

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 2013 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 an aggregate value exceeding \$10,000 at any time during the calendar year 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 individual or entity with ownership of foreign assets and meet specified criteria or 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.

Many clients find it more convenient and easier to use the LMGW web organizer. To use our web organizer you will need to login to your online client access account at www.lmgw.com and follow the prompts to complete the organizer and attach any tax documents for upload. **You are only permitted to submit your organizer once**, so be sure that you have included the majority of your tax information with the web organizer before you hit submit. Once you have submitted your tax organizer, our office is notified that the documents are ready to be retrieved and we will begin work on your tax return. If you have any questions on how to use the web organizer or how to login to your online client access account, please call the front desk at (408) 252-1800.

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,

Matthew O. Wheeler, CPA
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 2013 personal income tax return. To help you complete the organizer with minimal time and effort, when available, you will find certain information from your 2012 personal income tax return.

Enter 2013 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.

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 and 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.

Sincerely,

LMGW Certified Public Accountants LLP

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"/>
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 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?
- Did you or your spouse convert to a Roth IRA this year?
- Did you make any withdrawals from an education savings or 529 Plan account?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you receive any Social Security benefits during the year?
- Did you receive any unemployment benefits during the year?
- Did you receive any disability income during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Do you expect a large fluctuation in income, deductions, or withholding next year?

Itemized Deduction Information

- Did you incur a casualty or theft loss during the year?
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.
- Did you have an expense account or allowance during the year?
- Did you use your car on the job, for other than commuting?
- Did you work out of town for part of the year?
- Did you have any expenses related to seeking a new job during the year?
- Did you make any major purchases during the year (cars, boats, etc.)?
- 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?

Miscellaneous Information

- Did you make gifts of more than \$14,000 to any individual?
- Did you or your spouse make any gifts to a trust for any amount during the year?
- Did you assist in the purchase of any asset (auto, home) for any individual during the year?
- Did you forgive any indebtedness to any individual, trust or entity during the year?
- Did you have any educational expenses during the year?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you enroll for lower cost Marketplace Coverage under the Affordable Care Act?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you pay long-term health care premiums for yourself or your family?
- Did you pay any COBRA health care coverage continuation premiums?
- Are you a business owner and have paid health insurance premiums for your employees this year?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Are you an active participant in a pension or retirement plan?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a job change?
- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you pay any individual as a household employee during the year?
- 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?
- Do you own any foreign assets?
- Did you receive correspondence from the State or the Internal Revenue Service?
- Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If yes, attach any IRS correspondence.
- 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.

Form ID: 1040

Personal Information

1

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____ [1]
 Mark if you were married but living apart all year _____ [2]
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____ [3]

	Taxpayer	Spouse
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]	

Present Mailing Address

Address _____ [38]
 Apartment number _____ [39]
 City, state postal code, zip code _____ [40] _____ [41] _____ [42]
 Foreign country name _____ [44]
 In care of addressee _____ [47]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name[48]	Last Name	Date of Birth	Social Security No.	Relationship	Months*** in home	Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent _____ [49]
 Social security number of qualifying person _____ [50]

Dependent Codes

*Basic	1 = Child who lived with you	**Other	1 = Student (Age 19 - 23)
	2 = Child who did not live with you		2 = Disabled dependent
	3 = Other dependent		3 = Dependent who is both a student and disabled
	5 = Qualifying child for Earned Income Credit only		
	6 = Children who lived with you, but do not qualify for Earned Income Credit		
	7 = Children who lived with you, but do not qualify for Child Tax Credit		
	8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit		
***Months	77 = Reported on odd year return		
	88 = Reported on even year return		
	99 = Not reported on return		

Client Contact Information

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]

Form ID: ELF

Electronic Filing

4

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]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) _____[2]

If 1 or 2, 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:

Form ID: Est

Estimated Taxes

5

If you have an overpayment of 2013 taxes, do you want the excess:

Refunded _____ [47]

Applied to 2014 estimated tax liability _____ [48]

Do you expect a considerable change in your 2014 income? (Y, N) _____ [49]

If yes, please explain any differences:

_____ [50]

_____ [51]

_____ [52]

_____ [53]

Do you expect a considerable change in your deductions for 2014? (Y, N) _____ [54]

If yes, please explain any differences:

_____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in the amount of your 2014 withholding? (Y, N) _____ [59]

If yes, please explain any differences:

_____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a change in the number of dependents claimed for 2014? (Y, N) _____ [64]

If yes, please explain any differences:

_____ [65]

_____ [66]

_____ [67]

_____ [68]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes _____ [69]

2013 Federal Estimated Tax Payments

2012 overpayment applied to 2013 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	4/15/13	_____ [5]	+	_____ [6]	_____
2nd quarter payment	6/17/13	_____ [7]	+	_____ [8]	_____
3rd quarter payment	9/16/13	_____ [9]	+	_____ [10]	_____
4th quarter payment	1/15/14	_____ [11]	+	_____ [12]	_____
Additional payment		_____ [13]	+	_____ [14]	_____

NOTES/QUESTIONS:

Form ID: St Pmt **2013 State Estimated Tax Payments** 6

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

Amount paid with 2012 return + _____ [3]
 2012 overpayment applied to '13 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]		

2013 City Estimated Tax Payments

	City #1		City #2	
City name	_____ [28]		_____ [50]	
Amount paid with 2012 return	+ _____ [31]		+ _____ [53]	
2012 overpayment applied to '13 estimates	+ _____ [32]		+ _____ [54]	
Treat calculated amounts as paid	_____ [36]		_____ [58]	

	Date Paid		Amount Paid		Date Paid		Amount Paid
1st quarter payment	_____ [37]	+	_____ [38]		_____ [59]	+	_____ [60]
2nd quarter payment	_____ [39]	+	_____ [40]		_____ [61]	+	_____ [62]
3rd quarter payment	_____ [41]	+	_____ [42]		_____ [63]	+	_____ [64]
4th quarter payment	_____ [43]	+	_____ [44]		_____ [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]		_____ [94]	
Amount paid with 2012 return	+ _____ [75]		+ _____ [97]	
2012 overpayment applied to '13 estimates	+ _____ [76]		+ _____ [98]	
Treat calculated amounts as paid	_____ [80]		_____ [102]	

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

Interest Income

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 Code (**See codes below)	Type	Interest Income	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 J	Type Code	Payer	Ordinary 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
		Payer											
		Amounts											
		Payer											
		Amounts											
		Payer											
		Amounts											
		Payer											
		Amounts											
		Payer											
		Amounts											
		Payer											
		Amounts											
		Payer											
		Amounts											
		Payer											
		Amounts											
		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

If you received a Form SSA - 1099, please complete the following information:

Net Benefits for 2013 (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]

Prior Year Information

Tier 1 Railroad Benefits

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2013 (Box 5)	+ _____	[22]
Federal Income Tax Withheld (Box 10)	+ _____	[25]
Medicare Premium Total (Box 11)	+ _____	[27]

Prior Year Information

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2013 or receive any prior year benefits in 2013. 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

	2013 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 2013	_____ [29]	
Did you make any payments in 2013 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	+ _____ [40]	
Long-term care premiums paid by this activity	+ _____ [42]	
Amount of wages received as a statutory employee	+ _____ [45]	

Business Income

	2013 Information	Prior Year Information
Gross receipts and sales	+ _____ [50]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [53]	
Other income:	+ _____ [55]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Cost of Goods Sold

	2013 Information	Prior Year Information
Beginning inventory	+ _____ [57]	
Purchases	+ _____ [59]	
Labor:	+ _____ [61]	
_____	+ _____	
Materials	+ _____ [63]	
Other costs:	+ _____ [65]	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [67]	

Control Totals +

BUSINESS

Schedule C - Carryovers

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:

Preparer use only

Description _____

Refinancing Points

Preparer - Enter on Screen Rent

	2013 Information	Prior Year Information
Refinancing points paid -		[]
Recipient's/Lender's name _____	[92]	
Date of refinance _____		
Total # Payments _____		
Reported on 1098 in 2013 _____		
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 2013 _____		
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 2013 _____		
Total points paid _____		
Points deemed as paid in current year (Preparer use only) _____		

Vacation Home Information

	2013 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 365 _____	[10]	
Carryover of disallowed operating expenses into 2013 + _____	[20]	
Carryover of disallowed depreciation expenses into 2013 + _____	[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	[51]	[52]
	Short-term capital	[53]	[54]
	Long-term capital	[55]	[56]
	28% rate capital	[57]	[58]
	Section 1231 loss	[59]	[60]
	Ordinary business gain/loss	[61]	[62]
	Other losses - 1040 pg.1	[63]	[64]
	Comm revitalization	[65]	[66]
	Section 179	[69]	[70]
	Excess farm loss	[71]	[72]

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	[51]	[52]
	Short-term capital	[53]	[54]
	Long-term capital	[55]	[56]
	28% rate capital	[57]	[58]
	Section 1231 loss	[59]	[60]
	Ordinary business gain/loss	[61]	[62]
	Other losses - 1040 pg.1	[63]	[64]
	Comm revitalization	[65]	[66]
	Section 179	[69]	[70]
	Excess farm loss	[71]	[72]

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	[51]	[52]
	Short-term capital	[53]	[54]
	Long-term capital	[55]	[56]
	28% rate capital	[57]	[58]
	Section 1231 loss	[59]	[60]
	Ordinary business gain/loss	[61]	[62]
	Other losses - 1040 pg.1	[63]	[64]
	Comm revitalization	[65]	[66]
	Section 179	[69]	[70]
	Excess farm loss	[71]	[72]

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	[70]	[71]
	Short-term capital	[72]	[73]
	Long-term capital	[74]	[75]
	28% rate capital	[76]	[77]
	Section 1231 loss	[78]	[79]
	Ordinary business gain/loss	[80]	[81]
	Comm revitalization	[82]	[83]

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	[70]	[71]
	Short-term capital	[72]	[73]
	Long-term capital	[74]	[75]
	28% rate capital	[76]	[77]
	Section 1231 loss	[78]	[79]
	Ordinary business gain/loss	[80]	[81]
	Comm revitalization	[82]	[83]

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	[70]	[71]
	Short-term capital	[72]	[73]
	Long-term capital	[74]	[75]
	28% rate capital	[76]	[77]
	Section 1231 loss	[78]	[79]
	Ordinary business gain/loss	[80]	[81]
	Comm revitalization	[82]	[83]

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	[70]	[71]
	Short-term capital	[72]	[73]
	Long-term capital	[74]	[75]
	28% rate capital	[76]	[77]
	Section 1231 loss	[78]	[79]
	Ordinary business gain/loss	[80]	[81]
	Comm revitalization	[82]	[83]

Form ID: Sale **Form 4797 and 6252 - General Information** 39

Preparer use only

Description _____ [9]
 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:

Form ID: IRA	Traditional IRA	17
--------------	------------------------	----

	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 2013	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2013	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2014 for use in 2013	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2013:	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

Please provide copies of any 1998 through 2012 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 2013	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2013	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2012	+ _____ [41]	+ _____ [42]
Enter the total Roth IRA contribution recharacterizations for 2013	+ _____ [43]	+ _____ [44]
Enter the Roth conversion IRA basis on December 31, 2012	+ _____ [45]	+ _____ [46]
Value of all your Roth IRA's on December 31, 2013:	+ _____ [47]	+ _____ [48]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

Other Adjustments

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2013 Information	Prior Year Information
			+ _____ [1]	
Address			+ _____	
			+ _____	
Address			+ _____	

	2013 Information			Prior Year Information
	Taxpayer	Spouse		
Educator expenses:	+ _____ [3]	+ _____ [4]		
	+ _____	+ _____		
Self-employed health insurance premiums: (Not entered elsewhere)	+ _____ [6]	+ _____ [7]		
	+ _____	+ _____		
Self-employed long-term care premiums: (Not entered elsewhere)	+ _____ [9]	+ _____ [10]		
	+ _____	+ _____		
Other adjustments:	+ _____ [14]	+ _____ [15]		
	+ _____	+ _____		
	+ _____	+ _____		
	+ _____	+ _____		
	+ _____	+ _____		
	+ _____	+ _____		
	+ _____	+ _____		
	+ _____	+ _____		
	+ _____	+ _____		
	+ _____	+ _____		
	+ _____	+ _____		
	+ _____	+ _____		
	+ _____	+ _____		
	+ _____	+ _____		
	+ _____	+ _____		

NOTES/QUESTIONS:

Interest Expenses

T/S/J	2013 Interest Paid ^[2]	2013 Points Paid	Type*	2013 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	2013 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 2013 -

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 2013 (Preparer use only) _____^[12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2013 _____
 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 2013 (Preparer use only) _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2013 _____

T/S/J 2013 Information

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

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

Charitable Contributions

T/S/J		2013 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		2013 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 or Form(s) 1099-DIV/1099-INT:		
[26]	_____	+ _____ [27]	
	_____	+ _____	
	_____	+ _____	
	Other expenses, not subject to the 2% AGI limitation:		
[30]	_____	+ _____ [31]	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	Gambling losses: (Enter only if you have gambling income)		
[33]	_____	+ _____ [34]	
	_____	+ _____	

Employee Business Expenses

Preparer use only

Taxpayer/Spouse (T, S) _____ [2]

Occupation in which expenses were incurred _____ [3]

State postal code _____ [4]

Vehicle Questions

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

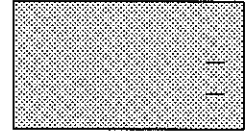
2013 Information

Prior Year Information

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable) _____ [5]

Was another vehicle available for personal use? (Y, N) _____ [7]

Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No) _____ [9]



Vehicle Information

Vehicle 1 -	Date placed in service	_____	[11]
	Description	_____	[12]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[62]
	Description	_____	[63]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[109]
	Description	_____	[110]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[156]
	Description	_____	[157]
	Comments	_____	

Vehicles Actual Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	_____ [20]		_____ [69]		_____ [116]		_____ [163]	
Business mileage	_____ [24]		_____ [71]		_____ [118]		_____ [165]	
Average daily round trip commuting mileage	_____ [26]		_____ [73]		_____ [120]		_____ [167]	
Total commuting mileage	_____ [28]		_____ [75]		_____ [122]		_____ [169]	
Gasoline	+ _____ [30]		+ _____ [77]		+ _____ [124]		+ _____ [171]	
Oil	+ _____ [32]		+ _____ [79]		+ _____ [126]		+ _____ [173]	
Repairs	+ _____ [34]		+ _____ [81]		+ _____ [128]		+ _____ [175]	
Maintenance	+ _____ [36]		+ _____ [83]		+ _____ [130]		+ _____ [177]	
Tires	+ _____ [38]		+ _____ [85]		+ _____ [132]		+ _____ [179]	
Car washes	+ _____ [40]		+ _____ [87]		+ _____ [134]		+ _____ [181]	
Insurance	+ _____ [42]		+ _____ [89]		+ _____ [136]		+ _____ [183]	
Interest	+ _____ [44]		+ _____ [91]		+ _____ [138]		+ _____ [185]	
Registration	+ _____ [46]		+ _____ [93]		+ _____ [140]		+ _____ [187]	
Licenses	+ _____ [48]		+ _____ [95]		+ _____ [142]		+ _____ [189]	
Property taxes (Plates, tags, etc)	_____ [50]		+ _____ [97]		+ _____ [144]		+ _____ [191]	
Vehicle rentals	+ _____ [52]		+ _____ [99]		+ _____ [146]		+ _____ [193]	
Inclusion amt (Preparer only)	_____ [54]		+ _____ [101]		+ _____ [148]		+ _____ [195]	
Other vehicle expenses	+ _____ [56]		+ _____ [103]		+ _____ [150]		+ _____ [197]	
Value of employer provided vehicle	+ _____ [58]		+ _____ [105]		+ _____ [152]		+ _____ [199]	
Depreciation	+ _____ [60]		+ _____ [107]		+ _____ [154]		+ _____ [201]	

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]	Cancer Research Fund _____ [18]
Alzheimer's Disease/Related Disorders Fund _____ [8]	Child Victims of Human Trafficking Fund _____ [19]
Fund for Senior Citizens _____ [9]	YMCA Youth and Government Fund _____ [20]
Rare and Endangered Species Preservation Program _____ [10]	California Youth Leadership Fund _____ [21]
Children's Trust Fund for the Prevention of Child Abuse _____ [11]	School Supplies for Homeless Children Fund _____ [22]
Breast Cancer Research Fund _____ [12]	Parks Pass Purchase (\$150) _____ [23]
Firefighters' Memorial Fund _____ [13]	State Parks Protection Fund _____ [24]
Emergency Food for Families Fund _____ [14]	Protect Our Coast and Oceans Fund _____ [25]
Peace Officer Memorial Foundation Fund _____ [15]	Keep Arts in Schools Fund _____ [26]
Sea Otter Fund _____ [16]	American Red Cross, California Chapters Fund _____ [27]
Municipal Shelter Spay-Neuter Fund _____ [17]	

Renter Information

Number of months rented principal residence in California in 2013 0 [28]

Lived with person claiming dependency exemption for more than 6 months (Dependent of another only) _____ [29]

Property rented was exempt from property tax in 2013 _____ [30]

Taxpayer claimed homeowner's property tax exemption in 2013 _____ [31]

Spouse claimed homeowner's property tax exemption during 2013 _____ [32]

Maintained separate residences for the entire year _____ [33]

Addresses if more than one or different from mailing address

Address _____ [34]

City _____

State _____

Zip Code _____

Date Rented From _____

Date Rented To _____

Landlord information

Name _____ [35]

Address _____

City _____

State _____

Zip Code _____

Telephone _____

NOTES/QUESTIONS:

Form ID: CA2

California Residency Information

Part-year, Nonresident only

	Taxpayer	Spouse
Enter your state of domicile	_____ [1]	_____ [2]
Enter your county of domicile (if outside the USA)	_____ [3]	_____ [4]
Enter the total number of days in California	_____ [5]	_____ [6]
Mark if owned CA home/property	_____ [7]	_____ [8]
If you became a resident:		
Enter the date of your move	_____ [9]	_____ [11]
Enter your state of prior residency	_____ [10]	_____ [12]
If you became a nonresident:		
Enter the date of your move	_____ [13]	_____ [15]
Enter your new state of residency	_____ [14]	_____ [16]
If you were a nonresident for the entire tax year:		
Enter your state of residency	_____ [17]	_____ [19]
Country of residence (if outside the USA)	_____ [18]	_____ [20]

Prior Year Residency Information

	Taxpayer	Spouse
If you were previously a resident, enter dates:		
From	_____ [21]	_____ [25]
To	_____ [22]	_____ [26]
Enter the date you entered California	_____ [23]	_____ [27]
Enter the date you left California	_____ [24]	_____ [28]

Military Personnel

Part-year, Nonresident only

	Taxpayer	Spouse
Enter the state where you were stationed	_____ [29]	_____ [31]
Enter the country where stationed (if outside the USA)	_____ [30]	_____ [32]

Electronic Filing Information for Military

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA	_____ [33]	_____ [36]
Date returned from overseas or combat zone/QHDA	_____ [34]	_____ [37]
Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard)	_____ [35]	_____ [38]
Combat Zone/QHDA Operation/Area served		
Taxpayer	_____ [39]	_____ [39]
Spouse	_____ [40]	_____ [40]

NOTES/QUESTIONS: