60]	
Inclusion amount (Preparer use only)	+ ____[33]		+ ____[62]	
Value of employer-provided vehicle	+ ____[39]		+ ____[68]	
Depreciation	+ ____[41]		+ ____[70]	

Vehicles #3 and #4 Actual Expenses

Vehicle 3 description _____[75]

Comments _____

Vehicle 4 description _____[103]

Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Date vehicle placed in service	____[78]		____[106]	
Total mileage	____[80]		____[108]	
Business mileage	____[82]		____[110]	
Average daily round trip commuting mileage	____[85]		____[113]	
Total commuting mileage	____[87]		____[115]	
Gasoline, oil, repairs, insurance, etc.	+ ____[89]		+ ____[117]	
Vehicle rentals	+ ____[91]		+ ____[119]	
Inclusion amount (Preparer use only)	+ ____[93]		+ ____[121]	
Value of employer-provided vehicle	+ ____[99]		+ ____[127]	
Depreciation	+ ____[101]		+ ____[129]	

NOTES/QUESTIONS:

Form ID: CA

California General Information

Prior year last name

Taxpayer _____ [1]

Spouse _____ [2]

Mark if different from prior year return:

Social security number(s) _____ [3]

Address _____ [4]

Filing status _____ [5]

Use Tax

Item purchased

Purchase price

County (City)

Sales Tax paid

 _____ [6]

Contributions

Amount of contributions you wish to make to:

Seniors Special Fund	_____ [7]	Municipal Shelter Spay-Neuter Fund	_____ [17]
Alzheimer's Disease/Related Disorders Fund	_____ [8]	Cancer Research Fund	_____ [18]
Fund for Senior Citizens	_____ [9]	ALS/Lou Gehrig's Disease Research Fund	_____ [19]
Rare and Endangered Species Preservation Program	_____ [10]	Child Victims of Human Trafficking Fund	_____ [20]
Children's Trust Fund for the Prevention of Child Abuse	_____ [11]	YMCA Youth and Government Fund	_____ [21]
Breast Cancer Research Fund	_____ [12]	California Youth Leadership Fund	_____ [22]
Firefighters' Memorial Fund	_____ [13]	School Supplies for Homeless Children Fund	_____ [23]
Emergency Food for Families Fund	_____ [14]	Parks Pass Purchase (\$195)	_____ [24]
Peace Officer Memorial Foundation Fund	_____ [15]	State Parks Protection Fund	_____ [25]
Sea Otter Fund	_____ [16]		

Renter Information

Number of months rented principal residence in California in 2012 _____ 0 [26]

Lived with person claiming dependency exemption for more than 6 months (Dependent of another only) _____ [27]

Property rented was exempt from property tax in 2012 _____ [28]

Taxpayer claimed homeowner's property tax exemption in 2012 _____ [29]

Spouse claimed homeowner's property tax exemption during 2012 _____ [30]

Maintained separate residences for the entire year _____ [31]

Addresses if more than one or different from mailing address

Address _____ [32] _____

City _____

State _____

Zip Code _____

Date Rented From _____

Date Rented To _____

Landlord information

Name _____ [33] _____

Address _____

City _____

State _____

Zip Code _____

Telephone _____

NOTES/QUESTIONS:

Form ID: CA

Form ID: CA2

California Residency Information

Part-year, Nonresident only

Taxpayer

Spouse

Enter the total number of days in California _____ [1]

Mark if owned CA home/property _____ [2]

If you became a resident:

Enter the date of your move _____ [3]

Enter your state of prior residency _____ [4]

If you became a nonresident:

Enter the date of your move _____ [5]

Enter your new state of residency _____ [6]

If you were a nonresident for the entire tax year:

Enter your state of residency _____ [7]

Country of residence (If outside the USA) _____ [8]

Prior Year Residency Information

Taxpayer

Spouse

If you were previously a resident, enter dates:

From _____ [9]

To _____ [10]

Enter the date you entered California _____ [11]

Enter the date you left California _____ [12]

Military Personnel

Part-year, Nonresident only

Taxpayer

Spouse

Enter your state of domicile _____ [13]

Enter the state where you were stationed _____ [14]

Enter the country where stationed (If outside the USA) _____ [15]

Electronic Filing Information for Military

Taxpayer

Spouse

Date deployed overseas or entered combat zone/QHDA _____ [16]

Date returned from overseas or combat zone/QHDA _____ [17]

Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard) _____ [18]

Combat Zone/QHDA Operation/Area served _____ [19]

Taxpayer _____ [20]

Spouse _____ [21]

NOTES/QUESTIONS: