TAX ORGANIZER

Dear,

Enclosed is your Tax Organizer for tax year 2012.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as \$35 for each \$100 in deductible expenses you find in your 2012 records.

If our firm prepared your return last year, your prior year amounts are included in the Prior Year Amount column of your Organizer. Use this information to help you remember the types of income and deductions you reported last year.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the General Business and Investment questions, please provide detailed information with your answer.

When you send me the completed Organizer, please also send copies of any of the following that apply to your tax situation:

- Last year's tax return (if not in our possession)
- Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you have any questions, please give us a call.

Sincerely,

General Information

	Taxpayer	Spouse
First Name		
Social Security Number Date of Birth		
Home Phone	Check ("X") which phone number to list or	return.
Legally Blind		
Occupation		
State of Residence as of 12/31. County of Residence as of 12/31 School District as of 12/31. Sales tax rate of locality in 2012 If Part Year, Period of Residency		% to
Filing Status		
Status on 2011 return :		
Status as of 12/31/2012 : Enter ("X") in the box	1 Single 2 Married filing joint 3 Married filing separately (Enter spouse's name and SSN above)	
	4 Head of Household Non-dependent Non-dependent	name:
	5 Qualifying widow(er) with minor child	Year spouse died
Address		
Street		Apt/Suite :
City		State Zip Code
If address is in a foreign country,	enter that country	
Foreign province/county		Foreign postal code
If a bona fide resident of a U.S. te	rritory, enter territory .	

### Residence Proceedings Proceedings Procedings Proceedings Procedings	Na	ame		SSN
### Basic Information To Did your marital status change since last year?				
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1 Did your marital status change since last year? 2 Are there any changes in your dependents from last year? 3 Did you have any children under 19 (or 24 if a full time student) who received more than \$950 in investment income? 4 Are all your dependents either US residents or citizens? 5 Did you provide over half of the support for someone you aren't claiming as a dependent? 6 Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return? 7 Were either you or your spouse in the military or National Guard? 8 Did you purchase or sell your principal residence? 9 Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence? 10 Were there any changes to a prior year's income, deductions, or credits? 11 Did you make gifts of more than \$13,000 to any one person? 12 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2012? 13 Did you claim a First-time Homebuyer Credit for a home purchased in 2008? 14 Did you have a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit? 15 Do you want to e-file your return? 16 If you are due a retund, how do you want to receive it? 17 Check sent to you in the mail Western Union* Reloadable MoneyWise** Prepaid MasterCard* 18 Apply to next year's estimates Other quick refund via a bank product Direct deposit (please provide a voided blank check) 19 Direct deposit (please provide a voided blank check) 19 Did you we taxes, how do you want to pay them? 19 Paper check sent with my return Credit card Installment Agreement Direct debit from my bank account (please provide a voided blank check) 19 Did you barter your services for goods or services from someone else? 21 Did you barter your services for goods or services from someone else? 22 Did you barter your services for goods or services from someone else? 23 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund accour publica				Basic Information
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deduction you itemized, in 2012? (If yes, attach Form 1099-G) 27 Did you receive disability income? 28 Do you have gambling winnings? (If yes, be sure to include in gambling expenses) 29 Did you receive any unemployment benefits? 30 During 2012, did you receive payments from a Long-Term Care insurance contract? 31 Did you receive employer-provided adoption benefits for a previous year? 32 Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)	H			
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28 Do you have gambling winnings? (If yes, be sure to include in gambling expenses) 29 Did you receive any unemployment benefits? 30 During 2012, did you receive payments from a Long-Term Care insurance contract? 31 Did you receive employer-provided adoption benefits for a previous year? 32 Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)			27	
29 Did you receive any unemployment benefits? 30 During 2012, did you receive payments from a Long-Term Care insurance contract? 31 Did you receive employer-provided adoption benefits for a previous year? 32 Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)				
30 During 2012, did you receive payments from a Long-Term Care insurance contract? 31 Did you receive employer-provided adoption benefits for a previous year? 32 Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)	H			
31 Did you receive employer-provided adoption benefits for a previous year? 32 Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)	\square			
32 Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)				
· · · · · · · · · · · · · · · · · · ·			33	Did you "rollover" a retirement plan distribution into another plan?

Did you receive Social Security benefits?

	Name	e _	SSN
Ques	tion	s (C	ont.)
If ar	nv of t	he fo	llowing items apply to you or your spouse, please "X" the appropriate box and if possible, include details.
Yes	-		appropriate appropriate years, preases in the appropriate next and it peccents, meaning
		35	Did you convert a traditional IRA to a Roth IRA?
		36	
		37	
		38	
		39	
		40	
		41	
		42	
		43	
		44	
		45	
		46	
		47	
	<u> </u>	<u></u>	Business and Rental Property Income
Yes	N	<u>o</u>	
		48	If you own rental property, do you qualify as a Real Estate Professional?
		49	Did you start or acquire a new business?
		50	Did you sell any part of an existing business, or sell business assets?
		51	Did you cease operating any business or rental property?
		52	2. Did you remove any of your business assets for personal use?
Voc	. NI	•	Business and Rental Property Deductions
Yes	N	53	Did you use part of your home for business purposes?
		54	
		55	
		56	
		57	
Yes	s N	0	Other Deductions
103		58	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2012?
		59	
		60	
		61	
		62	
		63	
		64	
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		74	
			, , , , , , , , , , , , , , , , , , ,

Name	SSN
	
Comments	
Comments	
••••••	
••••••	

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Federal, State and Local Estima	ated Taxes P	Paid							
Federal Estimates									
		File	r and/or Jo	int Paymen	ts	Spouse On	ly Payment	S	
Enter Payment Information		D	ate Paid	Amount		Date Paid	Amo		
1 Overpayment from last year					1				
2 First quarter payment					2				
3 Second quarter payment					3				
4 Third quarter payment					4				
5 Fourth quarter payment					5				
6					6				
7					7				
State Estimates									
Enter two-letter state abbreviation	State _		State		State		State		
Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	
1 Overpayment from last year . 1									
2 First quarter payment 2									
3 Second quarter payment 3									
4 Third quarter payment 4									
5 Fourth quarter payment 5									
66									
7 7									
8 8									
Local Estimates									
Enter locality name									
								_	
Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	
1 Overpayment from last year . 1									
2 First quarter payment 2									
3 Second quarter payment 3									
4 Third quarter payment 4									
5 Fourth quarter payment 5									
6	I				1	1	1		

Name ____

7 8 SSN ____

Name _				S	SSN					
Dependent	Information							Enter "X" if	applicable)
•		No. of mon	ths			Amount Paid	US	Full- time	Paid	Not a
First name	Last name	in home In 2012	Relationship	Date of Birth	SSN	for Dependent Care for 2441	Citizen	Student or Disabled	Education Expenses	dependent this year
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						-				
						-				
	•									

Name	SSN
Name	0011

Wages and Retirement Income

W-2 Information

Enter "X"		Box 1	Box 2	Во	x 16	Box 17
if spouse		Wages, Tips	Federal Income	St	ate	State Income
W-2	Employer's Name	Other Comp	Tax Withheld	Wa	iges	Tax Withheld
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

1099-R Information	Box 1	Box 4	Box 14	Box 12
Payer's Name	Gross Distribution	Federal Income Tax Withheld	State Distribution	State Income Tax Withheld
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
1213				
4.4				
4.5				
15	<u>J</u>			

Name	SSN	
INGILIC	0011	

Interest Income

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

* F	/S/J - enter ownership (F)iler, (S)pouse,	Taxable Interest Income		Tax Exem	pt Interest	Specified Priv Act Interest		
	or (J)oint.	Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year	
*F/S	/J Payer	Amount	Amount	Amount	Amount	Amount	Amount	
	1							
	2							
	3 3							
	4 4							
	5 5							
	6 6							
	7							
	8 8							
	9							
	10 10							
	11 11							
	12 12	2						
	1313	3						
	14 14	1						
	15 15	5						
	1616	6						
	1717	7						
	1818	3						
	1919	9						
	20 20							

Dividend Income

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

* F/S/J - enter ownership (F)iler, (S)pouse,	Ordinary [Dividends	Qualified	Dividends	Capital	Gains
or (J)oint.	Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
*F/S/J Payer	Amount	Amount	Amount	Amount	Amount	Amount
1						
2 2						
3						
4 4						
5 5						
6 6						
7						
8 8						
9 9						
10 10						
1111						
12 12						
13 13						
1414						
15 15						
16 16						
17 17						
18 18						
19 19						
20 20						

	Name	SSN	
Sel	f-Employed Business Income and Expenses (Schedule C)		
	Enter "X" in one box: Filer Spouse		
G	eneral Information		
1	Employer Identification Number (do not enter S	ocial Security Numb	er)
2	Principal business or profession		
3	Business name		
4 5	Business address	te	Zip
			Σιρ
G	eneral Check Boxes (Enter "X" where applicable)		
6			
7	Did you "materially participate" in this business? Yes No		
8	Check ('X') if you started or acquired this business in 2012.		7
9	Did you make any payments in 2012 that would require you to file Form(s) 1099?	Yes	No
В	usiness Income	Current Year	Prior Year
40	* Report statutory income as W-2 income.	Amount	Amount
10	Income reported on 1099 MISC		
11	11		
12	12		
13	13		
14	14		
15	Returns and allowances		
16	Other income		
17	ventory (Enter "X" where applicable) Method(s) used to value closing inventory Cost Lower of cost or mark	ket Other	
18	Any change in determining quantities, costs, or valuations between opening and closing in		Yes No
		Current Year	Prior Year
		Amount	Amount
19	Inventory at the beginning of year		
20 21	Purchases less cost of items withdrawn for personal use		
22	Materials and supplies		
23	Other Costs		
24	Inventory at end of year		
Δ	ssets Placed in Service This Year	Date Placed	Purchase
	Description:	In Service	Amount
Α	Α		
В	В		
С	С		
D E	D		
F			1
G	G		

	Name	SS	SN	
	Business			
Self	-Employed Business Expenses Cont. (Schedule C)		<u> </u>	
Evn	nege		Current Year Amount	Prior Year Amount
25	enses Advertising	25	Amount	Amount
26	Contract labor	26		
27	Commissions and fees			
28	Depletion	28		
29	Employee benefit programs (other than on line 35)	29		
30	Insurance (other than health)	30		
	Interest:			
31	Mortgage (paid to banks, etc.)	31		
32	Other	32		
33	Legal and professional services	33		
34	Office expense			
35	Pension and profit-sharing plans			
	Rent or Lease:			
36	Machinery rental or lease	36		
37	Equipment rental or lease			
38	· ·			
39		20		
40		40		
	Other business property rental or lease			
41		-		
42		42		
43		43		
44	Repairs and maintenance	44		
45	Supplies (not included in inventory cost of goods sold)	45		
46	Taxes and licenses	46		
	Travel, Meals, and Entertainment:			
	Travel		Γ	T
47		47		
48		48		
49		49		
50	Meals and entertainment	50		
51	Enter "X" in the box if subject to DOT hours of service limits	51		
52	·	52		
53		53		
54		54		
55		55		
56	Utilities	56		
57	Wages	57		
	Other Expenses			
58 50		58		
59		59 60		
60 61		60 61		
62		62		
63		63		
64		64		
65		65		
66		66		

	Business				
\	tala la (annua d'aux (Oalla II la O)				
ver	nicle Information (Schedule C)	Vehicle 1 -		Vehicle 2 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest				
8	Vehicle Personal Property tax 8				
Α	ctual Expenses				
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance				
11	Vehicle registration fees				
12	Vehicle lease or rental 12				
13	13				
		Vehicle 3 -		Vehicle 4 -	
		Current Year	Prior Year	Current Year	Prior Year
		Amount	Amount	Amount	Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle				
3	Total miles driven for the year 3				
4	Business miles driven during the year . 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest				
8	Vehicle Personal Property tax 8				
_	ctual Expenses			L	
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance				
11	Vehicle registration fees				
	Vehicle lease or rental				
13	13				
				1	

SSN _

Name

Business		Name	SSN _		
Area of Home Current Year Amount Prior Year Amount 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples 1 2 Total area of home 2 Daycare only 3 3 Multiply days used for daycare during year by hours used per day 3 Expenses related to entire home including business portion 4 4 Casualty losses 4 5 Excess mortgage interest 5 6 Insurance 6 7 Rent 7 8 Repairs and maintenance 8 9 Utilities 9 10 Other expenses related to business portion only 11 Casualty losses 11 12 Excess mortgage interest 12 13 Insurance 13 14 Rent 14 15 Repairs and maintenance 15 16 Utilities 16 17 Other expenses 17		Business	Сору _		
Area of Home Amount Amount 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples 1 2 Total area of home 2 Daycare only 3 3 Multiply days used for daycare during year by hours used per day 3 Expenses related to entire home including business portion 4 4 Casualty losses 4 5 Excess mortgage interest 5 6 Insurance 6 7 Rent 7 8 Repairs and maintenance 8 9 Utilities 9 10 Other expenses related to business portion only 11 Casualty losses 11 12 Excess mortgage interest 12 13 Insurance 13 14 Rent 14 15 Repairs and maintenance 15 16 Utilities 16 17 Other expenses 17	Sel	f-Employed Office in Home Expenses	_		
1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples					
of inventory or product samples 1 2 Total area of home 2 Daycare only 3 Multiply days used for daycare during year by hours used per day Expenses related to entire home including business portion 4 Casualty losses 4 5 Excess mortgage interest 5 6 Insurance 6 7 Rent 7 8 Repairs and maintenance 8 9 Utilities 9 10 Other expenses 10 Additional expenses related to business portion only 11 Casualty losses 11 12 Excess mortgage interest 12 13 Insurance 13 14 Rent 14 15 Repairs and maintenance 15 16 Utilities 16 17 Other expenses 17	Α			Amount	Amount
2 Total area of home 2 Daycare only 3 Multiply days used for daycare during year by hours used per day Expenses related to entire home including business portion 4 Casualty losses 4 5 Excess mortgage interest 5 6 Insurance 6 7 Rent 7 8 Repairs and maintenance 8 9 Utilities 9 10 Other expenses 10 Additional expenses related to business portion only 11 Casualty losses 11 12 Excess mortgage interest 12 13 Insurance 13 14 Rent 14 15 Repairs and maintenance 15 16 Utilities 16 17 Other expenses 17	1	Area used regularly and exclusively for business, regularly for daycare, or for storage			
Daycare only 3 Multiply days used for daycare during year by hours used per day 3		of inventory or product samples	1		
3 Multiply days used for daycare during year by hours used per day Expenses related to entire home including business portion 4 Casualty losses 4 5 Excess mortgage interest 5 6 Insurance 6 7 Rent 7 8 Repairs and maintenance 8 9 Utilities 9 10 Other expenses 10 Additional expenses related to business portion only 11 11 Casualty losses 11 12 Excess mortgage interest 12 13 Insurance 13 14 Rent 14 15 Repairs and maintenance 15 16 Utilities 16 17 Other expenses 17	2	Total area of home	2		
Expenses related to entire home including business portion 4 Casualty losses 4 5 Excess mortgage interest 5 6 Insurance 6 7 Rent 7 8 Repairs and maintenance 8 9 Utilities 9 10 Other expenses 10 Additional expenses related to business portion only 11 Casualty losses 11 12 Excess mortgage interest 12 13 Insurance 13 14 Rent 14 15 Repairs and maintenance 15 16 Utilities 16 17 Other expenses 17	D	aycare only	_		
4 Casualty losses 4 5 Excess mortgage interest 5 6 Insurance 6 7 Rent 7 8 Repairs and maintenance 8 9 Utilities 9 10 Other expenses 10 Additional expenses related to business portion only 11 Casualty losses 11 12 Excess mortgage interest 12 13 Insurance 13 14 Rent 14 15 Repairs and maintenance 15 16 Utilities 16 17 Other expenses 17	3	Multiply days used for daycare during year by hours used per day	3		
5 Excess mortgage interest 5 6 Insurance 6 7 Rent 7 8 Repairs and maintenance 8 9 Utilities 9 10 Other expenses 10 Additional expenses related to business portion only 11 Casualty losses 11 12 Excess mortgage interest 12 13 Insurance 13 14 Rent 14 15 Repairs and maintenance 15 16 Utilities 16 17 Other expenses 17	E	xpenses related to entire home including business portion	_		
6 Insurance 6 7 Rent 7 8 Repairs and maintenance 8 9 Utilities 9 10 Other expenses 10 Additional expenses related to business portion only 11 11 Casualty losses 11 12 Excess mortgage interest 12 13 Insurance 13 14 Rent 14 15 Repairs and maintenance 15 16 Utilities 16 17 Other expenses 17	4	Casualty losses	4		
7 Rent 7 8 Repairs and maintenance 8 9 Utilities 9 10 Other expenses 10 Additional expenses related to business portion only 11 Casualty losses 11 12 Excess mortgage interest 12 13 Insurance 13 14 Rent 14 15 Repairs and maintenance 15 16 Utilities 16 17 Other expenses 17	5	Excess mortgage interest	5		
8 Repairs and maintenance 8 9 Utilities 9 10 Other expenses 10 Additional expenses related to business portion only 11 Casualty losses 11 12 Excess mortgage interest 12 13 Insurance 13 14 Rent 14 15 Repairs and maintenance 15 16 Utilities 16 17 Other expenses 17	6	Insurance	6		
9 Utilities 9 10 Other expenses 10 Additional expenses related to business portion only 11 Casualty losses 11 12 Excess mortgage interest 12 13 Insurance 13 14 Rent 14 15 Repairs and maintenance 15 16 Utilities 16 17 Other expenses 17	7	Rent	7		
10 Other expenses 10 Additional expenses related to business portion only 11 Casualty losses 11 12 Excess mortgage interest 12 13 Insurance 13 14 Rent 14 15 Repairs and maintenance 15 16 Utilities 16 17 Other expenses 17	8	Repairs and maintenance	8		
Additional expenses related to business portion only 11 Casualty losses 11 12 Excess mortgage interest 12 13 Insurance 13 14 Rent 14 15 Repairs and maintenance 15 16 Utilities 16 17 Other expenses 17	9	Utilities	9		
Additional expenses related to business portion only 11 Casualty losses 11 12 Excess mortgage interest 12 13 Insurance 13 14 Rent 14 15 Repairs and maintenance 15 16 Utilities 16 17 Other expenses 17	10	Other expenses	10		
12 Excess mortgage interest 12 13 Insurance 13 14 Rent 14 15 Repairs and maintenance 15 16 Utilities 16 17 Other expenses 17	Α	dditional expenses related to business portion only	_		
12 Excess mortgage interest 12 13 Insurance 13 14 Rent 14 15 Repairs and maintenance 15 16 Utilities 16 17 Other expenses 17	11	Casualty losses	11		
13 Insurance 13 14 Rent 14 15 Repairs and maintenance 15 16 Utilities 16 17 Other expenses 17	12	•	12		
15 Repairs and maintenance 15 16 Utilities 16 17 Other expenses 17	13		13		
16 Utilities 16 17 Other expenses 17	14	Rent	14		
16 Utilities 16 17 Other expenses 17	15	Repairs and maintenance	15		
17 Other expenses	_	·			
'	17				
18 Excess casualty losses	18	Excess casualty losses	18		

	Naı	me			SSN	
Sale * F/	of S/J	Stocks, Bonds, Real Estate, and enter ownership (F)iler, (S)pouse, or (J)oint.	d Other Non-E	Business Ass	Gross Sales	0.01.00
*F/S/	, ı	Description	Data Acquired	Date Sold	Price (Less expenses of sale)	Cost or Other Basis
1/3/	1	Description	Date Acquired	Date Solu	expenses or sale)	Other Basis
	2					
	3					
	4					
	5					
	6					
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	41					

Name			SSN	
Installment Sale Income				
New Sale (Only)				
Note: If the property was sold this y	ear complete the New Sal	e section.		
Description	Selling price including mortgages DO NOT include interest	Mortgages the	Cost or other basis	Commissions and other expenses of sale
1	DO NOT include interest	buyer assumed	of property	OI Sale
3				
6				
Description	Date Acqu	ired Date Sold	Interest	Principal
1 2				
3				
5 6				
·				
Prior Year Sale (Only)			<u> </u>	ts Received
Note: If the property was sold in a pre Description	vious year complete the Pi Date Acqu		Interest	2012 Principal
12				
3				
5				
6				
	Cross profit	Payments received	d	
Description	Gross profit percentage	in prior years (DO NOT include intere	est)	

	Name								
Adoption Expenses									
1 Pro	vide the Followin	g Information on Each El	igible Child						
				Enter "	X" if Child Wa	ıs:			
			Child's Year of Birth	Born BEFORE 1995 and Disabled	A Child With Special Needs	A Foreign Child	Child's Identifying Number (SSN or ATIN)		
1st	First Name	Last Name		Biodoled	110000	Orma	(3311 01 71111)		
Child									
2nd Child									
3rd Child									
4th Child									
1st Child 2nd Child 3rd Child 4th Child									
2 Expe	enses you paid in 2011.								
		, if the adoption was final in 2012.							
4 Expenses you paid in 2012, if the adoption was final before 2012.									
						Enter "X" in the	appropriate box		
5 Did	5 Did you receive Employer-Provided-Adoption-Benefits in a prior year?								