F Johnson Glaze & Co PC
R 3085 River Rd N
O Salem OR 97303
M

T
O

ENCLOSED YOU WILL FIND THE FOLLOWING:

1. PRIVACY POLICY
2. TAX ORGANIZER
3. TAX APPOINTMENT LETTER
4. FIXED FEE AGREEMENT, IF APPLICABLE

IF ANY OF THESE DOCUMENTS ARE MISSING OR YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR OFFICE AT 503.390.7880.

TO AVOID ERRORS AND FACILITATE THE SCANNING PROCESS, PLEASE:

- USE BLUE OR BLACK INK
- AVOID STAPLES
- AVOID HIGHLIGHTERS

F
R
O
M

Johnson Glaze & Co.

T **Johnson Glaze & Co PC**
O **3085 River Rd N**
Salem OR 97303

I (We) have submitted this information for the sole purpose of preparing my (our) tax returns. By providing this information I (we) reaffirm the tax engagement agreement on file with Johnson, Glaze & Co., PC.

____________________	___/___/___	____________________	___/___/___
Taxpayer	Date	Spouse	Date

If you would like a copy of that agreement or have not signed one please call 503.390.7880.

Topic Index

	Form
Alimony Paid or Received	13
Annuity Payments Received	9A, 13
Application of Refund	20
Business Income and Expenses	6, 6A
Business Use of Home:	
Business	6D
Employee Business Expenses	17A
Farm	12D
Itemized Deductions	16A
Passthrough	11B
Rental	10D
Calendar	33
Casualty or Theft Losses	16
Child and Dependent Care Expenses	18
Consolidated Brokerage Statements:	
Interest Income & Foreign Information	5E
Dividend Income & Foreign Information	5F
Sales of Stocks, Securities, Capital Assets & Misc. Income	5G
Contributions	15
Dependent Information	3A
Depreciable Property and Equipment:	
Business	6A
Employee Business Expenses	17
Farm	12A
Rental and Royalty	10A
Direct Deposit Information	4A
Dividend Income	5B
Education Expenses	18
Educator (Teacher) Expenses	13A
Electronic Filing	4
Employee Business Expenses	17
Estate Income	11
Farm Income and Expenses	12, 12A
Federal, State and City Estimated Taxes	20, 20A
Foreign Assets	5C, 5D
Foreign Employment Information	30, 30A, 30B
Foreign Housing Expenses	30C
Foreign Taxes	32
Foreign Travel and Workdays	30D
Foreign Wages and Other Income	31, 31A, 31B

	Form
Gambling Winnings	21
Gifts	34, 35
Health Savings Accounts	13A
Household Employment Taxes	19
Installment Sale Receipts	7
Interest Income	5A
Interest Paid	14A
Investment Interest Expense	14A
IRA Contributions	9
IRA Distributions	9, 13
Keogh Plan Contributions	9A
Medical and Dental Expenses	14
Ministerial Income	13B
Miscellaneous Income and Adjustments	13
Miscellaneous Itemized Deductions	16
Mortgage Interest Paid	14A
Moving Expenses	8
Partnership Income	11
Pension Income	9A, 13
Personal Information	3
Railroad Retirement Benefits	13
Real Estate Mortgage Investment Conduit Income (REMIC)	11
Rental and Royalty Income and Expenses	10
Roth IRA Contributions/Conversions	9
S Corporation Income	11
Sale of Stock, Securities and Other Capital Assets	7
Sale of Your Home	8
Savings Bond Purchases	4B
SEP/SIMPLE Plan Contributions	9A
Social Security Benefits	13
State and Local Tax Refunds	13
Student Loan Interest	13
Taxes Paid	14
Trust Income	11
Unemployment Compensation	13
Vehicle/Other Listed Property Information:	
Business	6B, 6C
Employee Business Expenses	17
Farm	12B, 12C
Rental and Royalty	10B, 10C
Partnership/S Corporation	11A
Wages and Salaries	3A

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ".
TSJ Codes - Enter "T" for taxpayer, "S" for spouse or "J" for joint.

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:

	Yes	No
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:

	Yes	No
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.		

Purchases, Sales and Debt (continued):

	Yes	No
Did you engage in any put or call transactions? If Yes, please provide details.		
Did you close any open short sales during 2013?		
Did you sell any securities not reported on your Form 1099-B?		

Itemized Deductions:

	Yes	No
Did you contribute property (other than cash) with a fair market value of more than $5,000 to a charitable organization?		
Did you incur any casualty or theft losses during the year?		
Did you make any large purchases, such as motor vehicles and boats?		
Did you incur any casualty or loss attributable to a federally declared disaster?		

Miscellaneous:

	Yes	No
Did you or your spouse have any transactions pertaining to a medical savings account (MSA) during 2013? If you received a distribution from an MSA, please include Form 1099-SA.		
Did you or your spouse have any transactions pertaining to a health savings account (HSA) during 2013? If you received a distribution from an HSA, please include Form 1099-SA.		
Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?		
Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?		
Did you or your spouse make a qualified charitable distribution from an IRA during January of 2013 that was treated as though it were made in 2012?		
Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?		
Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include Form 1099-Q.		
Did you or your dependents incur any post-secondary education expenses, such as tuition?		
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered? Months: ____		
Did you move to a different home because of a change in the location of your job?		
Did you pay in excess of $1,000 in any quarter, or $1,800 during the year for domestic services performed in or around your home to individuals who could be considered household employees?		
Did you receive unreported tip income of $20 or more in any month of 2013?		
Did you or your spouse receive distributions from long-term care insurance contracts? If Yes, please include Form 1099-LTC.		
Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account or other financial account in a foreign country?		
Did you or your spouse own any foreign financial assets?		
Did you create or transfer money or property to a foreign trust?		
Did you purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle in 2013?		

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?		
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?		
Were you notified by the IRS or other taxing authority of any changes in prior year returns?		
Did you lose your job during 2013 because of foreign competition and pay for your own health insurance?		
Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?		
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?		
Have you been an identity theft victim and have you contacted the IRS?		
If Yes, please furnish the 6-digit identity protection PIN issued to you by the IRS ___________		
Did you engage in any bartering transactions?		
Did you make gifts of more than $14,000 to any individual?		
Did you have any foreign income or pay any foreign taxes during 2013?		
Did you or your spouse serve in the military or were you or your spouse on active duty?		
Did you or your spouse claim a homebuyer credit for a home purchased in 2008?		
Will you have healthcare coverage (health insurance) for you, your spouse, and any dependents during 2014?		

Severance/Retirement:

	Yes	No
Did you retire or change jobs in 2013?		
Did you receive deferred, retirement or severance compensation?		

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

Date

	Yes	No
Did you or your spouse turn 70 1/2 during the year and have money in an IRA or other retirement account while not taking a distribution?		

Sale of Your Home:

	Yes	No
Did you sell your home in 2013?		
If Yes, did you receive Form 1099?		
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?		
Did you ever rent out this property?		
Did you ever use any portion of the home for business purposes?		
Have you or your spouse sold a principal residence within the last two years?		

At the time of the sale, the residence was owned by the: ☐ Taxpayer ☐ Spouse ☐ Both

Additional Information:

	Yes	No
For any trust you created or that you are trustee, have any beneficiaries died during 2013?		
Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2013?		

If Yes, enter the following:

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

Personal Information

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

	Yes	No
May the IRS or other taxing authority discuss the return with the preparer?		
Is the taxpayer claimed as a dependent on someone else's tax return?		

	Taxpayer		Spouse	
	Yes	No	Yes	No
Are you considered legally blind per IRS regulations?				
Do you want to contribute to the Presidential Election Campaign Fund?				

Dependents and Wages

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

Electronic Filing

Electronic Filing: **Please enclose all copies of your current year Forms W-2**

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return . . . . ☐

Do not electronically file the state return(s) . . . . ☐

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?	**Yes**	**No**
Taxpayer	☐	☐
Spouse	☐	☐

If No, please enter a 5-digit self-selected PIN:

Taxpayer PIN . . . . ________________

Spouse PIN . . . . ________________

2013

Direct Deposit and Withdrawal

4A

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 return ☐ Federal estimate ☐ State(s)
☐ Direct deposit ☐ Electronic withdrawal

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 return ☐ Federal estimate ☐ State(s)
☐ Direct deposit ☐ Electronic withdrawal

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

Interest Income

5A

Interest Information:

Please enclose copies of all Forms 1099-INT or other documents for interest received

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

TSJ	Name of Payer	Savings & Loans, Bank and Other	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2012 Interest Amount
	Total					

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	2013 Interest Amount	2012 Interest Amount

Address of Individual to Whom Mortgage Interest Was Paid

Enter Any Additional Information:

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

Dividend Income

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.

2013

Consolidated Brokerage Statement

5E

Brokerage Name	TSJ	Account Number

Brokerage Address

Interest Income and Foreign Information

Interest Income: (List all items sold during the year on Form 5F.)

Special Interest Code:
1 - Qualified Educational Series EE Bonds
2 - Early Withdrawal Penalty
3 - Nominee Interest
4 - Accrued Interest
5 - Original Issue Discount Adjustment
6 - Amortizable Bond Premium Adjustment

	Source	Savings/Loans, Bank, and Other	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

	Code	Tax-Exempt Interest	Investment Expenses	Federal Withholding	State Withholding	Tax Exempt Bond CUSIP No.	2012 Interest Amount
A							
B							
C							
D							
E							

Foreign Taxes Paid or Accrued:

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
B						
C						
D						
E						

Additional State Information:

	Payer ID	New Hampshire Reason Interest is Nontaxable
A		
B		
C		
D		
E		

2013

Consolidated Brokerage Statement
Dividend Income and Foreign Information

5F

List all items sold during the year on Form 5F.

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

Dividend Income:

	Source	Form 1099-DIV Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code	Tax-Exempt Interest
A						
B						
C						
D						
E						

	Form 1099-DIV Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	2012 Gross Dividends Amount
A						
B						
C						
D						
E						

	Form 1099-DIV Box 4 Federal Withholding	Box 5 Investment Expenses	State Withholding
A			
B			
C			
D			
E			

Foreign Taxes Paid or Accrued:

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
B						
C						
D						
E						

Additional State Information:

	Payer ID	New Hampshire Reason Dividend is Nontaxable
A		
B		
C		
D		
E		

Business Income and Cost of Goods Sold

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?		
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?		
Were you involved in the operations of this business on a regular, continuous and substantial basis?		
Have you prepared or will you prepare all required Forms 1099?		

	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

Business Expenses and Property & Equipment

6A

Name of Business: . . . . ______________________________

Principal Business or Profession: . . . ______________________________

Expenses:

	2013 Amount	2012 Amount
Advertising		
Car and truck expenses		
Parking fees and tolls		
Commissions and fees		
Contract labor		
Employee benefit programs and health insurance (other than pension and profit-sharing plans)		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Legal and professional fees		
Office expense		
Pension and profit-sharing plans		
Rent or lease - vehicles, machinery and equipment		
Rent or lease - other business property		
Repairs and maintenance		
Supplies (not included in Cost of Goods Sold)		
Taxes and licenses		
Travel		
Meals and entertainment		
Utilities		
Wages		
Dependent care benefits		

Other Expenses:

Description	2013 Amount	2012 Amount

Property and Equipment: Please attach a list if more space is needed

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

Business Expenses - Vehicle and Other Listed Property

Name of Business: . . . . ______________________

Principal Business or Profession: . . . ______________________

Listed Property Questions for 2013:

	Yes	No
Do you have evidence to support your deduction?		
If Yes, is the evidence written?		
Do you have evidence to support the business use percentage claimed on listed property?		
If Yes, is the evidence written?		

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?		
Do you treat all use of vehicles by employees as personal use?		
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?		
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?		

Vehicle:

	Vehicle 1	Vehicle 2
Description of vehicle		
Date placed in service (Mo/Da/Yr)		
Do you (or your spouse) have another vehicle available for your personal use?	Yes / No	Yes / No
Was your vehicle available for use during off-duty hours?	Yes / No	Yes / No

Mileage:

	Vehicle 1 2013 Miles	Vehicle 1 2012 Miles	Vehicle 2 2013 Miles	Vehicle 2 2012 Miles
Total miles				
Total business miles				
Total commuting miles for the year				

Actual Expenses:

	Vehicle 1 2013 Amount	Vehicle 1 2012 Amount	Vehicle 2 2013 Amount	Vehicle 2 2012 Amount
Gasoline, oil, repairs, insurance, etc				
Interest				
Taxes				
Fair market value of leased vehicle				
Vehicle rentals/leases				

2013

Business Expenses

6C

Name of Business: . . . . ____________________
Principal Business or Profession: . . . ____________________

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		

If you are a statutory employee, 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 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

Business Use of Home

6D

Name of Business: . . . . ________________

Principal Business or Profession: . . . ________________

Partial Use of Your Home for Business:

	2013	2012
Square footage of home used exclusively for business		
Total square footage of home		
Total hours home was used for day care during the year		

	Yes	No
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?		

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

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?

	Yes	No
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		

	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

Individual Retirement Account (IRA) Information

Individual Retirement Account (IRA):

TS . . . . ____

IRA Questions for 2013:

	Yes	No
Are you covered by an employer's retirement plan?		
If no, is your spouse covered by an employer's retirement plan?		
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?		
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?		
Did you use any IRA as security for a loan this year?		
Did you have any transactions with any IRA during the year?		

If Yes, please explain. ______________________________

IRA Values, Rollovers, and Distributions: **Please enclose copies of all Forms 1099-R**

Total value of all traditional IRAs on December 31, 2013	
Outstanding rollovers on December 31, 2013	
Total distributions converted to Roth IRAs	
Total retirement plans converted to Roth IRAs	

Contributions: **Please enclose copies of all Forms 5498**

IRA:

Contributions in 2013 for the 2013 tax return	
Contributions in 2014 for the 2013 tax return	
Amount for 2013 you choose to be treated as nondeductible	

Roth IRA:

Contributions made for the 2013 tax year	

Distributions:

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

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

Rental and Royalty Income and Expenses

Location of Property: __________

TSJ . . . . ____

Type of property . . . __________

	Yes	No
Have you prepared or will you prepare all required Forms 1099?		

	2013	2012
Ownership percentage if not 100%	%	
How many days was this property rented at fair market value?		
How many days was this property used personally (including use by family members)?		

Income:

Please enclose copies of all Forms 1099-K

	2013 Amount	2012 Amount
Rents received		
Royalties received		

Other Income:

Description	2013 Amount	2012 Amount

Expenses:

	2013 Amount	2012 Amount
Advertising		
Auto and travel		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks, etc.		
Mortgage interest paid to individuals		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Dependent care benefits		
Employee benefits		

Other Expenses:

Description	2013 Amount	2012 Amount

2013

Rental and Royalty
Property and Equipment & Depletion

10A

Location of Property: ______________________________

Property and Equipment: Please attach a list if more space is needed

Acquisitions:

X if not new	Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions:

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

Percentage Depletion Information:

Production Type	Royalty Income	
	2013 Amount	2012 Amount

Rental and Royalty Vehicle and Other Listed Property

Location of Property: ______________________________

Listed Property Questions for 2013:

	Yes	No
Do you have evidence to support your deduction?		
If Yes, is the evidence written?		
Do you have evidence to support the business use percentage claimed on listed property?		
If Yes, is the evidence written?		

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?		
Do you treat all use of vehicles by employees as personal use?		
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?		
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?		

Vehicle:

	Vehicle 1	Vehicle 2
Description of vehicle		
Date placed in service (Mo/Da/Yr)		
Do you (or your spouse) have another vehicle available for your personal use?	Yes No	Yes No
Was your vehicle available for use during off-duty hours?	Yes No	Yes No

Mileage:

	Vehicle 1: 2013 Miles	Vehicle 1: 2012 Miles	Vehicle 2: 2013 Miles	Vehicle 2: 2012 Miles
Total miles				
Total business miles				
Total commuting miles for the year				

Actual Expenses:

	Vehicle 1: 2013 Amount	Vehicle 1: 2012 Amount	Vehicle 2: 2013 Amount	Vehicle 2: 2012 Amount
Gasoline, oil, repairs, insurance, etc				
Interest				
Taxes				
Fair market value of leased vehicle				
Vehicle rentals/leases				

Rental and Royalty Business Expenses

Location of Property: ______________________________

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

Rental - Business Use of Home

Location of Property: ______________________________

Partial Use of Your Home for Business:

	2013
Square footage of home used exclusively for business	
Total square footage of home	

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

Partnership, S Corporation, Estate, Trust and REMIC Income

Partnership Income: Please enclose all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Please enclose all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income: Please enclose all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income: Please enclose all Schedules Q

TSJ	Entity Name	Employer ID Number

Worksheets: Fiduciary Passthrough, Fiduciary Passthrough (A), Partnership Passthrough, Large Partnership Passthrough, S Corporation Passthrough and Other Passthrough
Forms K-1 through K-12, IRS-K1 1065, IRS-K1 1120S and IRS-K1 1041

Farm Income

Proprietor's Name: . . . . . . ____________________

Principal Crop or Activity: . . ____________________

TSJ . . . . ____

Employer identification number . . ____________

Method of accounting . . . . . . ____________________

Farm Questions for 2013:

	Yes	No
Did you dispose of this farm?		
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

2013

Farm Expenses and Property & Equipment

12A

Proprietor's Name: . . . . . . ______________________

Principal Crop or Activity: . . ______________________

Expenses:

	2013 Amount	2012 Amount
Business meals and entertainment		
Car and truck expenses		
Chemicals		
Conservation expenses		
Custom hire (machine work)		
Employee benefit programs and health insurance (other than pension and profit sharing plans)		
Feed purchased		
Fertilizers and lime		
Freight and trucking		
Gasoline, fuel and oil		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Labor hired		
Pension and profit-sharing plans		
Rent or lease - vehicles, machinery and equipment		
Rent or lease - other (land, animals, etc.)		
Repairs and maintenance		
Seeds and plants purchased		
Storage and warehousing		
Supplies purchased		
Taxes		
Utilities		
Veterinary, breeding and medicine		
Capitalized preproductive period expenses		
Dependent care benefits		

Other Expenses:

Description	2013 Amount	2012 Amount

Property and Equipment: **Please attach a list if more space is needed**

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

Farm Vehicle and Other Listed Property

Proprietor's Name: . . . . . . ______

Principal Crop or Activity: . . ______

Listed Property Questions for 2013:

	Yes	No
Do you have evidence to support your deduction?		
If Yes, is the evidence written?		
Do you have evidence to support the business use percentage claimed on listed property?		
If Yes, is the evidence written?		

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?		
Do you treat all use of vehicles by employees as personal use?		
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?		
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?		

Vehicle:

	Vehicle 1	Vehicle 2
Description of vehicle		
Date placed in service (Mo/Da/Yr)		
Do you (or your spouse) have another vehicle available for your personal use?	☐ Yes ☐ No	☐ Yes ☐ No
Was your vehicle available for use during off-duty hours?	☐ Yes ☐ No	☐ Yes ☐ No

Mileage:

	Vehicle 1 2013 Miles	Vehicle 1 2012 Miles	Vehicle 2 2013 Miles	Vehicle 2 2012 Miles
Total miles				
Total business miles				
Total commuting miles for the year				

Actual Expenses:

	Vehicle 1 2013 Amount	Vehicle 1 2012 Amount	Vehicle 2 2013 Amount	Vehicle 2 2012 Amount
Gasoline, oil, repairs, insurance, etc				
Interest				
Taxes				
Fair market value of leased vehicle				
Vehicle rentals/leases				

2013

Farm Business Expenses

12C

Proprietor's Name: . . . . . . ______________________

Principal Crop or Activity: . . ______________________

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 Business Use of Home

12D

Proprietor's Name: . . . . . . ______

Principal Crop or Activity: . . ______

Partial Use of Your Home for Business:

	2013
Square footage of home used exclusively for business	
Total square footage of home	

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

Miscellaneous Income, Adjustments and Alimony

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

Miscellaneous Income and Adjustments:

	TSJ ____		TSJ ____	
	2013 Amount	2012 Amount	2013 Amount	2012 Amount
Taxable pensions and annuities received				
Nontaxable pensions and annuities received				
Federal withholding on pensions and annuities				
State withholding on pensions and annuities				
Unemployment compensation received				
Unemployment compensation repaid in 2013				
Social security benefits received				
Social security benefits repaid in 2013				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2013				
Taxable IRA distributions				
Nontaxable IRA distributions				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2013 Amount	2012 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2013 Amount	2012 Amount

Miscellaneous Adjustments

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

	Yes	No
Were any HSA contributions listed above also shown on your Form W-2?		
Were all distributions from your HSA for unreimbursed medical expenses?		
Did you or your spouse enroll in Medicare?		

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

TS . . . . ____

	Yes	No
Are these deductions associated with a business?		
If Yes, enter the name of the business: ______________________		
Are these deductions employee business expenses?		
If Yes, enter the occupation: ______________________		

Parsonage:

	2013 Amount	2012 Amount
Fair rental value of parsonage provided by church		
Utility allowance of parsonage		
Actual expenses for utilities of parsonage		

Rental or Parsonage Allowance:

	2013 Amount	2012 Amount
Parsonage or rental allowance		
Utility allowance		
Actual expenses for parsonage		
Actual expenses for utilities		
Fair rental value of home, plus the cost of utilities		

Medical and Dental Expenses:

	TSJ	2013 Amount	2012 Amount
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			

	2013 Amount	2012 Amount
Taxpayer long-term care insurance premiums paid		
Spouse long-term care insurance premiums paid		

Other Medical Expenses:

TSJ	Description	2013 Amount	2012 Amount

Taxes Paid: Please include copies of your tax bills

	TSJ	2013 Amount	2012 Amount
Personal property taxes paid (include vehicle taxes)			
General sales taxes paid on specified items			

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

Itemized Deductions - Mortgage Interest and Points

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?		
Did you refinance your home? (If Yes, please enclose the closing statement.)		
If Yes, how many years is your new mortgage loan? ________		
Did you purchase a new home or sell your former home during the year?		
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?		
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?		

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.

TSJ	Organization or Description of Contribution	2013 Amount	2012 Amount

TSJ	Conservation Real Property	2013 Amount	2012 Amount
	100% limit		
	50% limit		

TSJ	Description	2013 Miles	2012 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

Noncash Contributions Totaling $500 or Less:

TSJ	Description of Donated Property	2013 Amount	2012 Amount

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:

	TSJ	2013 Amount	2012 Amount
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			

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

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

Date acquired . . . . (Mo/Da/Yr) ____

Date damaged or lost . . . . (Mo/Da/Yr) ____

Original cost or other basis . . . . ☐

Fair market value before casualty . . . . ☐

Fair market value after casualty . . . . ☐

Cost of replacement . . . . ☐

Insurance reimbursement . . . . ☐

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

Employee Business Expenses- Business Use of Home

17A

Partial Use of Your Home for Business:

	2013	2012
Square footage of home used exclusively for business		
Total square footage of home		
Total hours home was used for day care during the year		

	Yes	No
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?		

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

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

Household Employment Taxes

General Information:

TSJ . . . . ____

Employer identification number . . . . ____________

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

	2013 Amount	2012 Amount
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)		

Federal Unemployment (FUTA) Tax:

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

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

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		
A change in the number of your dependents		
A substantial change in your income		
A substantial change in your withholding		
A substantial change in deductions		

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

State and City Tax Payments

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 . . . . . . ______

Gambling Winnings

Please enclose all of your current year Forms W-2G

TS	Name of Payer	Gross Winnings	Tax Withheld	
			Federal	State

Gifts Made Outright to an Individual

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 . . . . ☐ Taxpayer ☐ Spouse ☐ 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 . . . . ☐ Taxpayer ☐ Spouse ☐ 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 . . . . ☐

2013

Oregon Information (Page 1 of 2)

General Information:

	Taxpayer Yes	Taxpayer No	Spouse Yes	Spouse No
Do you qualify as disabled?				

If you are a retired U.S. Government employee receiving a federal pension, enter the payer's name and dates you worked for the U.S. Government.

TSJ	Payer's Name	From (Mo/Da/Yr)	To (Mo/Da/Yr)

Residency Information:

	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in Oregon for all of 2013, enter the dates you did live in Oregon		

Enter the state names other than Oregon where you had income . . . . ______

Voluntary Contributions:

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

American Red Cross		Alzheimer's Disease Research	
Oregon Historical Society		OR Head Start Association	
Child Abuse Prevention		Albertina Kerr Centers	
Habitat for Humanity		Stop Domestic and Sexual Violence . .	
Oregon Food Bank		OR Military Financial Assistance	

Other Charity (Choose up to two of the following):

American Diabetes Association		Oregon Coast Aquarium	
SMART		SOLV	
St. Vincent de Paul		The Nature Conservancy	
Doernbecher Children's Hospital		Oregon Humane Society	
The Salvation Army		Oregon Veteran's Home	
Planned Parenthood of OR		LIONS	
Shriner's Hospital for Children		Special Olympics Oregon	
Susan G. Komen for the Cure		Cascade AIDS project	
Oregon Nongame Wildlife			

If you or your spouse wish to contribute $3.00 to a political party, please specify a party.

Taxpayer:
- ☐ Constitution ☐ Democratic ☐ Independent ☐ Libertarian
- ☐ Republican ☐ Pacific Green ☐ Progressive ☐ Working Families

Spouse:
- ☐ Constitution ☐ Democratic ☐ Independent ☐ Libertarian
- ☐ Republican ☐ Pacific Green ☐ Progressive ☐ Working Families

Oregon Information (Page 2 of 2)

Renter Information:

Address of rental . . . . ______

City, state and ZIP code of rental . . . . ______

Roommate's name . . . . ______

Landlord's name, address and telephone number:

______

	From (Mo/Da/Yr)	To (Mo/Da/Yr)
Rent dates	______	______

Monthly rent . . . . ☐

Total rent paid . . . . ☐

Type of residence: ☐ Nursing home ☐ Retirement home ☐ Group home ☐ Other

Verification of Disabled Parent or Guardian For Schedule WFC Information:

TS . . . . ____

Is the disability permanent? . . . . ☐ Yes ☐ No

Physician's last name . . . . ______

Physician's first name . . . . ______

Physician's office address . . . . ______

Physician's office telephone . . . . ______

Enter Any Additional Oregon Information:
