2013 TAX RETURN ORGANIZER

All Clients MUST Sign Below

I have retained Shea Medlin at Aircrew Taxes to prepare my 2013 Income Tax returns. I hereby verify that the information provided in this Organizer is <u>accurate and complete</u>. I understand it is my responsibility and my continuing obligation until I have verified my tax return and it is filed, to include any and all information concerning income, deductions and other information necessary for the preparation of my personal income tax return. I have not overstated my deductions or understated my income, and acknowledge that false information on a tax return could constitute a federal crime. I understand it is my responsibility to review my Income Tax Return after Aircrew Taxes has prepared it, and to verify that it contains accurate information. If I am billed for an amount due by Aircrew Taxes, I will promptly pay the full amount due and I hereby acknowledge that I will be responsible for any resulting collection fees due to nonpayment, and any attorney's fees incurred by Aircrew Taxes pursuant to a collection action. The laws of Georgia shall be applicable to all aspects of this agreement, and I hereby consent to jurisdiction of the Courts of Cobb County, Georgia regardless of where I actually reside. (If filing a joint return, both you and your spouse must sign.)
Taxpayer Signature

Date

Client Instructions to Complete Tax Return

Please do not send original tax documents, send copies only. You will need the originals to help resolve possible discrepancies. If you send your original tax documents there may be additional fees to return the documents to you.

General Instructions:

1) Complete the tax organizer filling in only the sections that apply to your tax situation. Send the completed organizer, and **copies only**, of your tax documents to Aircrew Taxes. New clients must include previous year's tax return. Previous years clients send short checklist that we e-mailed to you back to Aircrew Taxes checking off items included.

2) Make payment with credit card, check, or authorized deduction from your refund.

3) Aircrew Taxes will contact you to resolve any questions and discuss possible deductions and tax strategies and then we will e-mail the return to you for review.

4) Contact Aircrew Taxes with any changes to your tax return.

5) Aircrew Taxes will e-mail completed tax return with E-file authorization form to you.

6) Fax signed Form 8879 E-file Authorization to Aircrew Taxes so we may e-file your tax return.

Please Note:

1) New Clients may send tax returns from up to three previous tax years for a missed deductions review.

2) Send copy of tax documents as listed in the tax organizer, no originals please. Keep your receipts for your own records.

3) If you have a **small business**, please download and complete the worksheet from the small business tab on the website. Send all business related 1099 income statements designated as income for the business.

4) If you have **rental real estate**, please download and complete the worksheet from the rental real estate tab on the website. Send any 1099 income statements and 1098 mortgage interest statements designated as income and mortgage interest for rentals.

IRS NOW REQUIRES US TO FILE ELECTONICALLY CALL IF YOU WISH TO FILE BY PAPER

Tax Documents Required to Complete Accurate Return

____ Copy of all W-2s from all Employers

- Copy of 1099-INT for Interest and 1099-DIV for Dividends
- Copy of 1099-B Proceeds from Broker and Barter Exchange Transactions
- _____ Copy of Tax Reporting Statements from Brokers
- _____ Copy of 1099-G from State Income Tax Refund and 1099-G for State Unemployment

_____ Copy of 1099-R from IRA, Pensions, and 401(k) distributions and rollovers

Copy of K-1 Statements form Rental Real Estate, Royalties, Partnerships, S-Corps

_____ Copy of 1099's form Unemployment Compensation, SSA 1099 and RRB 1099 from social security benefits

- _____ Copy of 1099-MISC for other income, may need to fill out business worksheet
- Copy of 1098-E for Student Loan Interest and 1098-T Tuition
- _____ Copy of 1098 Mortgage Interest Statement with Real Estate Taxes
- _____ Copy of 1098-C for Contribution of motor vehicles
- _____ Copy of Closing Statement if Purchased or Refinanced a Home
- _____ Copy of Final Year Pay Stub or December 31 Pay Stub to Complete Non-taxable Per Diem Deductions

Office (770) 884-7565 Cell (678) 332-6905 Fax (770) 795-9799

Fax or E-mail Organizer to aircrewtaxes@yahoo.com

www.aircrewtaxes.com

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Taxpayer's Drivers License # & state Spouse's Drivers License # and state Date Issued / / Date Expired / / Date Expired / / / Date Expired /	Dire Use dir Accour Routing Pay All pre 1 0 2 0	ect Dej rect deposit nt Type? Ci g Number? ment I eparation an Check (\$25 Credit Carc	be your divorce Last Name Dosit/Fu for tax refund? rcle One Method nd related fees charge for all	nds No addi Checki for 7 must b returne	MI MI With tional fees ng or Fax P e paid pri ed checks	drawal s Y or N Saving	en did not liv must be und Relationship Inform Use elec Name of Account tion Fe etion of retur	ve with y ler \$380 Date of / / / / / / / / / / natio Tronic fu Bank? Number	70u, you 0 unless of Birth / / / / / / / nds with	must provi a full time # Mos at Ho	ide Form a student. me Care Care Dalance due	e?	Student Y or N Y or N Y or N Y or N Y or N Y or N	
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	Dire	ect Dep rect deposit i nt Type? Ci g Number? ment I eparation an Check (\$25 Credit Caro fumber on Card Withhold T ver's Drivers ssued	bf your divorce Last Name Last Name Dosit/Fu for tax refund? rcle One Method nd related fees charge for all I (please circle ax Fees from r License # & st / /	decree decree nds nds no addi Checki for returne card ty ny Refu ate Date E ₂	Depend MI MI With tional fees ng or Fax P e paid prived cd checks) /pe) Ind (\$35 I	dent childr lents income SSN drawal s Y or N Saving Prepara ior to comple Expira Signat Bank fee for	en did not liv must be und Relationship	ve with yer	vou, you 0 unless of Birth / / / / / / / / / / / / /	must provi a full time # Mos at Ho drawal for b drawal for b e # and state / Da	ide Form a student. me Care Care care care me	Expenses Expenses e? ercard y Code Zip Code I /	A see of Student Y or N Y or N Y or N Y or N Y or N Y or N /	
Do you owe back child support? Y or N Did the IRS garnish your refund last year? Y or N	Dire Use dir Accour Routing Pay All pre 1 0 Card N Name o 3 v Taxpay Date Is U.S. Do you	ect Dep rect deposit if nt Type? Ci g Number? ment I eparation an Check (\$25 Credit Card fumber on Card Withhold T /er's Drivers ssued . Citizen i owe back t	b your divorce Last Name Last Name Dosit/Fu for tax refund? rcle One Method nd related fees charge for all (please circle ax Fees from r License # & st / / Resident A axes to the IRS	nds nds nds no addi Checki for must b returne card ty ny Refu ate Date E2 lien	Depend MI MI With tional fees ng or Fax P e paid pri ed checks) rpe) Ind (\$35 I Non Re	dent childr lents income SSN drawal s Y or N Saving Prepara ior to comple Expira Signat Bank fee for	en did not liv must be und Relationship	ve with y ler \$380 Date of / / / / / / / / / / / / / / / / / / /	vou, you 0 unless of Birth / / / / / / / / / / / / /	must provi a full time # Mos at Ho drawal for b drawal for b e # and state / Da sident Alier student loan	ide Form 8 student. me Care Care and Ca	Expenses Expenses e? ercard y Code Zip Code I /	A see of Student Y or N Y or N Y or N Y or N Y or N A Y or N Y or N	
	Dire Use dir Accour Routing Pay All pre 1 0 Card N Name o 3 v Taxpay Date Is U.S. Do you	ect Dep rect deposit if nt Type? Ci g Number? ment I eparation an Check (\$25 Credit Card fumber on Card Withhold T /er's Drivers ssued . Citizen i owe back t	b your divorce Last Name Last Name Dosit/Fu for tax refund? rcle One Method nd related fees charge for all (please circle ax Fees from r License # & st / / Resident A axes to the IRS	nds nds nds no addi Checki for must b returne card ty ny Refu ate Date E2 lien	Depend MI MI With tional fees ng or Fax P e paid pri ed checks) rpe) Ind (\$35 I Non Re	ndent childr lents income SSN drawal s Y or N Saving Prepara ior to comple Expira Signat Bank fee for / / esident Alien	en did not liv must be und Relationship	ve with y ler \$380 Date of / / / / / / / / / / / / / / / / / / /	vou, you 0 unless of Birth / / / / / / / / / / / / /	must provi a full time # Mos at Ho drawal for b drawal for b e # and state / Da sident Alier student loan	ide Form 8 student. me Care Care and Ca	Expenses Expenses e? ercard y Code Zip Code I /	A se of Student Y or N Y or N Y or N Y or N Y or N A second secon	

State Tax Information

Please circle yes or no below if you are a resident of a state at the end of the year. If you paid taxes to more than one state, you may receive a separate W2 for each state and we need all W2's.

State	Still Resident	Date Moved In	Date Moved Out	County	School District
	Y or N				
	Y or N				
	Y or N				

Important Questions

YES	NO	Please Answer All Questions.	Amount					
		Dependent of Someone Else						
		Can you be claimed as a dependent of someone else?						
		If yes, were you claimed as a dependent on another persons return?						
		Can your spouse be claimed as a dependent of someone else?						
		If yes, was your spouse claimed as a dependent on another persons return?						
		Presidential Election Campaign Fund						
		Does taxpayer want \$3 to go to the presidential election campaign fund?						
		Does spouse want \$3 to go to the presidential election campaign fund?						
		Credit for Qualified Retirement Saving Contributions						
		Are you a full time student?						
		Is your spouse a full time student?						
		Credit for Elderly or Disabled						
		Is taxpayer retired on total and permanent disability?						
		Is spouse retired on total and permanent disability?						

Other Information You Believe We May Need

Interest Income Not required if providing all 1099-INT interest statements. Bank/Institution Box Numbers and Amounts in each Box from each separate 1099-INT Owner SS# **Dividend Income** Not required if providing all 1099-DIV dividend or 1099-B broker statements Owner SS# Institution Box Numbers and Amounts in each Box from each separate 1099-DIV Stocks & Bonds Sold Required even if providing 1099-B Proceeds From Broker and Barter Exchange Transactions and year-end broker statements. Must have purchase date, cost, sales date and sales proceeds for each sales. Stock Name or Description Date Sold Date Acquired Sales Price Cost Plus Fees /2013 \$ \$ / / / \$ \$ / /2013 / \$ \$ / /2013 / \$ / /2013 / \$ / /2013/ \$ \$ /2013 \$ \$ State Income Tax Refunds and Unemployment Compensation Not required if providing 1099-Gs and/or 1099-G for unemployment benefits. State Refunds Received in 2013 (this tax year) State Amount \$ State Amount \$ Amount \$ Additional State Tax paid in 2013 when filed State State Amount \$ Did you itemize last year? Taxpayer Y or N Spouse Y or N State Unemployment Compensation Received Amount \$ \$ State State Amount State Unemployment Benefits Repaid State Amount \$ State Amount \$ Alimonv Received Taxpayer Amount \$ Spouse Amount \$ IRA, Pension, 401(k), and Annuities Distributions and Rollovers Not required if providing all 1099-R statements for distributions and rollovers. Circle T or S for taxpayer or spouse. Taxpayer or Spouse T or S Distribution #1 T or S Distribution #2 T or S Distribution #3 Name of payer institution Gross distribution from 1099-R box 1 Reason for distribution Amount of Rollover Name of receiving institution Type of account (401k, IRA, Pension, Roth) **Social Security Benefits and Other Income** Not required if providing SSA 1099s and RRB 1099s and 1099MISCs. Taxpayer Spouse Amounts for Social Security Benefits \$ \$ Amounts for Railroad Benefits \$ \$ Amounts for 1099 MISC not requiring Schedule C for business income \$ \$ Amounts for 1099 MISC not requiring Schedule C for business income \$ \$

Educator Expenses

Un-reimbursed amounts spen		oplies, and mate	rials used	l in the c	classroom by kind	ergarten	to 12 th grade	teacher.
Taxpayer Amount	\$				Spouse Amount		\$	
Health Savings A	Accounts	(HSA)						
Provide Forms 5498-SA and			ASA anes	tions co	ncern tax vear 201	13		
Type of high deductible plan?		Self Only or			in high deductible			1
Plan in effect for December?		Y or N	-		SA contributions to	-	ount	\$
Total Employer HSA contribut	ions	\$			SA distributions	your ucc	ount	\$
Total payroll deduction HSA c		\$			reimbursed qualifi	ed medica	lexpenses	\$
		Ψ		1 otur ur	nemieusea quum		a enpenses	Ψ
Moving Expense								
Only job related moves are d	eductible. Mea			Mileage	rate for 2013 is 24			
Old Primary Residence		Old Work (BA	ASE)			Exp	nsportation ense	\$
New Primary Residence		New Work (B.	ASE)				age Expense	\$
Miles from Old HOME to New		Date Moved			/ /2013		el Expense	\$
Miles from Old HOME to Old	BASE	Mileage Drive	n During	Move			ging	\$
							ense	
Self-Employed (Contribu	tions to S	SEP, S	SIM	PLE and (Juali	fied Pla	ns
_	ype of Plan			1	axpayer Amount		Spouse Ar	
Money Purchase Plan	<u> </u>			\$	1 4	\$.	
Profit Sharing Plan				\$		\$		
Defined Benefit Plan				\$		\$		
SEP Plan				\$		\$		
SIMPLE Plan				\$		\$		
Individual 401(k) Plan				\$		\$		
Roth 401(k) Plan				\$		\$		
Alimony Paid				Į				
Recipients Name		Recipi	ents SS#			Ar	nount Paid	\$
Recipients Name		-	ents SS#			Ar	nount Paid	\$
Traditional And	Roth IR	A Contr	ihuti	ong				
			IDUIN				0	
Traditional IDA Contribution		. 4/15/14	¢	Tax	payer	¢	Spouse	
Traditional IRA Contribution A	,		\$ \$			\$ \$		
Roth IRA Contribution Amoun Non-Deductible IRA	it Made by 4/15/	14	\$ \$			\$ \$		
	•		ψ			φ		
Education Savin	igs Accoi	ints						
List contributions made on or b	efore 12/31/13				Stude	ent Name		Amount
Excess Contributions to Cover	dell Education P	lan (amounts in e	excess of S	\$2,000)				\$
Contributions to State Prepaid	tuition Program	State Plan N	ame					\$
Contributions to State College	Savings 529 Pla	n State Plan N	ame					\$
Student Loan In	terest an	d Educa	tiona	l De	duction an	d Cr	edits	
Provide all 1098-Es for stude	nt loan interest	paid in 2013 an	d all 1098	8-Ts for	educational tuitio			plete list
of education expenses please						m	1.0.0	
You may claim qualified expention		• •	-	•	-			
the American Opportunity Cre Credit you may be taking as lit		-			•			
	3-Ts and 1098-E		ng n to III		ent 1		Student 2	
	7 15 anu 1070-E	15		Biuu			Stuttit 2	1
Name of Student	State where locat	ed						
Name of Student Name of School and City and S Tuition Paid in 2013	State where locat	ed	\$			\$		
Name of Student Name of School and City and S Tuition Paid in 2013				^d 4 th Gra	d, Yes or No		¹ 4 th Grad, Ye	es or No
Name of Student Name of School and City and S	nt at least halftim			^d 4 th Grad	d, Yes or No		⁴ 4 th Grad, Ye	es or No

	I Evnoncoc								
	al Expenses de amounts paid by ins	urance or fro	om Flexible	e Snendi	ino A	ccounts			
Prescriptions			<u>\$</u>	-		ical Equipment a	nd Supplies		\$
	ance Premiums – After T	Tax	\$			ical Travel – Nun			Ŧ
	Care Insurance		\$ Medical Lodging					\$	
<u> </u>	sician/Dentist/Chiropract	or				k and Radial Kero	otonomy		\$
	pital and Clinics		\$			er – Including CC	2	becify:	\$
Lab and X-ra	ly		\$		Othe			•	\$
Long Term C	Care Costs		\$		Othe	er			\$
Eyeglasses an	nd Contacts		\$		Othe	er			\$
Taxes]	Paid								·
Real Estate ta	axes on Principal Resider	nce	\$	ĺ	Pers	onal Property Tax	(Car Tag	or Advalorem Fe	e) \$
	axes on Second Home of		\$			onal Property Tax			\$
Real Estate ta	axes on Vacation Home		\$		Sale	s Tax on Motor V	ehicle or B	oat or Aircraft	\$
Not required	wner Mortga 1 if providing all 1098 M ment. (<u>DO NOT INCLU</u>	Aortgage Inte	erest State	ments.	If yoı TERE	ı purchased, sold ST BELOW SEE	or refinan RENTAL	ced a house, sen <u>WORKSHEET</u>)	
	tgage interest Lender_		\$			alified Mortgage			\$
,	tgage interest Lender_		\$			l you sell your ho			Y or N
Equity line lo			\$		Nu	mber of years live	d in home	before selling?	
Second mort			\$		Did	Y or N Y or N			
	me mortgage Lender_		\$		Did you refinance your home in 2013?				
Origination of	or Discount Points		\$		Nu	mber of years you	refinanced	!?	
		ient ii any sii	igle cash co	ontribut	ion is	over \$250. If yo	ou donated	any household	goods, please
Cash	value and include the r Donee Name:		dress of the \$		ble o Do	rganization. Vel	nicle Dona		end 1098C \$
Cash Donations	value and include the r Donee Name: Donee Name:		dress of the		ble o Dor Tra	rganization. Vel nee Name: vel for Charitable	Purposes		end 1098C
Cash Donations Vehicle	value and include the r Donee Name: Donee Name: Vehicle Donated to:	name and add	dress of the \$		ble o Dor Tra Dat	rganization. Vel nee Name: vel for Charitable re of Vehicle Don	Purposes		end 1098C \$
Cash Donations	value and include the r Donee Name: Donee Name: Vehicle Donated to: FMV under \$500		dress of the \$		ble of Dor Tra Dat Ma	rganization. Vel nee Name: vel for Charitable te of Vehicle Don ke & Year of Veh	Purposes ation iicle	tion over \$500 s 	end 1098C \$
Cash Donations Vehicle Donations	value and include the r Donee Name: Donee Name: Vehicle Donated to: FMV under \$500 Purchase Date	name and add	dress of the \$		ble of Dor Tra Dat Ma	rganization. Vel nee Name: vel for Charitable re of Vehicle Don	Purposes ation iicle		end 1098C \$
Cash Donations Vehicle Donations Non-Cash	value and include the r Donee Name: Donee Name: Vehicle Donated to: FMV under \$500 Purchase Date Name of Charity	name and add	dress of the \$		ble of Dor Tra Dat Ma	rganization. Vel nee Name: vel for Charitable te of Vehicle Don ke & Year of Veh	Purposes ation iicle	tion over \$500 s 	end 1098C \$
Cash Donations Vehicle Donations Non-Cash	value and include the r Donee Name: Donee Name: Vehicle Donated to: FMV under \$500 Purchase Date Name of Charity Address of Charity	name and add	dress of the \$		ble of Dor Tra Dat Ma	rganization. Vel nee Name: vel for Charitable te of Vehicle Don ke & Year of Veh	Purposes ation iicle	tion over \$500 s 	end 1098C \$
Cash Donations Vehicle Donations Non-Cash Donations	value and include the rDonee Name:Donee Name:Vehicle Donated to:FMV under \$500Purchase DateName of CharityAddress of CharityCity, State, Zip	name and add	dress of the \$		ble of Dor Tra Dat Ma	rganization. Vel nee Name: vel for Charitable te of Vehicle Don ke & Year of Veh	Purposes ation iicle	tion over \$500 s 	end 1098C \$
Cash Donations Vehicle Donations Non-Cash	value and include the r Donee Name: Donee Name: Vehicle Donated to: FMV under \$500 Purchase Date Name of Charity Address of Charity City, State, Zip Donation Description	name and add	dress of the \$	e charita	ble of Dor Tra Dat Ma	rganization. Vel nee Name: vel for Charitable te of Vehicle Don ke & Year of Veh	Purposes ation ticle tice	tion over \$500 s 	end 1098C \$ Miles
Cash Donations Vehicle Donations Non-Cash Donations Must	value and include the r Donee Name: Donee Name: Vehicle Donated to: FMV under \$500 Purchase Date Name of Charity Address of Charity City, State, Zip Donation Description Date of Donation	name and add	dress of the \$		ble of Dor Tra Dat Ma	rganization. Vel nee Name: vel for Charitable te of Vehicle Don ke & Year of Veh	Purposes ation iicle	tion over \$500 s 	end 1098C \$
Cash Donations Vehicle Donations Non-Cash Donations Must complete all items for	value and include the r Donee Name: Donee Name: Vehicle Donated to: FMV under \$500 Purchase Date Name of Charity Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired	s	lress of the \$ \$	e charita	ble o Dor Tra Dat Ma Ori	rganization. Vel nee Name: vel for Charitable æ of Vehicle Don ke & Year of Veh ginal Purchase Pr	Purposes ation ticle ice 2013	tion over \$500 s	end 1098C \$ Miles 2013
Cash Donations Vehicle Donations Non-Cash Donations Must complete all items for Donation	value and include the r Donee Name: Donee Name: Vehicle Donated to: FMV under \$500 Purchase Date Name of Charity Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired	s Purchase Gi	lress of the \$ \$	e charita	ble o Don Tra Dat Ma Ori Cri Cri Cri Dat Ma Ori	rganization. Vel nee Name: vel for Charitable te of Vehicle Don ke & Year of Veh	Purposes ation ticle ice 2013	tion over \$500 s	end 1098C \$ Miles
Cash Donations Vehicle Donations Non-Cash Donations Must complete all items for Donation Value over	value and include the r Donee Name: Donee Name: Donee Name: Vehicle Donated to: FMV under \$500 Purchase Date Name of Charity Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired Total Original Cost	s Purchase Gi	lress of the \$ \$	e charita	ble o Don Tra Dat Ma Ori Cri Cri Cri Cri Cri Cri Cri Cri Cri C	rganization. Vel nee Name: vel for Charitable æ of Vehicle Don ke & Year of Veh ginal Purchase Pr	Purposes ation ticle ice 2013	tion over \$500 s	end 1098C \$ Miles 2013
Cash Donations Vehicle Donations Non-Cash Donations Must complete all items for Donation	value and include the r Donee Name: Donee Name: Donee Name: Vehicle Donated to: FMV under \$500 Purchase Date Name of Charity Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired Total Original Cost Value of Donations	ame and add	It Created	e charita	ble o Don Tra Dat Ma Ori Ori	rganization. Vel nee Name: vel for Charitable te of Vehicle Don ke & Year of Veh ginal Purchase Pr chase Gift Create	Purposes ation ticle tice 2013 d Bequest	tion over \$500 s \$ Purchase Gift (\$ \$	end 1098C \$ Miles 2013 Created Bequest
Cash Donations Vehicle Donations Non-Cash Donations Must complete all items for Donation Value over \$500	value and include the r Donee Name: Donee Name: Donee Name: Purchase Date Name of Charity Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired Total Original Cost Value of Donations How Valued	s Purchase Gi \$ Thrift Repla	It Created	e charita	ble o Don Tra Dat Ma Ori Ori	rganization. Vel nee Name: vel for Charitable æ of Vehicle Don ke & Year of Veh ginal Purchase Pr	Purposes ation ticle tice 2013 d Bequest	tion over \$500 s \$ Purchase Gift (\$ \$	end 1098C \$ Miles 2013
Cash Donations Vehicle Donations Non-Cash Donations Must complete all items for Donation Value over \$500	value and include the r Donee Name: Donee Name: Donee Name: Vehicle Donated to: FMV under \$500 Purchase Date Name of Charity Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired Total Original Cost Value of Donations	s Purchase Gi \$ Thrift Repla	Iress of the	e charita	ble o Don Tra Dat Ma Ori Ori	rganization. Vel nee Name: vel for Charitable te of Vehicle Don ke & Year of Veh ginal Purchase Pr chase Gift Create	Purposes ation ticle tice 2013 d Bequest	tion over \$500 s \$ Purchase Gift (\$ \$	end 1098C \$ Miles 2013 Created Bequest
Cash Donations Vehicle Donations Non-Cash Donations Must complete all items for Donation Value over \$500	value and include the r Donee Name: Donee Name: Vehicle Donated to: FMV under \$500 Purchase Date Name of Charity Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired Total Original Cost Value of Donations How Valued ty/Theft & L	ame and add	Iress of the	e charita	ble o Don Tra Dat Ma Ori Ori	rganization. Vel nee Name: vel for Charitable te of Vehicle Don ke & Year of Veh ginal Purchase Pr chase Gift Create	Purposes ation ticle ice 2013 d Bequest Equal sale	tion over \$500 s 	end 1098C \$ Miles 2013 Created Bequest ment Equal sale
Cash Donations Vehicle Donations Non-Cash Donations Must complete all items for Donation Value over \$500 Casual Descriptio	value and include the r Donee Name: Donee Name: Vehicle Donated to: FMV under \$500 Purchase Date Name of Charity Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired Total Original Cost Value of Donations How Valued ty/Theft & L	ame and add	Iress of the	e charita	ble o Don Tra Dat Ma Ori Ori	rganization. Vel nee Name: vel for Charitable te of Vehicle Don ke & Year of Veh ginal Purchase Pr chase Gift Create	Purposes ation iicle ice 2013 d Bequest Equal sale Cost	tion over \$500 s 	end 1098C \$ Miles Miles 2013 Created Bequest ment Equal sale Insurance
Cash Donations Vehicle Donations Non-Cash Donations Must complete all items for Donation Value over \$500 Casual Description	value and include the r Donee Name: Donee Name: Donee Name: Purchase Date Name of Charity Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired Total Original Cost Value of Donations How Valued ty/Theft & L on of Casualty Event	ame and add	Iress of the	e charita	ble o Don Tra Dat Ma Ori Cri S S S Thr	rganization. Vel nee Name: vel for Charitable te of Vehicle Don ke & Year of Veh ginal Purchase Pr chase Gift Create	Purposes ation iicle iice 2013 d Bequest Equal sale Cost \$	tion over \$500 s 	end 1098C S Miles 2013 Created Bequest ment Equal sale Insurance S
Cash Donations Vehicle Donations Non-Cash Donations Must complete all items for Donation Value over \$500 Casual Description	value and include the r Donee Name: Donee Name: Donee Name: Purchase Date Name of Charity Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired Total Original Cost Value of Donations How Valued ty/Theft & L on of Casualty Event	ame and add	Iress of the	e charita	ble o Don Tra Dat Ma Ori Ori S S S Thr	rganization. Vel nee Name:	Purposes ation iicle iice 2013 d Bequest Equal sale Cost \$ rest Paid	tion over \$500 s	end 1098C \$ Miles Miles 2013 Created Bequest ment Equal sale Insurance
Cash Donations Vehicle Donations Non-Cash Donations Must complete all items for Donation Value over \$500 Casual Description Miscell Tax Prep Fee Tax Prep Sof	value and include the r Donee Name: Donee Name: Donee Name: Purchase Date Name of Charity Address of Charity City, State, Zip Donation Description Date of Donation Date of Donation Date Acquired How Acquired Total Original Cost Value of Donations How Valued ty/Theft & L on of Casualty Event	ame and add	Iress of the	e charita 2013 2013 Bequest ual sale roperty Mar Cer	ble o Doi Tra Dat Ma Ori Ori S S Thr s s	rganization. Vel nee Name: vel for Charitable ze of Vehicle Don ke & Year of Veh ginal Purchase Pr chase Gift Create rift Replacement H Purchase Date	Purposes ation iicle iice 2013 d Bequest Equal sale Cost \$ rest Paid	tion over \$500 s	end 1098C S Miles Miles 2013 Created Bequest ment Equal sale Insurance S S

Other Job Expens	es/W-	2 Non-Air	line Emp	loye	e Deductions	
If you have another job or your	spouse has	a job with non-re	imbursed emplo	vee rel	ated business expenses enter b	elow.
Union Dues and Professional Dues	Meals and Entert	ainment Expense	\$	Other	\$	
Professional Subscriptions	Office Supplies		\$	Other	\$	
Uniform and Protective Clothing	\$	Office Equipmen	ıt	\$	Other	\$
Job Search Costs	\$	Licenses		\$	Other	\$
Local Parking Fees and Transportatio	n \$	Telephone Calls		\$	Other	\$
Travel Expense Lodging	\$	Cell Phone		\$	Other	\$
Travel Expense Airfare	\$	Pager		\$	Other	\$
Travel Expense Car Rental	\$	Internet		\$	Other	\$
Business Gifts	\$	Postage		\$	Other	\$
Education Expense Job Related	\$	Other		\$	Other	\$
Vehicle Expense - Mileage ra	te for 2013	3 is 56.5 cents per	mile.			
Year & Make and Model Vehicle	Year & Make and Model Vehicle Do you have evidence to support the deduction?					
Date First Used for Business	Is this evidence written?					
Type of Vehicle: Car, Van, Truck	Is another vehicle available for personal use?					
Total Mileage		Was	the vehicle availab	le for pe	ersonal use during off duty hours?	Yes or No
Business Mileage		Was	the vehicle leased?)		Yes or No
Commuting Mileage		Was	the vehicle used fo	r hire?		Yes or No
Personal Mileage		Actu	al Expenses: Gas, 0	Dil, Rep	airs, Insurance, ect.	\$
Home Office – To be deductil	ole must ha	ave been required	by employer.			
Area Used for Business - Square Foota		Sq/ft	Mortgage Interest			\$
Total Area - Square Footage of Home		Sq/ft	Real Estate Taxes			\$
Number of Days in Year Office was i	n Home		Insurance – Homeowners/Renters			\$
Date of Using Room as Home Office		\$	Repair and Maintenance			\$
Fair Market Value of Home with Hom	e Office	\$	Utilities Except V	tilities Except Water per Month		
Cost of Home with Home Office		\$	Rent Paid for Yea	Rent Paid for Year		
Improvement to Home Office		\$	Other Specify:			\$
Land Value on Property Tax Statement	t	\$	Other Specify:			\$
Building Value on Property Tax States	nent	\$	Other Specify:			\$

What are adequate records according IRS Publication 463 Travel, Entertainment, Gift and Car Expenses?

You should keep the proof you need in an account book, diary statement of expense, or similar record. You should also keep documentary evidence that, together with your record, will support each element of an expense. You generally must have documentary evidence, such as receipts, cancelled checks, or bills to support your expenses. Documentary evidence is not needed if your travel expense other than lodging is less than \$75 or you have a transportation expense for which a receipt is not readily available. Documentary evidence ordinarily will be considered adequate if it shows the amount, date, place, and essential character of the expense. You must generally provide a written statement of the business purpose of an expense is clear from the surrounding circumstances, then you do not need to give a written explanation. If you do not have complete records to prove an element of an expense, then you must prove the element your own written or oral statements containing specific information about the element, and other supporting evidence that is sufficient to establish the element. If the element is the description of a gift, or the cost, time, place, or date of and expense, the supporting evidence must be either direct evidence or documentary evidence. Direct evidence can be written statements, or oral testimony of your guests or other witness setting forth the detail information about the element. Documentary evidence can be receipts, paid bills, or similar evidence.

Small Business – Self Employed - 1099 Income-Schedule C Worksheet Send last year's Schedule C or tax return if you operated the business previously and we did not prepare the previous tax

return for you.

Name of Business:Does this business belong to you or your spouse?Gross Income (provide any 1099's)Cost of Inventory at Beginning of YearCost of Inventory PurchasedCost of LaborAdvertisingCar and TruckCommission and FeesContract LaborEmployee Benefit Programs not pensionsInsurance: List TypeSelf Employed Health InsuranceMortgage InterestOther InterestLegal & Professional FeesOffice ExpensePension and Profit Sharing PlansRent or Lease – Outside of HomeRepairs/Maintenance	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Type of Business: Address of Business: Materials and Supplies Other Costs Cost of Inventory at End of Year Returns and Refunds Travel Meals and Entertainment Utilities – Outside of Home Wages and Salaries Paid to Empl Other Expenses: Dues & Publica Other Expenses: Telephone Other Expenses: Bank Charges Other (Specify): Other (Specify):	oyees tions	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
Gross Income (provide any 1099's)Cost of Inventory at Beginning of YearCost of Inventory PurchasedCost of LaborAdvertisingCar and TruckCommission and FeesContract LaborEmployee Benefit Programs not pensionsInsurance: List TypeSelf Employed Health InsuranceMortgage InterestOther InterestLegal & Professional FeesOffice ExpensePension and Profit Sharing PlansRent or Lease – Outside of Home	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Materials and Supplies Other Costs Cost of Inventory at End of Year Returns and Refunds Travel Meals and Entertainment Utilities – Outside of Home Wages and Salaries Paid to Empl Other Expenses: Dues & Publica Other Expenses: Telephone Other Expenses: Bank Charges Other (Specify):	oyees tions	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
Cost of Inventory at Beginning of YearCost of Inventory PurchasedCost of LaborAdvertisingCar and TruckCommission and FeesContract LaborEmployee Benefit Programs not pensionsInsurance: List TypeSelf Employed Health InsuranceMortgage InterestOther InterestLegal & Professional FeesOffice ExpensePension and Profit Sharing PlansRent or Lease – Outside of Home	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Other Costs Cost of Inventory at End of Year Returns and Refunds Travel Meals and Entertainment Utilities – Outside of Home Wages and Salaries Paid to Empl Other Expenses: Dues & Publica Other Expenses: Telephone Other Expenses: Bank Charges Other (Specify):	oyees tions	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
Cost of Inventory PurchasedCost of LaborAdvertisingCar and TruckCommission and FeesContract LaborEmployee Benefit Programs not pensionsInsurance: List TypeSelf Employed Health InsuranceMortgage InterestOther InterestLegal & Professional FeesOffice ExpensePension and Profit Sharing PlansRent or Lease – Outside of Home	\$ \$	Cost of Inventory at End of Year Returns and Refunds Travel Meals and Entertainment Utilities – Outside of Home Wages and Salaries Paid to Empl Other Expenses: Dues & Publica Other Expenses: Postage & Ship Other Expenses: Telephone Other Expenses: Bank Charges Other (Specify):	oyees tions	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
Cost of LaborAdvertisingCar and TruckCommission and FeesContract LaborEmployee Benefit Programs not pensionsInsurance: List TypeSelf Employed Health InsuranceMortgage InterestOther InterestLegal & Professional FeesOffice ExpensePension and Profit Sharing PlansRent or Lease – Outside of Home	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Returns and Refunds Travel Meals and Entertainment Utilities – Outside of Home Wages and Salaries Paid to Empl Other Expenses: Dues & Publica Other Expenses: Postage & Shipp Other Expenses: Telephone Other Expenses: Bank Charges Other (Specify):	oyees tions	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
AdvertisingCar and TruckCommission and FeesContract LaborEmployee Benefit Programs not pensionsInsurance: List TypeSelf Employed Health InsuranceMortgage InterestOther InterestLegal & Professional FeesOffice ExpensePension and Profit Sharing PlansRent or Lease – Outside of Home	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Travel Meals and Entertainment Utilities – Outside of Home Wages and Salaries Paid to Empl Other Expenses: Dues & Publica Other Expenses: Postage & Shipp Other Expenses: Telephone Other Expenses: Bank Charges Other (Specify):	tions	\$ \$ \$ \$ \$ \$ \$ \$ \$			
Car and TruckCommission and FeesContract LaborEmployee Benefit Programs not pensionsInsurance: List TypeSelf Employed Health InsuranceMortgage InterestOther InterestLegal & Professional FeesOffice ExpensePension and Profit Sharing PlansRent or Lease – Outside of Home	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Meals and Entertainment Utilities – Outside of Home Wages and Salaries Paid to Empl Other Expenses: Dues & Publica Other Expenses: Postage & Ship Other Expenses: Telephone Other Expenses: Bank Charges Other (Specify):	tions	\$ \$ \$ \$ \$ \$ \$			
Commission and FeesContract LaborEmployee Benefit Programs not pensionsInsurance: List TypeSelf Employed Health InsuranceMortgage InterestOther InterestLegal & Professional FeesOffice ExpensePension and Profit Sharing PlansRent or Lease – Outside of Home	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Utilities – Outside of Home Wages and Salaries Paid to Empl Other Expenses: Dues & Publica Other Expenses: Postage & Ship Other Expenses: Telephone Other Expenses: Bank Charges Other (Specify):	tions	\$ \$ \$ \$ \$ \$			
Contract LaborEmployee Benefit Programs not pensionsInsurance: List TypeSelf Employed Health InsuranceMortgage InterestOther InterestLegal & Professional FeesOffice ExpensePension and Profit Sharing PlansRent or Lease – Outside of Home	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Wages and Salaries Paid to Empl Other Expenses: Dues & Publica Other Expenses: Postage & Ship Other Expenses: Telephone Other Expenses: Bank Charges Other (Specify):	tions	\$ \$ \$ \$			
Employee Benefit Programs not pensionsInsurance: List TypeSelf Employed Health InsuranceMortgage InterestOther InterestLegal & Professional FeesOffice ExpensePension and Profit Sharing PlansRent or Lease – Outside of Home	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Other Expenses: Dues & Publica Other Expenses: Postage & Shipp Other Expenses: Telephone Other Expenses: Bank Charges Other (Specify):	tions	\$ \$ \$			
Insurance: List Type	\$ \$ \$ \$ \$ \$ \$	Other Expenses: Postage & Ship Other Expenses: Telephone Other Expenses: Bank Charges Other (Specify):		\$ \$			
Self Employed Health Insurance Mortgage Interest Other Interest Legal & Professional Fees Office Expense Pension and Profit Sharing Plans Rent or Lease – Outside of Home	\$ \$ \$ \$ \$	Other Expenses: Telephone Other Expenses: Bank Charges Other (Specify):	bing	\$			
Mortgage Interest Other Interest Legal & Professional Fees Office Expense Pension and Profit Sharing Plans Rent or Lease – Outside of Home	\$ \$ \$ \$	Other Expenses: Bank Charges Other (Specify):					
Other Interest Legal & Professional Fees Office Expense Pension and Profit Sharing Plans Rent or Lease – Outside of Home	\$ \$ \$	Other (Specify):		¢			
Legal & Professional Fees 0 Office Expense Pension and Profit Sharing Plans Rent or Lease – Outside of Home 1	\$ \$			\$			
Office Expense Pension and Profit Sharing Plans Rent or Lease – Outside of Home	\$	Other (Specify):		\$			
Pension and Profit Sharing Plans Rent or Lease – Outside of Home				\$			
Rent or Lease – Outside of Home		Other (Specify):		\$			
	\$	Depreciable Items: Such as Equip			1 Land		
Repairs/Maintenance	\$	Improvements – Provide list with	-	1			
	\$	Item:	Date:	_ Cost:_			
Supplies	\$	Item:	Date:	_ Cost:_			
Taxes and Licenses	\$	Item:	Date:	_ Cost:_			
Vehicle Expense							
Mileage rate for 2013 is 56.5 cents per mile.							
Year & Make and Model Vehicle		Do you have evidence to support the	deduction?		Yes or No Yes or No		
Date First Used for Business:		Is this evidence written?					
Type of Vehicle: Car, Van, Truck			another vehicle available for personal use?				
Total Mileage		Was the vehicle available for persona	hours?	Yes or No			
Business Mileage		Was the vehicle leased?	Yes or No				
Commuting Mileage		Was the vehicle used for hire?					
Personal Mileage		Actual Expenses: Gas, Oil, Repairs, I		\$			
Home Office							
Area Used for Business - Square Footage/Room	Sq/f	t Mortgage Interest		\$			
Total Area - Square Footage of Home	Sq/f	t Real Estate Taxes		\$			
Number of Days in Year Office was in Home		Insurance – Homeowners/Renter	\$				
Date of Using Room as Home Office	\$	Repair and Maintenance	\$				
Fair Market Value of Home with Home Office	\$	Utilities Except Water per Month	\$				
Cost of Home with Home Office	\$	Rent Paid for Year	\$				
Improvement to Home Office	\$	Other Specify:	\$				
Land Value on Property Tax Statement	\$	Other Specify:	\$				
Building Value on Property Tax Statement Small Business Comments and Other Exp	\$	Other Specify:		\$			

Child and Dependent Care Expenses Credit

Qualifying expense for	care that	allows you to	o work or lo	ok for wor	k. Deduc	tion only	v allowed for c	hildren under	age 13.	
NOTE: Social Securit						·····,	,			
Care Provider's Name	-	Provider's A	-			Pro	vider's SS#	Child's I	Name	Amount
										\$
										\$
										\$
										\$
Other Tax (Credi	ts								
Do you have a Qualifi	ed Mortga	ge Interest C	redit Certific	cate issued	by federa	al or state	e government?			Y or N
Did you adopt a child	this year?									Y or N
Do you have the first home buyer in the District of Columbia available before 12/31/11?										
Residential	Ener	gy Cree	dits							
Did you claim resident										Y or N
Did you install insulati					-		•			
stoves, metal or asphal			-					-		Y or N
Did you install alternat						, geother	mal heat pump	or wind turbi	ne? You	
must provide a copy	of manufa	actures certi	ficate and sa	ales receip	ot.					Y or N
First Time l		V		lit Re	captu	ire				
Did you take the First	Time Hon	nbuyers Cred	it in 2008?							Y or N
Additional 7	Гах Р	avmen	ts Mac	le to l	Feder	al or	r State			
Quarterly Tax Paym		Date Payme			eral Amou		State An	nount	Local A	mount
First Quarter due 4/15/				\$			\$	\$		
Second Quarter due 6/				\$			\$	\$		
Third Quarter due 9/15	5/13			\$			\$	\$		
Fourth Quarter due 1/1	5/14			\$			\$	\$		
Taxes Paid	with]	Extensi	ons to	Fede	ral o	r Sta	te			
Federal Amount	\$	S	ate of		amount	\$	State of		amount	\$
State Tev D	onton					<u> </u>				<u>.</u>
State Tax R										
If you paid rent in CA						with a rer	nters credit plea	ase complete t	he followi	ng section,
Minnesota residents pr	ovide a co	opy of your C	ertificate of	Rent Paid	(CRP)					
Landlords Name										
Landlords Address										
Apartment Address	¢	Total Rent	Daid	ħ	Datas D	La da da				
	\$			<u>}</u>	Dates R		0			
State K-12 I	duca	ation C	redits	for A	Z, IL	, IA ,	& MN			
		_	.	6.0.1	1		A 11		C (-)	
Name of Student	Grade	Expenses	Nam	ne of Scho	01		Address		State	Zip Code
		\$								
		\$								