

TAX ORGANIZER

Dear Client,

Enclosed is your Tax Organizer for tax year 2013.

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 2013 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 arrive for your appointment, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax return (if not in our possession)
- Original 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 before your scheduled appointment, please give us a call.

Sincerely,

Paul Jones
4766 S. Holladay Blvd
Salt Lake City, UT 84117
801-930-5101
paul@pauljonesattorney.com

Paul W. Jones Attorney LLC
4766 S. Holladay Blvd
Salt Lake City, UT 84117
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paul@pauljonesattorney.com

January 11, 2014

Dear Client,

Thank you for choosing our firm to prepare your income tax returns for tax year 2013. This letter confirms the services we will provide.

We will prepare your federal and state returns for tax year 2013 based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2013, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to us.

Thank you again for choosing our firm to prepare your 2013 tax return. We appreciate your business.

Sincerely,



Paul W. Jones, CPA

Accepted by:

Date _____

Date _____

Name _____

SSN _____

Questions

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

Basic Information

Yes No

- 1 Did your marital status change since last year
- 2 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2013
- 3 Are there any changes in your dependents from last year
- 4 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,000 in investment income
- 5 Are all your dependents either US residents or citizens
- 6 Did you provide over half of the support for someone you aren't claiming as a dependent
- 7 Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return
- 8 Were either you or your spouse in the military or National Guard
- 9 Did you purchase or sell your principal residence
- 10 Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence
- 11 Were there any changes to a prior year's income, deductions, or credits
- 12 Did you make gifts of more than \$14,000 to any one person
- 13 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2013
- 14 Did you claim a First-time Homebuyer Credit for a home purchased in 2008
- 15 Did you have a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit
- 16 Do you want to e-file your return
- 17 If you are due a refund, how do you want to receive it
 - Check sent to you in the mail Money Clip Visa Prepaid Card
 - Apply to next year's estimates Other quick refund via a bank product
 - Direct deposit (please provide a voided blank check) Type of account: Checking Savings

If you owe taxes, how do you want to pay them

 - Paper check sent with my return Credit card Installment Agreement
 - Direct debit from my bank account (please provide a voided blank check)
 - Type of account: Checking Savings
- 18 Do you want to allow your tax preparer to discuss this year's return with the IRS
If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's name _____	Phone Number _____	Personal identification Number (5 digit PIN) _____
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Income

Yes No

- 19 Did you have an interest in or signature authority over a financial account in a foreign country
- 20 Were you the grantor of or transferor to a foreign trust
- 21 Did you receive income from a foreign source or pay taxes to a foreign government
- 22 Did you receive tip income NOT reported to your employer
- 23 Did you barter your services for goods or services from someone else
- 24 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account
- 25 Did you make a loan to someone at an interest rate below market rate
- 26 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp
- 27 Did you cash in any U.S. savings bonds
- 28 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)
- 29 Did you itemize your deductions in a previous year and receive a state or local refund, or a refund of any other deduction you itemized, in 2013 (If yes, attach Form 1099-G)
- 30 Did you receive disability income
- 31 Do you have gambling winnings (If yes, be sure to include in gambling expenses)
- 32 Did you receive any unemployment benefits
- 33 During 2013, did you receive payments from a Long-Term Care insurance contract
- 34 Did you receive employer-provided adoption benefits for a previous year
- 35 Did you receive any distributions from a retirement plan (If Yes, attach all 1099-Rs)
- 36 Did you rollover a retirement plan distribution into another plan
- 37 Did you receive Social Security benefits

Questions (Cont.)

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 38 Did you convert a traditional IRA to a Roth IRA |
| <input type="checkbox"/> | <input type="checkbox"/> | 39 Did you exchange any securities or investments for something other than cash |
| <input type="checkbox"/> | <input type="checkbox"/> | 40 Do you have any short sales, commodity sales, or straddles |
| <input type="checkbox"/> | <input type="checkbox"/> | 41 Did you receive Form 2439 |
| <input type="checkbox"/> | <input type="checkbox"/> | 42 Did you buy or sell any bonds |
| <input type="checkbox"/> | <input type="checkbox"/> | 43 Did you receive stock from a stock bonus plan with your employer |
| <input type="checkbox"/> | <input type="checkbox"/> | 44 Did you sell any other personal assets at a gain |
| <input type="checkbox"/> | <input type="checkbox"/> | 45 Did you sell any real estate (other than your home) during the year |
| <input type="checkbox"/> | <input type="checkbox"/> | 46 Did you sell any assets using the installment method |
| <input type="checkbox"/> | <input type="checkbox"/> | 47 Did you receive proceeds from a prior year installment sale |
| <input type="checkbox"/> | <input type="checkbox"/> | 48 Did you purchase a rental property |
| <input type="checkbox"/> | <input type="checkbox"/> | 49 Did you exchange any property for other property |
| <input type="checkbox"/> | <input type="checkbox"/> | 50 Did you receive any income not reported in this Organizer |

Business and Rental Property Income

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 51 If you own rental property, do you qualify as a Real Estate Professional |
| <input type="checkbox"/> | <input type="checkbox"/> | 52 Did you start or acquire a new business |
| <input type="checkbox"/> | <input type="checkbox"/> | 53 Did you sell any part of an existing business, or sell business assets |
| <input type="checkbox"/> | <input type="checkbox"/> | 54 Did you cease operating any business or rental property |
| <input type="checkbox"/> | <input type="checkbox"/> | 55 Did you remove any of your business assets for personal use |

Business and Rental Property Deductions

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 56 Did you use part of your home for business purposes |
| <input type="checkbox"/> | <input type="checkbox"/> | 57 Did you make any contributions to a Keogh or a self-employed SEP plan for 2013 |
| <input type="checkbox"/> | <input type="checkbox"/> | 58 Do you pay for any health or long term care insurance through your business |
| <input type="checkbox"/> | <input type="checkbox"/> | 59 If you or your spouse are self-employed, are either of you covered under an employer's health plan |
| <input type="checkbox"/> | <input type="checkbox"/> | 60 Did you purchase any furniture or equipment for your business |

Other Deductions

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 61 Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2013 |
| <input type="checkbox"/> | <input type="checkbox"/> | 62 Did you make any contributions to HSA (Health Savings Account) in 2013 |
| <input type="checkbox"/> | <input type="checkbox"/> | 63 Did you use your car on the job (other than to and from work) |
| <input type="checkbox"/> | <input type="checkbox"/> | 64 Did you work out of town for part of the year |
| <input type="checkbox"/> | <input type="checkbox"/> | 65 Did you incur any travel and entertainment expenses for business purposes |
| <input type="checkbox"/> | <input type="checkbox"/> | 66 Did you pay expenses for the care of your child or other dependent so you could work |
| <input type="checkbox"/> | <input type="checkbox"/> | 67 Did you lose property or have damage to a property due to a casualty, theft, or condemnation |
| <input type="checkbox"/> | <input type="checkbox"/> | 68 Did any security become worthless during 2013 |
| <input type="checkbox"/> | <input type="checkbox"/> | 69 Did any debts become uncollectible during 2013 |
| <input type="checkbox"/> | <input type="checkbox"/> | 70 Did you purchase a 'clean fuel' or electric hybrid vehicle in 2013 |
| <input type="checkbox"/> | <input type="checkbox"/> | 71 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2013 |
| <input type="checkbox"/> | <input type="checkbox"/> | 72 Did you contribute less than an entire interest in any property to charity |
| <input type="checkbox"/> | <input type="checkbox"/> | 73 Did you refinance a mortgage or take out a home equity loan during 2013 |
| <input type="checkbox"/> | <input type="checkbox"/> | 74 Did you incur moving expenses during the year due to a change of employment |
| <input type="checkbox"/> | <input type="checkbox"/> | 75 Did you pay any educational tuition or fees for you or a dependent |
| <input type="checkbox"/> | <input type="checkbox"/> | 76 Did you pay any student loan interest |
| <input type="checkbox"/> | <input type="checkbox"/> | 77 Did you make any federal or state estimated payments |
| <input type="checkbox"/> | <input type="checkbox"/> | 78 Did you have a certain trade or business from which you figured your domestic production activities deduction |

Name _____

SSN _____

Wages

W-2 Information

X if spouse		Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
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<input type="checkbox"/>	53					
<input type="checkbox"/>	54					
<input type="checkbox"/>	55					

Name _____

SSN _____

Foreign Employer Compensation & Pension

X if spouse		Foreign employer's name	Employer Compensation	Gross Pension	Taxable Pension
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
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<input type="checkbox"/>	55				

Name _____

SSN _____

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, or (J)oint.

*F/S/J	Payer	Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
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	3						
	4						
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Dividend Income

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

F S J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends		Qualified Dividends		Capital Gains	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
	2						
	3						
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	26						

Name _____

SSN _____

Business Assets

Assets Placed in Service in Prior Years

	Description	Date Placed In Service	Cost	Explain any assets no longer used by the business
1				
2				
3				
4				
5				
6				
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Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses	Current Year Amount	Prior Year Amount
25 Advertising	25	
26 Contract labor	26	
27 Commissions and fees	27	
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	34	
35 Pension and profit-sharing plans	35	

Rent or Lease:

36 Machinery rental or lease	36	
37 Equipment rental or lease	37	
38 _____	38	
39 _____	39	
40 _____	40	
Other business property rental or lease		
41 _____	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

47 _____	47	
48 _____	48	
49 _____	49	
50 _____	50	

Meals and Entertainment

51 Enter X in the box if subject to DOT hours of service limits	51	<input type="checkbox"/>	<input type="checkbox"/>
52 _____	52		
53 _____	53		
54 _____	54		
55 _____	55		

56 Utilities	56	
57 Wages	57	

Other Expenses:

58 _____	58	
59 _____	59	
60 _____	60	
61 _____	61	
62 _____	62	
63 _____	63	
64 _____	64	
65 _____	65	
66 _____	66	

Name _____

SSN _____

Business _____

Vehicle 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 7				
8 Vehicle Personal Property tax 8				

Actual Expenses

9 Gasoline, oil and repairs 9				
10 Vehicle Insurance 10				
11 Vehicle registration fees 11				
12 Vehicle lease or rental 12				
13 _____ 13				

Vehicle 3 -

Vehicle 4 -

	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 7				
8 Vehicle Personal Property tax 8				

Actual Expenses

9 Gasoline, oil and repairs 9				
10 Vehicle Insurance 10				
11 Vehicle registration fees 11				
12 Vehicle lease or rental 12				
13 _____ 13				

Name _____

SSN _____

Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

F S J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
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45					

Name _____

SSN _____

Miscellaneous Income

	Filer			Spouse	
	Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 Refund from state			1		
2 Unemployment compensation			2		
3 Prizes and awards			3		
4 Scholarships and fellowships			4		
5 Bartering income			5		
6 Fees received for jury duty			6		
7 Income from rental of personal property, if not in the business of renting such property			7		
8 Precinct election board duty			8		
9 Alaska Permanent Fund Dividends			9		
10 Net operating loss carryover (negative no.)			10		
11 Canceled debts			11		
12 _____			12		
13 _____			13		
14 _____			14		
15 Other income not provided for in this Organizer			15		

Adjustments to Income

F S J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Educator expenses	1		
<input type="checkbox"/>	2	Student loan interest	2		
<input type="checkbox"/>	3	Health Savings account deduction	3		
<input type="checkbox"/>	4	oving expenses	4		
<input type="checkbox"/>	5	Self-employed SEP, SI PLE, or other qualified plans	5		
<input type="checkbox"/>	6	Penalty on early withdrawal of savings	6		
<input type="checkbox"/>	7	Tuition and fees	7		

Other Adjustments to Income

F S J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Performing-arts-related expenses	1		
<input type="checkbox"/>	2	Foreign housing deduction	2		
<input type="checkbox"/>	3	Jury duty pay given to your employer	3		
<input type="checkbox"/>	4	Reforestation amortization	4		
<input type="checkbox"/>	5	Repayment of sub-pay under the Trade Act of 1974	5		
<input type="checkbox"/>	6	Contributions to Section 501(c)(18)(D) pension plans	6		
<input type="checkbox"/>	7	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions.	7		
<input type="checkbox"/>	8	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the the amount of the award includible in your gross income	8		
<input type="checkbox"/>	9	Employee business expenses of fee-basis state or local government officials	9		
<input type="checkbox"/>	10	Expenses from the rental of personal property but were not in the business of renting such property	10		
<input type="checkbox"/>	11	Contributions by chaplains to section 403(b) plans	11		
<input type="checkbox"/>	12	Archer SA deduction	12		
<input type="checkbox"/>	13	_____	13		
<input type="checkbox"/>	14	_____	14		

Name _____

SSN _____

IRA and Other Contribution Information

Traditional IRA Contributions

		Current Year Amount	Prior Year Amount
Filer			
1	Enter total traditional IRA contributions made for 2013	1	
2	Enter contributions, on line 1, made after 12/31/2013 and before 04/15/2014	2	
3	Enter value of all traditional IRAs as of 12/31/2013	3	
Spouse			
4	Enter total traditional IRA contributions made for 2013	4	
5	Enter contributions, on line 4, made after 12/31/2013 and before 04/15/2014	5	
6	Enter value of all traditional IRAs on 12/31/2013	6	

Roth IRA Contributions

		Current Year Amount	Prior Year Amount
Filer			
1	Enter 2013 Roth IRA contributions	1	
2	Enter value of all Roth IRAs on 12/31/2013	2	
Spouse			
3	Enter 2013 Roth IRA contributions	3	
4	Enter value of all Roth IRAs on 12/31/2013	4	

SIMPLE IRA

		Current Year Amount	Prior Year Amount
Filer			
1	Enter value of all SIMPLE IRAs on 12/31/2013	1	
Spouse			
2	Enter value of all SIMPLE IRAs on 12/31/2013	2	

Education (Coverdell ESA)

		Current Year Amount	Prior Year Amount
Filer			
1	Enter 2013 Coverdell ESA contributions	1	
2	Enter value of the Coverdell ESA on 12/31/2013	2	
Spouse			
3	Enter 2013 Coverdell ESA contributions	3	
4	Enter value of the Coverdell ESA on 12/31/2013	4	

Name _____

SSN _____

Unreimbursed Employee Expenses - Itemized Deductions

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

		Current Year Amount	Prior Year Amount
58	Union dues		
59	Professional journals and subscriptions		
60	Uniform and protective clothing costs and cleaning		
61	Job search costs (resumes, travel, postage, etc.)		
62			
63			
64			
65			
66			
67			
68			

Certain Miscellaneous Deductions - Itemized Deductions

	If investment related enter "X"	Current Year Amount	Prior Year Amount
69	Tax preparation fees		
70	Certain attorney and accounting fees		
71	Safe deposit box rental		
72	IRA Custodial fees		
73	Investment counsel and advisory fees		
74	Losses on deposits in insolvent or bankrupt financial institutions		
75	Convenience fees paid with credit or debit card for federal taxes in 2013		
76			
77			
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79			
80			
81			
82			
83			
84			
85			
86			
87			

Other Miscellaneous Deductions

88	Federal estate tax on income in respect of a decedent		
89	Amortizable bond premiums on bonds acquired before 10 23 86		
90	Gambling losses (if gambling income)		
91	Repayment of income		
92	From K1 Input Worksheet (1065 1120S) - Portfolio deduction		
93	Certain unrecovered investment in a pension		
94			
95			
96			
97			
98			
99			
100			

Name _____

SSN _____

Unreimbursed Employee Business Expenses - Short Form

Enter X in one box:

Occupation in which you incurred these expenses _____

Filer

Spouse

Meals and Entertainment

- 1 Meals and entertainment expenses 1
- 2 Enter X in the box if subject to DOT hours of service limits 2

	Current Year Amount	Prior Year Amount
1		
2	<input type="checkbox"/>	<input type="checkbox"/>

Other Expenses

- 3 Parking fees, tolls, and transportation, including train, bus, etc., that
DID NOT involve overnight travel or commuting to and from work 3
- 4 Travel expense while away from home overnight, including lodging,
airplane, car rental, etc. DO NOT include meals and entertainment 4
- 5 _____ 5
- 6 _____ 6
- 7 _____ 7
- 8 _____ 8
- 9 _____ 9

3		
4		
5		
6		
7		
8		
9		

Name _____

SSN _____

Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited **1** _____
- 2 Amount of dependent care expenses incurred in 2012 and paid in 2013 **2** _____

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2013
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____

Persons or Organizations Who Provided the Care

	Name	Address	SSN EIN	Amount incurred and paid in 2013
7	First: _____	_____	SSN: _____	_____
	Last: _____	City: _____	EIN: _____	
	Business: _____	State: _____ Zip: _____		
8	First: _____	_____	SSN: _____	_____
	Last: _____	City: _____	EIN: _____	
	Business: _____	State: _____ Zip: _____		
9	First: _____	_____	SSN: _____	_____
	Last: _____	City: _____	EIN: _____	
	Business: _____	State: _____ Zip: _____		
10	First: _____	_____	SSN: _____	_____
	Last: _____	City: _____	EIN: _____	
	Business: _____	State: _____ Zip: _____		
11	First: _____	_____	SSN: _____	_____
	Last: _____	City: _____	EIN: _____	
	Business: _____	State: _____ Zip: _____		

