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**Dan Bane CPA, LLC
821 Raymond Ave Ste 310
Saint Paul, MN 55114**

2013 TAX ORGANIZER

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This tax organizer has been prepared for your use in gathering the information needed for your 2013 tax return.

To save you time, selected information from your 2012 tax return has been entered in this organizer. Please line through any information that does not apply to your 2013 tax return.

In some cases, 2012 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

**F
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2013 TAX ORGANIZER

**T
O** Dan Bane CPA, LLC
821 Raymond Ave Ste 310
Saint Paul, MN 55114

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature	Date
Spouse Signature	Date

Member
American Institute of CPAs

DAN BANE CPA, LLC
Certified Public Accountant
821 Raymond Ave, Suite 310
St. Paul, Minnesota 55114
651-999-0123
Fax 651-999-0153
Email: dan@danbanecpa.com
Website: www.danbanecpa.com

Dear Client:

This letter is to confirm the arrangements for my tax services on your behalf. Based upon the information you furnish to me, I will prepare the 2013 Federal and applicable state income tax returns for you.

The deadline for **final** appointments in my office is **Saturday, March 29**. With regard to returns dropped off or returns mailed to my office, it is essential they be in my office no later than **Tuesday, April 1** in order to have them processed and returned to you on or before **Tuesday, April 15**. Because of the many complexities of income tax return preparations, returns dropped off or received by mail after **Tuesday, April 1** may not be processed on or before **April 15** and an extension until **October 15** will be filed.

I will not audit or verify the data you submit, although I may ask that you clarify it.

Under the Internal Revenue Code and state tax laws, you are required to maintain records supporting your returns, including receipts and canceled checks for all deductible expenditures. You will be maintaining all necessary tax records and are responsible for the accuracy and completeness of the information submitted to me in connection with the preparation of the above-described return. (This includes travel and entertainment records.)

I will also be available to answer your inquiries on specific tax matters and to consult with you on income tax planning. Please note that my services cannot be relied upon to uncover fraud and defalcation.

Fees are based on my fee schedule (hourly rates) and the complexity of the return.

Your returns are, of course, subject to review by the taxing authorities. Any items resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination, I will be available to represent you for an additional fee.

Please note that this letter defines my respective duties and responsibilities relating to my firm's engagement by you. If you do not understand any of the terms of this agreement, please call and I will be happy to review them with you.

I would like to take this opportunity to introduce you to some of my administrative policies as well. I bill as the work is completed. If your account balance should not be paid within thirty days, a finance charge will be assessed at the rate of 1% per month on the unpaid balance. I welcome any questions you may have concerning these policies.

If the above is in accordance with your understanding of the terms and conditions of my engagement, please sign and enclose with your return.

I am pleased to have this opportunity to serve you.

Dan Bane CPA, LLC

READ AND ACCEPTED

By: _____ Date: _____

SPECIAL NOTE: I am requesting a \$100 deposit at the time of your appointment or when your tax material is received by my office. Your account will be credited immediately and the deposit will be deducted from your final bill. Your continued cooperation regarding this policy will be appreciated.

PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

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For any question answered Yes, please attach supporting detail or documents.

Personal Information:

	Yes	No
Did your marital status change during 2013?		
Are you legally married?		
If Yes, do you and your spouse want to file separate returns?		
If Yes, will you file a joint federal return and be required to file single state returns?		
If No, are you in a domestic partnership, civil union, or other state-defined relationship?		
Did your address change during 2013?		
Can you or your spouse be claimed as a dependent by another taxpayer?		

Dependents:

Were there any changes in dependents from the prior year?		
Note: Include non-child dependents for whom you provided more than half the support		
Did you pay for child care while you worked or looked for work?		
Do you have any children under age 18 with unearned income more than \$1000?		
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1000?		
Did you adopt a child or begin adoption proceedings during 2013?		

Purchases, Sales and Debt:

Did you have any debts canceled, forgiven or refinanced during 2013?		
Did you start a new business, purchase a new rental property, farm or acquire any new interest in any partnership or S corporation during 2013?		
Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2013?		
Did you sell, exchange or purchase any real estate in 2013? If so, please attach closing statements.		
Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?		
Did you receive 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?		
Did you pay any student loan interest in 2013?		
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.		
Did you have an outstanding home equity loan at the end of 2013? If so, please provide the principal balance and interest rate at the beginning and end of the year.		
Did you take out a home equity loan in 2013?		
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?		
Did you or your mortgagee receive any mortgage assistance payments? If Yes, enclose Forms 1098-MA.		



Miscellaneous: (continued)

- | | Yes | No |
|--|--------------------------|--------------------------|
| Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, please provide the gallons of gasoline or special fuels used for off-highway business purposes _____ Gallons _____ Type | | |
| Have you received a punitive damage award or an award for damages other than for physical injuries or illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you notified by the IRS or other taxing authority of any changes in prior year returns? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you lose your job during 2013 because of foreign competition and pay for your own health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you install any energy efficiency improvements, or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been an identity theft victim and have you contacted the IRS? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, please furnish the 6-digit identity protection PIN issued to you by the IRS _____ | | |
| Did you engage in any bartering transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any work outside of the U.S. or pay any foreign taxes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse serve in the military or were you or your spouse on active duty? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse claim a homebuyer credit for a home purchased in 2008? | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you have healthcare coverage (health insurance) for you, your spouse, and any dependents during 2014? | <input type="checkbox"/> | <input type="checkbox"/> |

Gifts:

- | | | |
|--|--------------------------|--------------------------|
| Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc., with a total (aggregate) value in excess of \$14,000 to any individual during the year? | <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"/> |
| Do you or your spouse have a life insurance trust? | <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 or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you answered Yes to any of the above gift questions, please complete Form 34 and/or 35 in the back of the Organizer. | | |

Severance/Retirement:

- | | | |
|---|--------------------------|--------------------------|
| Did you retire or change jobs in 2013? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive deferred, retirement or severance compensation? | <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, enter the date received (Mo/Da/Yr).

Date

- | | | |
|--|--------------------------|--------------------------|
| Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account while not taking any distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|



Sale of Your Home:

Did you sell your home in 2013?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you receive Form 1099?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever rent out this property?	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever use any portion of the home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

Additional Information:

For any trust you created or that you are trustee, have any beneficiaries died during 2013?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2013?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	State Sponsoring Plan	Account Number	2013 Amount Contributed



2013

Personal Information

3

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Contact Information:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP or Postal Code _____

Province or County _____

Foreign Country _____

Taxpayer Daytime/Work Phone _____ Spouse Daytime/Work Phone _____

Taxpayer Evening/Home Phone _____ Spouse Evening/Home Phone _____

Taxpayer Foreign Phone _____ Spouse Foreign Phone _____

Taxpayer Cell Phone _____ Spouse Cell Phone _____

Taxpayer Fax Number _____ Spouse Fax Number _____

Taxpayer Email Address _____

Spouse Email Address _____

Preferred Method of Contact _____

May the IRS or other taxing authority discuss the return with the preparer?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Is the taxpayer claimed as a dependent on someone else's tax return?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

	Taxpayer		Spouse	
	Yes	No	Yes	No
Are you considered legally blind per IRS regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to contribute to the Presidential Election Campaign Fund?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2013

Dependents and Wages

3A

Dependent Information:

Did dependent have income over \$3,900?

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Yes or No

Please provide the name of any person living with you who is claimed as a dependent on someone else's tax return _____

Please list the years that a release of claim to exemption is given for a dependent child not living with you _____

Wages and Salaries: Please enclose all copies of your current year Forms W-2

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER1	Medicare	State	Local



Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited directly into your financial institution account, regardless of the means used to file the return. For balance due returns to be filed electronically, the IRS and many states allow the entire amount due to be paid using electronic withdrawal. If you would like to have your refund deposited directly into your account or pay a balance due by using an electronic withdrawal, please complete the following information. If you selected either direct deposit or electronic withdrawal in 2012, your account information has already been included below.

Account Information:

Account owner Taxpayer Spouse Joint

Type of account Checking Trad. Savings IRA Savings
 Archer MSA Savings Coverdell Ed. Savings HSA Savings

Account use (check all that apply) Business Federal estimate State(s)
 Federal return Electronic withdrawal
 Direct deposit

Name of financial institution _____

Routing Transit Number _____

Account number _____

If requesting electronic withdrawal:

What amount do you want withdrawn, if not the entire balance due? _____

When should the withdrawal occur, if not the due date of the return? _____

Account Information:

Account owner Taxpayer Spouse Joint

Type of account Checking Trad. Savings IRA Savings
 Archer MSA Savings Coverdell Ed. Savings HSA Savings

Account use (check all that apply) Business Federal estimate State(s)
 Federal return Electronic withdrawal
 Direct deposit

Name of financial institution _____

Routing Transit Number _____

Account number _____

If requesting electronic withdrawal:

What amount do you want withdrawn, if not the entire balance due? _____

When should the withdrawal occur, if not the due date of the return? _____



2013

Dividend Income

5B

Dividend Information:

Please enclose copies of all Forms 1099-DIV or other documents for dividends received

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
Total					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Code	Tax-Exempt Interest	2012 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
Total		

Enter Any Additional Information:

Note: Please list all items sold during the year on Form 7.



Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

General Information:

TSJ
Title of filer
Enter all countries where you have foreign bank accounts

Foreign Identification:

Passport
Foreign TIN
If not passport or TIN, enter description
Number
Country of issue

Yes/No grid for identification questions

Information on Foreign Financial Accounts:

1 - Bank Account 2 - Securities Account 3 - Other

Table with columns: Account Type, If Other Account Type, Describe, Maximum Account Value, Account Number, Financial Institution Name

Table with columns: Street Address, City

Table with columns: Foreign Province/State/County, ZIP/Postal Code, Country

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN) B - SSN or ITIN C - Foreign

Table with columns: Last Name or Organization Name, First Name, Middle Initial, Suffix, Taxpayer ID Number

Table with columns: # of Joint Owners, Street Address, City

1 - No financial interest 2A - Joint ownership - spouse is joint owner 2B - Joint ownership - other joint owner

Table with columns: Foreign Province/State/County, State, ZIP/Postal Code, Country, Ownership Code, Filer's Title

1 - Deposit 2 - Custodial

Table with columns: Type, Foreign Currency, Exchange Rate, Source of Exchange, Acct Open, Acct Closed, Joint, No Tax Items Reported



2013

Foreign Assets

5D

Asset Information:

Description	Identifying Number	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Jointly Owned	No Tax Items Reported

Value	Foreign Currency	Exchange Rate	Source of Exchange Rate

If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Partnership 2 - Corporation 3 - Trust 4 - Estate

Name of Foreign Entity	Type of Foreign Entity	Mailing Address of Foreign Entity

City or Town of Foreign Entity	Province, County or State of Foreign Entity	Country of Foreign Entity	Postal Code of Foreign Entity

If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Issuer 2 - Counterparty

1 - U.S. person
2 - Foreign person

Name of Issuer	Issuer Code	Type of Issuer	Residence of Issuer

1 - Individual 2 - Partnership 3 - Corporation 4 - Trust 5 - Estate

Mailing Address of Issuer	City or Town of Issuer

Province, County or State of Issuer	Country of Issuer	Postal Code of Issuer

Foreign Bank Accounts and Trusts:

At any time during 2013, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2013, whether or not you had any beneficial interest in it? Yes No



2013

Brokerage Statement Details

5EA

TSJ	Payer Name	Account No.	Information Included (X or ✓)
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			
P			
Q			
R			
S			
T			

	Savings & Loans, Bank and Other	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
L								
M								
N								
O								
P								
Q								
R								
S								
T								



Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, please attach a copy of your brokerage statement.



Business Income and Cost of Goods Sold

2013

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
 Employer ID number _____
 Street address _____
 City, state and ZIP code _____
 Method of inventory _____
 Method of accounting _____

Business Questions for 2013:

	Yes	No
Did you dispose of this business? _____	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date? _____ (Mo/Da/Yr)		
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

	2013 Amount	2012 Amount
Health insurance premiums paid for yourself and your dependents _____		

Income: Please enclose copies of all Forms 1099-K

	2013 Amount	2012 Amount
Other gross receipts or sales _____		
Less returns and allowances _____		

Cost of Goods Sold:

	2013 Amount	2012 Amount
Beginning inventory _____		
Purchases less cost of items withdrawn for personal use _____		
Cost of labor (do not include amounts paid to yourself) _____		
Materials and supplies _____		

Other Costs of Cost of Goods Sold:

Description	2013 Amount	2012 Amount
Ending inventory _____		

Other Income:

Description	2013 Amount	2012 Amount



2013

Employee Business Expenses

TS: _____ Occupation: _____

Business Expenses: Enter all expenses at 100 percent

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

	2013 Amount	2012 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2013 Amount	2012 Amount

Reimbursements: Please list only reimbursements NOT reported in Box 1 of your Form W-2

	2013 Amount	2012 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No

Vehicle:

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

	2013	2012
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		
Other Vehicle Expenses:		

Description	2013 Amount	2012 Amount



2013

Business Use of Home

6D

Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2013	2012

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2013 Amount	2012 Amount	2013 Amount	2012 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2013 Amount	2012 Amount	2013 Amount	2012 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



2013

Sales of Stocks, Securities, Capital Assets & Installment Sales

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Please enclose all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

- Mutual fund transactions
- Exchange of any securities or investments for something other than cash
- Sales of inherited property
- Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale
- Commodity sales, short sales or straddles
- Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest
- Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock
- Debts that became uncollectible
- Securities that became worthless
- Sale of any property where you will receive payments in future years

Yes	No

TSJ	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Gross Sales Price (Less Commissions)
A				
B				
C				
D				
E				
F				
G				
H				

	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A			
B			
C			
D			
E			
F			
G			
H			

Installment Sales: Do not include interest received in principal amount

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2013 Principal Received	2012 Principal Received



Sale or Exchange of Your Home:

Please attach the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ _____

Date acquired _____ (Mo/Da/Yr)

Date sold _____ (Mo/Da/Yr)

Selling price _____

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? Yes No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? Yes No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated _____

Moving Expenses:

TSJ _____

Were the moving expenses reimbursed by your employer? Yes No

Enter reimbursements not included in wages on your Form W-2 _____

Mileage:

Number of miles from old home to new workplace _____

Number of miles from old home to old workplace _____

Number of automobile miles in move _____

Miles

Transportation Expenses:

Costs of transportation of household goods and personal effects _____

Costs of travel and lodging (do not include meals or automobile expenses) _____

Automobile expenses (gasoline, oil, etc.) _____

Meals (Pennsylvania only) _____

Amount



2013

Pension, Annuity and Retirement Plan Information

9A

Pensions and Annuities: Please enclose all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2013 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2012 Gross Distributions

Self-Employed Retirement Plan: Please enclose copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?

Do you want to contribute the maximum amount allowed?

Taxpayer	
Yes	No

Spouse	
Yes	No

Contributions to:

Simplified employee pension

Defined benefit plan

Defined contribution plan

SIMPLE plan

2013 Amount

2013 Amount



2013

Partnership and S Corporation Business Expenses

11A

Activity Name: _____

Business Expenses: Enter all expenses at 100 percent

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . _____ %

	2013 Amount	2012 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2013 Amount	2012 Amount

Reimbursements: Please list only reimbursements NOT reported in Box 1 of your Form W-2

	2013 Amount	2012 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

	2013	2012
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		
Other Vehicle Expenses:		

Description	2013 Amount	2012 Amount



2013

Farm Income

Proprietor's Name: _____

Principal Crop or Activity: _____

TSJ _____
Employer identification number _____
Method of accounting _____

Farm Questions for 2013:

Did you dispose of this farm? Yes No
If Yes, what was the disposition date? _____ (Mo/Da/Yr)
Have you prepared or will you prepare all required Forms 1099?

	2013 Amount	2012 Amount
Health insurance premiums paid for yourself and your dependents		

Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

Description	2013		2012	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

Income: Please enclose copies of all Forms 1099-K

	2013 Amount	2012 Amount
Sales of livestock, produce, grains, etc. you raised		
Total cooperative distributions (Forms 1099-PATR)		
Taxable cooperative distributions		
Total agricultural program payments		
Taxable agriculture program payments		
Total Commodity Credit Corporation (CCC) loans		
Total crop insurance proceeds and certain disaster payments received in 2013		
Taxable crop insurance proceeds received		
Crop insurance proceeds deferred from prior year		
Custom hire (machine work) income		
Federal gasoline tax or fuel tax credit or refund		
State gasoline tax or fuel tax credit or refund		

Other Income:

Description	2013 Amount	2012 Amount



Please enclose Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-G and 1098-E

Miscellaneous Income and Adjustments:

Table with 2 main columns for TSJ (with blank line) and 2 sub-columns for 2013 Amount and 2012 Amount. Rows include Taxable pensions, Nontaxable pensions, Federal/State withholding, Unemployment compensation, Social security benefits, Medicare premiums, Tier 1 railroad retirement, Taxable/Nontaxable IRA distributions, Lump sum social security, and Other federal/state withholding.

State and Local Income Tax Refunds:

Table with columns: TSJ, State, City, Tax Year, and Income Tax Refund (subdivided into State and Local).

Other Income:

Table with columns: TSJ, Nature and Source, 2013 Amount, and 2012 Amount.

Alimony Paid or Received:

Table with columns: TSJ, Recipient's Name, Recipient's Social Security No., Alimony Received?, 2013 Amount, and 2012 Amount.



Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2013 Amount	2012 Amount

Health Savings Accounts (HSAs)

TS	Description	2013 Amount	2012 Amount
	Contributions made for 2013		
	Distributions received from all HSAs in 2013		

What type of coverage applies to your high deductible health plan? Self only Family

Were any HSA contributions listed above also shown on your Form W-2? Yes No

Were all distributions from your HSA for unreimbursed medical expenses? Yes No

Did you or your spouse enroll in Medicare? Yes No

If yes, what month did you enroll? _____

What month did your spouse enroll? _____

Other Adjustments to Income: Please enclose all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2013 Amount	2012 Amount



Itemized Deductions - Medical and Taxes

2013

Medical and Dental Expenses:

- Prescription medicines and drugs
- Total medical insurance premiums paid (Do not include medicare premiums paid)
- Long-term care expenses
- Total insurance reimbursement
- Number of miles traveled for medical care
- Lodging
- Doctors, dentists, etc.
- Hospitals
- Lab fees
- Eyeglasses and contacts
- Cobra assistance premiums in 2013

TSJ	2013 Amount	2012 Amount

- Taxpayer long-term care insurance premiums paid
- Spouse long-term care insurance premiums paid

2013 Amount	2012 Amount

Other Medical Expenses:

TSJ	Description	2013 Amount	2012 Amount

Taxes Paid: Please include copies of your tax bills

- Personal property taxes paid (include vehicle taxes)
- General sales taxes paid on specified items

TSJ	2013 Amount	2012 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2013 Amount	2012 Amount

Other Taxes Paid:

TSJ	Description	2013 Amount	2012 Amount

If you purchased or sold your home in 2013, did you include any taxes from your closing statement in the amounts above? Yes No



2013

Mortgage Questions for 2013:

	Yes	No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, please enclose the closing statement.)	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? _____		
Did you purchase a new home or sell your former home during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home?	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2013 Amount	2012 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2013 Amount	2012 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2013 Amount	2012 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2013 Amount	2012 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2013 Amount	2012 Amount



Cash Contributions:

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity. Attach Forms 1098-C received from the charity.

Table with 4 columns: TSJ, Organization or Description of Contribution, 2013 Amount, 2012 Amount. Multiple empty rows for data entry.

Table with 4 columns: TSJ, Conservation Real Property, 2013 Amount, 2012 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2013 Miles, 2012 Miles. Row for Number of miles traveled performing volunteer work for qualified charitable organizations.

Noncash Contributions Totaling \$500 or Less:

Table with 4 columns: TSJ, Description of Donated Property, 2013 Amount, 2012 Amount. Multiple empty rows for data entry.

Noncash Contributions Totaling More Than \$500: Please enclose all Forms 1098-C or other documentation.

TSJ _____
Description of the donated property _____

Donee organization name _____

Donee organization address _____

Date the property was acquired by the taxpayer (Mo/Da/Yr) _____

Date the property was donated (Mo/Da/Yr) _____

Cost or basis of the donated property []

Fair market value of the donated property []

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal Thrift shop value Catalog Comparable sale

Other - please explain _____

Which of the following describes how this donated property was acquired?

- Purchase Gift Inheritance Exchange



Miscellaneous Itemized Deductions:

Union and professional dues

Tax preparation fee

Professional subscriptions

Hobby expense (To extent of income)

Safe deposit box

Uniforms and protective clothing

Work tools

Gambling losses

Estate taxes

TSJ	2013 Amount	2012 Amount

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees
- Investment expenses
- Custodial fees
- Employment agency fees
- Certain educational expenses

TSJ	Description	2013 Amount	2012 Amount

Casualty or Theft Loss:

TSJ

Property description

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use
 Business use
 Income producing
 Employee Use
 Personal use due to Hurricane Katrina
- Personal use attributable to a federally declared disaster between 2007 and 2009
 Personal use attributable to Midwestern disaster area
 Personal use attributable to Kansas disaster area

Date acquired (Mo/Da/Yr) _____

Date damaged or lost (Mo/Da/Yr) _____

Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Original cost or other basis

Fair market value before casualty

Fair market value after casualty

Cost of replacement

Insurance reimbursement



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No
 Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2012 but paid in 2013
 Employer-provided dependent care benefits that were forfeited in 2013
 2012 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name
 Street address
 City, state and ZIP code
 Social security number OR
 Employer identification number
 Telephone number (California only)

	2013 Amount	2012 Amount
Expenses incurred and paid in 2013		
Expenses incurred and not paid in 2013		

Provider 2:

Name
 Street address
 City, state and ZIP code
 Social security number OR
 Employer identification number
 Telephone number (California only)

	2013 Amount	2012 Amount
Expenses incurred and paid in 2013		
Expenses incurred and not paid in 2013		

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2013 Expenses Incurred	2012 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Please enclose copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	Grade	2013 Qualified Expenses



General Information:

TSJ

Employer identification number

Did you pay any one household employee cash wages of \$1,800 or more in 2013? Yes No

Did you withhold any federal income tax from wages paid to any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2012 or 2013?

Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes

Cash wages subject to Medicare taxes (if different than cash wages subject to social security)

Cash wages subject to additional Medicare tax withholding

Federal income tax withheld

State disability plan payments subject to social security taxes

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)

2013 Amount	2012 Amount

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax?

State	Total Cash Wages Subject to FUTA	2012 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2014

Name of State	Total Taxable Wages	Contribution Paid to Unemployment Fund	X	2012 Amount



Refund Application:

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

Refunded Yes No
 Applied to your 2014 estimated tax liability Yes No

Federal Estimated Tax Payments:

2013 1st Quarter Estimate (Due 04-15-2013)
 2013 2nd Quarter Estimate (Due 06-17-2013)
 2013 3rd Quarter Estimate (Due 09-16-2013)
 2013 4th Quarter Estimate (Due 01-15-2014)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2012 overpayment applied to 2013 estimate

Tax Planning Information for Tax Year 2014:

Do you expect any of the following to occur in 2014?

	Yes	No
A change in your marital status	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, please provide details.



2013

State and City Tax Payments

20A

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2013 1st Quarter Estimate		
2013 2nd Quarter Estimate		
2013 3rd Quarter Estimate		
2013 4th Quarter Estimate		

2012 overpayment applied to 2013 estimate

Balance of prior year(s)' tax paid in 2013 plus
amount paid with 2012 extensions

Estimated tax payments for 2012 paid in 2013

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2013 1st Quarter Estimate		
2013 2nd Quarter Estimate		
2013 3rd Quarter Estimate		
2013 4th Quarter Estimate		

2012 overpayment applied to 2013 estimate

Balance of prior year(s)' tax paid in 2013 plus
amount paid with 2012 extensions

Estimated tax payments for 2012 paid in 2013

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2013 1st Quarter Estimate		
2013 2nd Quarter Estimate		
2013 3rd Quarter Estimate		
2013 4th Quarter Estimate		

2012 overpayment applied to 2013 estimate

Balance of prior year(s)' tax paid in 2013 plus
amount paid with 2012 extensions

Estimated tax payments for 2012 paid in 2013



Foreign Employment Information (Page 1 of 3)

General Information:

TS _____
Foreign address

.....
.....

Name of employer
Employer's U.S. address

.....
.....

Employer's foreign address

.....
.....

Employer type: Foreign entity, U.S. company,
Foreign affiliate of a U.S. company, Self

Enter the last year that Form 2555 was filed to
claim either of the exclusions

Type of exclusions revoked in prior years

Year exclusion revoked

If a separate foreign residence was maintained for your
family due to adverse living conditions, please provide
the city, country, and number of days maintained

List tax home(s) during tax year and dates established

Country of citizenry or nationality

Qualified housing expenses for the tax year
Adjustment to employer provided amounts for qualified
housing expense

Tax Home History:

	Principal City and Country of Employment	Start Date (Mo/Da/Yr)	End Date (Mo/Da/Yr)
Most recent tax home			
First previous tax home			
Second previous tax home			
Third previous tax home			



Foreign Wages and Other Income (Page 1 of 2)

Foreign Questions for 2013:

- If you will be outside the U.S., do you want an automatic extension if you qualify?
- Will any tax due be paid with the extension?
- If you were working outside the U.S., did you terminate your foreign employment in 2013?
- Did you have foreign income derived from sources within designated "Boycott Activities"?
- If Yes, please provide all information pertaining to the boycott activities.

Yes	No

Foreign Source Wages and Salaries:

Please enclose all copies of your current year Forms W-2 or other wage statements

TS _____ Employer name

Employer address

Employer city

Employer state

Employer ZIP

Employer foreign country

	2013 Amount	2012 Amount
Base wages		
Federal tax withheld		
FICA withheld		
Medicare tax withheld		
Days in foreign country before foreign assignment		
Days in foreign country after foreign assignment		
Days in U.S. while on foreign assignment		

Allowances and Reimbursements:

	2013 Amount	2012 Amount
Cost of living and overseas differential		
Moving expense reimbursement		
Family		
Education		
Home leave		
Quarters		
Bonus		
Stock option - current year		
Foreign tax reimbursement		
Survivor's insurance		
Automobile		
Hardship premium		
Home gross salary		
Tax adjustment - current year		
Gross up		
Mobility premium		
Relocation allocation		
Wire transfer allowance		
Home housing allowance		
Home gross entitlement		
Home net entitlement		
Variable pay awards		
Miscellaneous		
Imputed tax preparation fees		
Home country pension cost		
401(k) reductions		



2012

JANUARY							FEBRUARY							MARCH							APRIL							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
1	2	3	4	5	6	7				1	2	3	4					1	2	3	1	2	3	4	5	6	7	
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29	30	31					26	27	28	29				25	26	27	28	29	30	31	29	30						
MAY							JUNE							JULY							AUGUST							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
		1	2	3	4	5						1	2	1	2	3	4	5	6	7				1	2	3	4	
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27	28	29	30	31			24	25	26	27	28	29	30	29	30	31					26	27	28	29	30	31		
SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
						1		1	2	3	4	5	6						1	2	3							1
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23	24	25	26	27	28	29	28	29	30	31				25	26	27	28	29	30	23	24	25	26	27	28	29		
30																					30	31						

2013

JANUARY							FEBRUARY							MARCH							APRIL							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
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27	28	29	30	31			24	25	26	27	28	24	25	26	27	28	29	30	28	29	30							
														31														
MAY							JUNE							JULY							AUGUST							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
		1	2	3	4	5						1		1	2	3	4	5	6					1	2	3		
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							30																					
SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
						1			1	2	3	4	5						1	2		1	2	3	4	5	6	7
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29	30						27	28	29	30	31			24	25	26	27	28	29	30	29	30	31					

2014

JANUARY							FEBRUARY							MARCH							APRIL							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
			1	2	3	4						1						1				1	2	3	4	5		
5	6	7	8	9	10	11	2	3	4	5	6	7	8	2	3	4	5	6	7	8	6	7	8	9	10	11	12	
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26	27	28	29	30	31		23	24	25	26	27	28	23	24	25	26	27	28	29	27	28	29	30					
														30	31													
MAY							JUNE							JULY							AUGUST							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
				1	2	3		1	2	3	4	5	6	7			1	2	3	4	5					1	2	3
4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9	
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25	26	27	28	29	30	31	29	30						27	28	29	30	31			24	25	26	27	28	29	30	
																					31							
SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
		1	2	3	4	5	6				1	2	3	4						1		1	2	3	4	5	6	
7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13	
14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20	
21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27	
28	29	30					26	27	28	29	30	31		23	24	25	26	27	28	29	28	29	30	31				
														30														



NOTE: Only complete Forms 34 and/or 35 if in 2013:

- You made gifts of cash or marketable securities to an individual that exceeded \$14,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, please include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, please provide details below.

If your most recent gift tax return was not prepared by us, please include a copy.

For gifts other than cash, please include a copy of any appraisal(s) of assets.

If no appraisal is available, please describe how the value was determined.

For each gift made outright to an individual during the year, please provide the following information:

Gift 1:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift	_____		
Address of person	_____		
Your relationship to the person (e.g., son, granddaughter or friend)	_____		
Age of the person	_____		
Date(s) of gift(s)	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$14,000 in cash or 500 shares of ABC stock)	_____		
Cost basis of assets gifted if other than cash			
Value of assets gifted if other than cash			

Gift 2:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift	_____		
Address of person	_____		
Your relationship to the person (e.g., son, granddaughter or friend)	_____		
Age of the person	_____		
Date(s) of gift(s)	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$14,000 in cash or 500 shares of ABC stock)	_____		
Cost basis of assets gifted if other than cash			
Value of assets gifted if other than cash			



NOTE: Complete this form only if you have made gifts in or to a trust during the year.

For each gift made in trust during the year, please provide the following information:

Name of trust receiving the gift _____

Name of the trustee _____

Address of the trustee _____

Trust identification number _____

Name of the beneficiary of the trust _____

Your relationship to the beneficiary
(e.g., son, granddaughter or friend) _____

Age of the beneficiary _____

Date(s) of gift(s) (Mo/Da/Yr) _____

Description and amount of assets gifted
(e.g., \$14,000 in cash or 500 shares of ABC stock) _____

Cost basis of assets gifted if other than cash

Value of assets gifted if other than cash

For gifts other than cash, please include a copy of any appraisal(s) of assets. If no appraisal is available, please describe how the value was determined.

Please include a copy of the following:

A copy of the trust document(s) unless previously furnished to us.

A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.



2013

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Minnesota for all of 2013, enter the dates you did live in Minnesota

Enter the state names other than Minnesota where you had income

Voluntary Contributions:

Enter the amount you wish to contribute on your 2013 tax return to the Nongame Wildlife Fund

Do you wish to designate \$5.00 on your 2013 tax return to the state elections campaign fund?

If Yes, please select one of the following: Democratic Farmer - Labor, General Campaign Fund, Libertarian, Independent, Republican or Grassroots.

Taxpayer
Spouse

Qualified School Expenses for Dependents:

	Dependent 1	Dependent 2
Dependent's name		
Dependent's grade		
Qualified expenses		
Type of school (public, private, home)		
Type of expense (Classes, Individual instruction, Textbooks, Computer, Tuition, Transportation, Musical instrument)		
Type of Instruction (Class or Individual)		
Instructor or organization		
Type of class		
Type of musical instrument		

Long Term Care Insurance:

If you had long term care insurance, list the policy owner, policy company name and policy number below.

Policy Owner	Policy Company Name	Policy Number
Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		
Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		



2013

General Information:

County of residence _____

School district number _____

Has your name or address changed since filing last year's return? Yes No

Taxpayer

Spouse

Tuition and textbook expenses for Grades K-12 _____

Residency Information:

Taxpayer	
From (Mo/Da/Yr)	To (Mo/Da/Yr)

Spouse	
From (Mo/Da/Yr)	To (Mo/Da/Yr)

If you did not live in Iowa for all of 2013, enter the dates you did live in Iowa _____

Enter the state names other than Iowa where you had income _____

Voluntary Contributions:

Enter the amount you wish to contribute on your 2013 tax return to:

Fish and Game Protection Fund	_____
Iowa State Fair Foundation	_____
Child Abuse Prevention Program Fund	_____
Veterans Trust Fund/Volunteer Fire Fighter Preparedness Fund	_____

If you wish to contribute to the 2013 Iowa election campaign fund, enter one of the following:

Taxpayer

Spouse

Democratic, Republican, or Campaign _____

Iowa Itemized Deductions:

Taxpayer

Spouse

Enter the amount of expenses incurred for the care of a disabled relative _____

Enter any adoption expenses _____

Dependent Child Health Care Coverage:

Number of dependent(s) with health care coverage (including Medicaid or hawk-i) _____

Number of dependent(s) without health care coverage _____

Federal Tax Data:

Taxpayer

Spouse

Federal estimated tax payments made in 2013 for 2012 _____

Additional federal tax paid in 2013 for 2012 and prior years _____

SE/household tax paid in 2013 for 2012 _____



2013

General Information:

Enter the following information pertaining to where you live:

City

Village

Town

County

School district number

Date entered nursing home

Name of nursing home

Enter the amount of adoption fees, court costs, and legal fees relating to the adoption of a child

Enter the amount of human organ donation expenses relating to the donation of a human organ

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Amount of rent paid on your primary residence during 2013:

To a landlord who paid for heat

To a landlord who did not pay for heat

Residency Information:

If you did not live in Wisconsin for all of 2013, enter the dates you did live in Wisconsin

Are you a former resident moving back to Wisconsin? Yes No

Voluntary Contributions:

Enter the amount you wish to contribute on your 2013 tax return to:

Endangered Resources

Packers Football Stadium

Cancer Research

Veterans Trust Fund

Multiple Sclerosis

Firefighters Memorial

Military Family Relief

Second Harvest/Feeding America

Red Cross WI Disaster Relief

Special Olympics

Homestead Information:

Was your home used for nonhomestead or nonfarm purposes during the year? Yes No

Is your home part of a farm? Yes No

If No, enter the number of acres your home is located on (to the nearest tenth)

How many months during 2013 did you receive a Wisconsin Works payment of any amount for a community service job or a transitional placement or county relief of \$400 or more?

