Willyoung and Company John Willyoung 4301 West Cayuga Street Tampa, FL 33614

III...I

# **General Information**

|                                                                                                                                                                       | Taxpayer                                                                                                                                        | Spous                  | se                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|
| First Name                                                                                                                                                            |                                                                                                                                                 |                        |                    |
| Social Security Number Date of Birth                                                                                                                                  |                                                                                                                                                 |                        |                    |
| Home Phone                                                                                                                                                            | Check ("X") which phone number to list on ref                                                                                                   | turn.                  |                    |
| Legally Blind                                                                                                                                                         |                                                                                                                                                 |                        |                    |
| Occupation                                                                                                                                                            |                                                                                                                                                 |                        |                    |
| State of Residence as of 12/31 County of Residence as of 12/31 . School District as of 12/31 Sales tax rate of locality in 2013 . If Part Year, Period of Residency . | %                                                                                                                                               |                        | % to               |
| Filing Status                                                                                                                                                         |                                                                                                                                                 |                        |                    |
| Status on 2012 return :                                                                                                                                               |                                                                                                                                                 |                        |                    |
| Status as of 12/31/2013 :<br>Enter ("X") in the box                                                                                                                   | 1 Single 2 Married filing joint 3 Married filing separately (Enter spouse's name and SSN above) 4 Head of Household Non-dependent Non-dependent | ent name:<br>lent SSN: |                    |
|                                                                                                                                                                       | 5 Qualifying widow(er) with minor child                                                                                                         |                        | Year spouse died   |
| Address                                                                                                                                                               |                                                                                                                                                 |                        |                    |
| Street                                                                                                                                                                |                                                                                                                                                 |                        | Apt/Suite :        |
| City                                                                                                                                                                  |                                                                                                                                                 | State                  | Zip Code           |
| If address is in a foreign country, er                                                                                                                                | nter that country                                                                                                                               |                        |                    |
| Foreign province/county                                                                                                                                               |                                                                                                                                                 | F                      | oreign postal code |
| If a bona fide resident of a U.S. terri                                                                                                                               | itory, enter territory                                                                                                                          |                        |                    |

| N      | ame          | SSN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| Quest  | ions         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| If any | of the follo | wing items apply to you or your spouse, please "X" the appropriate box and if possible, include details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|        |              | Basic Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Yes    | No           | Did your marital status change since last year?  Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2013?  Are there any changes in your dependents from last year?  Did you have any children under 19 (or 24 if a full time student) who received more than \$1,000 in investment income?  Are all your dependents either US residents or citizens?  Did you provide over half of the support for someone you aren't claiming as a dependent?  Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?  Were either you or your spouse in the military or National Guard?  Did you purchase or sell your principal residence?  Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?  Were there any changes to a prior year's income, deductions, or credits?  Did you make gifts of more than \$14,000 to any one person?  Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2013?  Did you claim a First-time Homebuyer Credit for a home purchased in 2008?  Did you have a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?  Do you want to e-file your return?  If you are due a refund, how do you want to receive it?  Check sent to you in the mail  Apply to next year's estimates  Differ time Homebuyer Credit point (please provide a voided blank check)  Type of account:  Checking  Savings |
|        | <b>□</b> 18  | If you owe taxes, how do you want to pay them?  Paper check sent with my return  Oredit card  Installment Agreement  Direct debit from my bank account (please provide a voided blank check)  Type of account:  Checking  Savings  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 Phone Personal identification name Number Number 5 digit PIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|        |              | Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Yes    | No           | Did you have an interest in or signature authority over a financial account in a foreign country?  Were you the grantor of or transferor to a foreign trust?  Did you receive income from a foreign source or pay taxes to a foreign government?  Did you receive tip income NOT reported to your employer?  Did you barter your services for goods or services from someone else?  Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?  Did you make a loan to someone at an interest rate below market rate?  Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?  Did you cash in any U.S. savings bonds?  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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

Did you receive disability income?

Did you receive any unemployment benefits?

Did you receive Social Security benefits?

Do you have gambling winnings? (If yes, be sure to include in gambling expenses)

During 2013, did you receive payments from a Long-Term Care insurance contract?

Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)

Did you receive employer-provided adoption benefits for a previous year?

Did you "rollover" a retirement plan distribution into another plan?

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| Quest  | ions   | (Co                                                            | ont.)                                                                                                                             |  |  |  |  |  |  |  |  |
|--------|--------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| If anv | of the | e follo                                                        | owing items apply to you or your spouse, please "X" the appropriate box and if possible, include details.                         |  |  |  |  |  |  |  |  |
| Yes    | No     |                                                                | 5 approx , , ,                                                                                                                    |  |  |  |  |  |  |  |  |
|        |        | 38                                                             | Did you convert a traditional IRA to a Roth IRA?                                                                                  |  |  |  |  |  |  |  |  |
|        |        | 39                                                             | •                                                                                                                                 |  |  |  |  |  |  |  |  |
|        |        | 40 Do you have any short sales, commodity sales, or straddles? |                                                                                                                                   |  |  |  |  |  |  |  |  |
|        |        | 41 Did you receive Form 2439?                                  |                                                                                                                                   |  |  |  |  |  |  |  |  |
|        |        | 42                                                             | ·                                                                                                                                 |  |  |  |  |  |  |  |  |
|        |        | 43                                                             | Did you receive stock from a stock bonus plan with your employer?                                                                 |  |  |  |  |  |  |  |  |
|        |        | 44                                                             | Did you sell any other personal assets at a gain?                                                                                 |  |  |  |  |  |  |  |  |
|        |        | 45                                                             | Did you sell any real estate (other than your home) during the year?                                                              |  |  |  |  |  |  |  |  |
|        |        | 46                                                             | Did you sell any assets using the installment method?                                                                             |  |  |  |  |  |  |  |  |
|        |        | 47                                                             | Did you receive proceeds from a prior year installment sale?                                                                      |  |  |  |  |  |  |  |  |
|        |        | 48                                                             | Did you purchase a rental property?                                                                                               |  |  |  |  |  |  |  |  |
|        |        | 49                                                             | Did you exchange any property for other property?                                                                                 |  |  |  |  |  |  |  |  |
|        |        | 50                                                             | Did you receive any income not reported in this Organizer?                                                                        |  |  |  |  |  |  |  |  |
|        |        |                                                                |                                                                                                                                   |  |  |  |  |  |  |  |  |
| Yes    | No     |                                                                | Business and Rental Property Income                                                                                               |  |  |  |  |  |  |  |  |
| 162    | INO    | 51                                                             | If you own rental property, do you qualify as a Real Estate Professional?                                                         |  |  |  |  |  |  |  |  |
|        |        |                                                                | If you own rental property, do you qualify as a Real Estate Professional?  Did you start or acquire a new business?               |  |  |  |  |  |  |  |  |
|        |        |                                                                | Did you sell any part of an existing business, or sell business assets?                                                           |  |  |  |  |  |  |  |  |
|        |        | 53<br>54                                                       | Did you sell any part of an existing business, of sell business assets?  Did you cease operating any business or rental property? |  |  |  |  |  |  |  |  |
|        |        | 54<br>55                                                       | Did you remove any of your business assets for personal use?                                                                      |  |  |  |  |  |  |  |  |
|        |        | 55                                                             | Did you remove any or your business assets for personal use?                                                                      |  |  |  |  |  |  |  |  |
|        |        |                                                                | Business and Rental Property Deductions                                                                                           |  |  |  |  |  |  |  |  |
| Yes    | No     |                                                                |                                                                                                                                   |  |  |  |  |  |  |  |  |
|        |        | 56                                                             | Did you use part of your home for business purposes?                                                                              |  |  |  |  |  |  |  |  |
|        |        | 57                                                             |                                                                                                                                   |  |  |  |  |  |  |  |  |
|        |        | 58                                                             | Do you pay for any health or long term care insurance through your business?                                                      |  |  |  |  |  |  |  |  |
|        |        | 59                                                             | If you or your spouse are self-employed, are either of you covered under an employer's health plan?                               |  |  |  |  |  |  |  |  |
|        |        | 60                                                             | Did you purchase any furniture or equipment for your business?                                                                    |  |  |  |  |  |  |  |  |
|        |        |                                                                | Other Deductions                                                                                                                  |  |  |  |  |  |  |  |  |
| Yes    | No     |                                                                |                                                                                                                                   |  |  |  |  |  |  |  |  |
|        |        | 61                                                             | Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2013?                             |  |  |  |  |  |  |  |  |
|        |        | 62                                                             | , , ,                                                                                                                             |  |  |  |  |  |  |  |  |
|        |        | 63                                                             | Did you use your car on the job (other than to and from work)?                                                                    |  |  |  |  |  |  |  |  |
|        |        | 64                                                             | Did you work out of town for part of the year?                                                                                    |  |  |  |  |  |  |  |  |
|        |        | 65                                                             | Did you incur any travel and entertainment expenses for business purposes?                                                        |  |  |  |  |  |  |  |  |
|        |        | 66                                                             | Did you pay expenses for the care of your child or other dependent so you could work?                                             |  |  |  |  |  |  |  |  |
|        |        | 67                                                             | Did you lose property or have damage to a property due to a casualty, theft, or condemnation?                                     |  |  |  |  |  |  |  |  |
|        |        | 68                                                             | Did any security become worthless during 2013?                                                                                    |  |  |  |  |  |  |  |  |
|        |        | 69                                                             | Did any debts become uncollectible during 2013?                                                                                   |  |  |  |  |  |  |  |  |
|        |        | 70                                                             | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2013?                                                               |  |  |  |  |  |  |  |  |
|        |        | 71                                                             | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2013?                       |  |  |  |  |  |  |  |  |
|        |        | 72                                                             |                                                                                                                                   |  |  |  |  |  |  |  |  |
|        |        | 73                                                             | Did you refinance a mortgage or take out a home equity loan during 2013?                                                          |  |  |  |  |  |  |  |  |
|        |        | 74                                                             | Did you incur moving expenses during the year due to a change of employment?                                                      |  |  |  |  |  |  |  |  |
|        |        | 75                                                             | Did you pay any educational tuition or fees for you or a dependent?                                                               |  |  |  |  |  |  |  |  |
|        |        | 76                                                             | Did you pay any student loan interest?                                                                                            |  |  |  |  |  |  |  |  |
|        |        | 77                                                             | Did you make any federal or state estimated payments?                                                                             |  |  |  |  |  |  |  |  |
|        |        | 78                                                             | Did you have a certain trade or business from which you figured your domestic production activities deduction?                    |  |  |  |  |  |  |  |  |
|        |        |                                                                |                                                                                                                                   |  |  |  |  |  |  |  |  |

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| Federal, State and Local Estima                                                                                                                                                         | ated Taxes Pai | id     |                |             |           |           |             |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------|----------------|-------------|-----------|-----------|-------------|--------|
| Federal Estimates                                                                                                                                                                       |                | Fi     | ler and/or Joi | nt Payments | •         | Spouse On | ly Payments |        |
| Enter Payment Information  1 Overpayment from last year                                                                                                                                 |                |        | rate Paid      | Amount      |           | Date Paid | Amou        | ınt    |
| 5 Fourth quarter payment                                                                                                                                                                |                |        |                |             | 6 7       |           |             |        |
| State Estimates                                                                                                                                                                         |                |        |                |             |           |           |             |        |
| Enter two-letter state abbreviation                                                                                                                                                     | State          |        | State          |             | State     |           | State       |        |
| Enter Payment Information  1 Overpayment from last year . 1  2 First quarter payment 2  3 Second quarter payment 3  4 Third quarter payment 4  5 Fourth quarter payment 5  6 6 6  7 8 8 |                | Amount | Date Paid      | Amount      | Date Paid | Amount    | Date Paid   | Amount |
| Local Estimates  Enter locality name                                                                                                                                                    | Locality       |        | Locality       |             | Locality  |           | Locality    |        |
| Enter Payment Information  1 Overpayment from last year . 1                                                                                                                             |                | Amount | Date Paid      | Amount      | Date Paid | Amount    | Date Paid   | Amount |
| <ul><li>2 First quarter payment 2</li><li>3 Second quarter payment 3</li></ul>                                                                                                          |                |        |                |             |           |           |             |        |
| 4 Third quarter payment 4 5 Fourth quarter payment 5 6 6                                                                                                                                |                |        |                |             |           |           |             |        |
| 7 8 7 8                                                                                                                                                                                 |                |        |                |             |           |           |             |        |

SSN \_\_\_\_

Name \_\_\_\_

| Name | <br>SSN      |  |
|------|--------------|--|
|      | <del>-</del> |  |

# **Dependent Information**

| Dependent ii |           | No. of   |              |          |              |               |              | Enter "X" i             | i applicable |           |
|--------------|-----------|----------|--------------|----------|--------------|---------------|--------------|-------------------------|--------------|-----------|
|              |           | Months   |              |          |              | Amount Paid   | US           | Enter "X" in Full- time | Paid         | Not a     |
|              |           | in Home  |              | Date of  |              | for Dependent | Citizen      | Student o               | r Education  | Dependent |
| First Name   | Last Name | in 2013  | Relationship | Birth    | SSN          | Care Expenses |              | Disabled                | Expenses     | this Year |
|              |           |          |              |          |              |               |              |                         |              |           |
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# Wages

## W-2 Information

| "X" if                 | Box 1<br>Wages, Tips | Box 2<br>Federal Income | Box 16<br>State | Box 17<br>State Income |
|------------------------|----------------------|-------------------------|-----------------|------------------------|
| spouse Employer's Name | Other Comp           | Tax Withheld            | Wages           | Tax Withheld           |
| 1                      | - Cuitor Comp        |                         |                 |                        |
| 2                      |                      |                         |                 |                        |
| 3                      |                      |                         |                 |                        |
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Box 4

Box 14

Box 12

Box 1

## **Retirement Income**

### 1099-R Information

| "X" if              | Gross        | Federal Income | State        | State Income |
|---------------------|--------------|----------------|--------------|--------------|
| spouse Payer's Name | Distribution | Tax Withheld   | Distribution | Tax Withheld |
| 1                   | Distribution | Tax Withheld   | Distribution | Tax Withheld |
| 2                   |              |                |              |              |
| 3                   |              |                |              |              |
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| 32                  |              |                |              |              |
| 33                  |              |                |              |              |
| 34                  |              |                |              |              |
| 35                  |              |                |              |              |
| 36                  |              |                |              |              |
| 37                  |              |                |              |              |
| 38                  |              |                |              |              |
| 39                  |              |                |              |              |
| 40                  |              |                |              |              |
| 41                  |              |                |              |              |
| 42                  |              |                |              |              |
| 43                  |              |                |              |              |
| 44                  |              |                | <u> </u>     |              |
| 45                  |              | 1              |              | 1            |
| 46                  |              | +              |              | +            |
| 4748                |              |                |              |              |
| 48                  |              |                |              |              |
| 50                  |              | +              |              | +            |
| 51                  |              | +              |              | +            |
| 52                  |              | +              |              | +            |
| 53                  |              |                |              |              |
| 54                  |              |                |              |              |
| 55                  |              |                |              |              |
| 1                   | 1            | 1              | I <u>L</u>   | 1            |

| 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

Taxable Interest Income

Tax Exempt Interest

Specified Priv Act Interest

| * F/S/J - enter ownership (F)iler, (S)pouse, | Taxable Inte |            |                     | pt Interest | Specified Private   | / Act Interest |
|----------------------------------------------|--------------|------------|---------------------|-------------|---------------------|----------------|
| or (J)oint.                                  | Current Year | Prior Year | <b>Current Year</b> | Prior Year  | <b>Current Year</b> | Prior Year     |
| *F/S/J Payer                                 | Amount       | Amount     | Amount              | Amount      | Amount              | Amount         |
| 1                                            |              |            |                     |             |                     |                |
| 2                                            |              |            |                     |             |                     |                |
| 3                                            |              |            |                     |             |                     |                |
| 4                                            |              |            |                     |             |                     |                |
| 5                                            |              |            |                     |             |                     |                |
| 6                                            |              |            |                     |             |                     |                |
| 7                                            |              |            |                     |             |                     |                |
| 8                                            |              |            |                     |             |                     |                |
| 9                                            |              |            |                     |             |                     |                |
| 10                                           |              |            |                     |             |                     |                |
| 11                                           |              |            |                     |             |                     |                |
| 12                                           |              |            |                     |             |                     |                |
| 13                                           |              |            |                     |             |                     |                |
| 14                                           |              |            |                     |             |                     |                |
| 15                                           |              |            |                     |             |                     |                |
| 16                                           |              |            |                     |             |                     |                |
| 17                                           |              |            |                     |             |                     |                |
| 18                                           |              |            |                     |             |                     |                |
| 19                                           |              |            |                     |             |                     |                |
| 20                                           |              |            |                     |             |                     |                |
| 21                                           |              |            |                     |             |                     |                |
| 22                                           |              |            |                     |             |                     |                |
| 23                                           |              |            |                     |             |                     |                |
| 24                                           |              |            |                     |             |                     |                |
| 25                                           |              |            |                     |             |                     |                |
| 26                                           |              |            |                     |             |                     |                |

# **Dividend Income**

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

| * F/S/J - enter ownership (F)iler, (S)pouse, | Ordinary [   | Dividends  | Qualified Dividends |                         | Capital Gains Current Year   Prior Year |            |
|----------------------------------------------|--------------|------------|---------------------|-------------------------|-----------------------------------------|------------|
| or (J)oint.                                  | Current Year | Prior Year | <b>Current Year</b> | Surrent Year Prior Year |                                         | Prior Year |
| *F/S/J Payer                                 | Amount       | Amount     | Amount              | Amount                  | Amount                                  | Amount     |
| 1                                            |              |            |                     |                         |                                         |            |
| 2                                            |              |            |                     |                         |                                         |            |
| 3                                            |              |            |                     |                         |                                         |            |
| 4                                            |              |            |                     |                         |                                         |            |
| 5                                            |              |            |                     |                         |                                         |            |
| 6                                            |              |            |                     |                         |                                         |            |
| 7                                            |              |            |                     |                         |                                         |            |
| 8                                            |              |            |                     |                         |                                         |            |
| 9                                            |              |            |                     |                         |                                         |            |
| 10                                           |              |            |                     |                         |                                         |            |
| 11                                           |              |            |                     |                         |                                         |            |
| 12                                           |              |            |                     |                         |                                         |            |
| 13                                           |              |            |                     |                         |                                         |            |
| 14                                           |              |            |                     |                         |                                         |            |
| 15                                           |              |            |                     |                         |                                         |            |
| 16                                           |              |            |                     |                         |                                         |            |
| 17                                           |              |            |                     |                         |                                         |            |
| 18                                           |              |            |                     |                         |                                         |            |
| 19                                           |              |            |                     |                         |                                         |            |
| 20                                           |              |            |                     |                         |                                         |            |
| 21                                           |              |            |                     |                         |                                         |            |
| 22                                           |              |            |                     |                         |                                         |            |
| 23                                           |              |            |                     |                         |                                         |            |
| 24                                           |              |            |                     |                         |                                         |            |
| 25                                           |              |            |                     |                         |                                         |            |
| 26                                           |              |            |                     |                         |                                         |            |

| Alimon<br>* F/S - | y Received enter ownership (F)iler or (S)pouse. |   |                        |                      |
|-------------------|-------------------------------------------------|---|------------------------|----------------------|
| F/S*              | Payer                                           |   | Current Year<br>Amount | Prior Year<br>Amount |
| 1                 |                                                 | 1 |                        |                      |
| 2                 |                                                 | 2 |                        |                      |
| 3                 |                                                 | 3 |                        |                      |
| 4                 |                                                 | 4 |                        |                      |
| 5                 |                                                 | 5 |                        |                      |
| 6                 |                                                 | 6 |                        |                      |
| 7                 |                                                 | 7 |                        |                      |
|                   |                                                 |   |                        |                      |

SSN \_\_\_\_

Alimony Paid

\* F/S - enter ownership (F)iler or (S)pouse.

| F/S* | F   | Recipient's Name | Recipient's SSN |          | Current Year<br>Amount | Prior Year<br>Amount |
|------|-----|------------------|-----------------|----------|------------------------|----------------------|
|      | 1   |                  | 1               |          |                        |                      |
|      | 2   |                  | 2               | : [      |                        |                      |
|      | 3   |                  | 3               | Γ        |                        |                      |
|      | 4   |                  | 4               | . [_     |                        |                      |
|      | 5 _ |                  | 5               | L        |                        |                      |
|      | 6   |                  | 6               | ;        |                        |                      |
|      | 7   |                  | 7               | ' [      |                        |                      |
|      | 8   |                  | 8               | : [      |                        |                      |
|      | 9   |                  | 9               |          |                        |                      |
| -    | _   |                  |                 | <u> </u> |                        |                      |

| Name                                                                                                     | SSN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| f-Employed Business Income and Expenses (Schedule C)                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Emeral Information  Employer Identification Number  Principal business or profession  Business name      | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nber)<br>Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| eneral Check Boxes (Enter "X" where applicable)                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Accounting Method                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Did you make any payments in 2013 that would require you to file Form(s) 1099?                           | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Gross receipts or sales not reported on Form 1099 or Form W-2  1 1 Returns and allowances                | Amount  1 2 3 4 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Prior Year<br>Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| nventory (Enter "X" where applicable)  Method(s) used to value closing inventory Cost Lower of cost or n | narket Other nventory?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes No Prior Year Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Purchases less cost of items withdrawn for personal use                                                  | 9 0<br>1 2<br>3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                          | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Purchase<br>Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                          | F-Employed Business Income and Expenses (Schedule C)  Enter "X" in one box: Filer Spouse  eneral Information  Employer Identification Number Principal business or profession Business name Business address City Security | F-Employed Business Income and Expenses (Schedule C)  Enter "X" in one box: Filer Spouse  eneral Information  Employer Identification Number (do not enter Social Security Nur Principal business or profession Business name .  Business andress .  City State Eneral Check Boxes (Enter "X" where applicable)  Accounting Method . Cash Accrual Other - (Specify)  Did you "materially participate" in this business? Yes No  Check ("X") if you started or acquired this business in 2013.  Did you make any payments in 2013 that would require you to file Form(s) 1099? Yes Income exports and 1099 MISC. 10  Gross receipts or sales not reported on Form 1099 or Form W-2  Income reported on 1099 MISC. 10  Gross receipts or sales not reported on Form 1099 or Form W-2  Income reported on 1099 MISC. 15  Other income . 16  Inventory (Enter "X" where applicable)  Method(s) used to value closing inventory . Cost Lower of cost or market Other Any change in determining quantities, costs, or valuations between opening and closing inventory?  Current Year Amount  Inventory at the beginning of year 19  Purchases less cost of items withdrawn for personal use 20  Cost of labor 21  Materials and supplies 22  Other Costs 23  Inventory at end of year 24   Date Placed in Service This Year Description:  Date Placed in Service In Se |

|          | Name                                                           | SS       | SN                     |                      |
|----------|----------------------------------------------------------------|----------|------------------------|----------------------|
|          | Business                                                       |          |                        |                      |
| Self     | -Employed Business Expenses Cont. (Schedule C)                 |          |                        |                      |
| Expe     |                                                                |          | Current Year<br>Amount | Prior Year<br>Amount |
| 25       | Advertising                                                    | 25       | Amount                 | Amount               |
| 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:                                                      |          | Г                      |                      |
| 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                                      |          |                        |                      |
| 38       |                                                                | 38       |                        |                      |
| 39       |                                                                | 39       |                        |                      |
| 40       |                                                                | 40       |                        |                      |
|          | Other business property rental or lease                        |          |                        |                      |
| 41       |                                                                | 41       |                        |                      |
| 42<br>43 |                                                                | 42<br>43 |                        |                      |
| 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<br>49 |                                                                | 48       |                        |                      |
| 49<br>50 |                                                                | 49<br>50 |                        |                      |
| 30       | Meals and entertainment                                        | 30       |                        |                      |
| 51       | Enter "X" in the box if subject to DOT hours of service limits | 51       |                        |                      |
|          |                                                                |          |                        |                      |
| 52<br>53 |                                                                | 52<br>53 |                        |                      |
| 54       |                                                                | 54       |                        |                      |
| 55       |                                                                | 55       |                        |                      |
|          |                                                                |          |                        |                      |
| 56       | Utilities                                                      | 56       |                        |                      |
| 57       | Wages                                                          | 57       |                        |                      |
|          | Other Expenses:                                                |          |                        |                      |
| 58       |                                                                | 58       |                        |                      |
| 59       |                                                                | 59       |                        |                      |
| 60       |                                                                | 60       |                        |                      |
| 61<br>62 |                                                                | 61<br>62 |                        |                      |
| 62<br>63 |                                                                | 62<br>63 |                        |                      |
| 64       |                                                                | 64       |                        |                      |
| 65       |                                                                | 65       |                        |                      |
| 66       |                                                                | 66       |                        |                      |
|          |                                                                |          | ,                      |                      |

| Name                                                   |              |                      | SSN          |                      |
|--------------------------------------------------------|--------------|----------------------|--------------|----------------------|
| Business                                               |              |                      |              |                      |
| icle Information (Schedule C)                          |              |                      |              |                      |
| -                                                      | Vehicle 1 -  |                      | Vehicle 2 -  |                      |
|                                                        | Current Year | Prior Year           | Current Year | Prior Year           |
| Data vahiala waa placed in carving 4                   | Amount       | Amount               | Amount       | Amount               |
| Date vehicle was placed in service 1 Cost of vehicle   |              |                      |              |                      |
| Total miles driven for the year                        |              |                      |              |                      |
| Business miles driven during the year                  |              |                      |              |                      |
| Commuting miles included on line 3 5                   |              |                      |              |                      |
|                                                        |              |                      |              |                      |
| Parking fees and tolls 6 Vehicle Interest              |              |                      |              |                      |
| Vehicle Personal Property tax                          |              |                      |              |                      |
| ctual Expenses                                         |              |                      | 1            |                      |
| Gasoline, oil and repairs                              |              |                      |              |                      |
| Vehicle Insurance                                      |              |                      |              |                      |
| Vehicle registration fees                              |              |                      |              |                      |
| Vehicle lease or rental                                |              |                      |              |                      |
| verileie lease of ferital                              |              |                      |              |                      |
| 13_                                                    |              |                      |              |                      |
| 13_                                                    | Vehicle 3 -  | Drior Voor           | Vehicle 4 -  | Drier Veer           |
| 13_                                                    | Current Year | Prior Year           | Current Year | Prior Year           |
|                                                        |              | Prior Year<br>Amount |              | Prior Year<br>Amount |
| Date vehicle was placed in service 1                   | Current Year |                      | Current Year |                      |
| Date vehicle was placed in service                     | Current Year |                      | Current Year |                      |
| Date vehicle was placed in service                     | Current Year |                      | Current Year |                      |
| Date vehicle was placed in service                     | Current Year |                      | Current Year |                      |
| Date vehicle was placed in service                     | Current Year |                      | Current Year |                      |
| Date vehicle was placed in service                     | Current Year |                      | Current Year |                      |
| Date vehicle was placed in service                     | Current Year |                      | Current Year |                      |
| Date vehicle was placed in service                     | Current Year |                      | Current Year |                      |
| Date vehicle was placed in service                     | Current Year |                      | Current Year |                      |
| Date vehicle was placed in service                     | Current Year |                      | Current Year |                      |
| Date vehicle was placed in service                     | Current Year |                      | Current Year |                      |
| Date vehicle was placed in service . 1 Cost of vehicle | Current Year |                      | Current Year |                      |
| Date vehicle was placed in service                     | Current Year |                      | Current Year |                      |

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

|                      | Name                                                     |             | SSN                    |                      |
|----------------------|----------------------------------------------------------|-------------|------------------------|----------------------|
| IRA                  | and Other Contribution Information                       |             |                        |                      |
| Tradi                | tional IRA Contributions                                 | ı           |                        |                      |
| Filer<br>1<br>2<br>3 | Enter total traditional IRA contributions made for 2013  | 1<br>2<br>3 | Current Year<br>Amount | Prior Year<br>Amount |
| Spou<br>4<br>5<br>6  | Enter total traditional IRA contributions made for 2013  | 4<br>5<br>6 |                        |                      |
| Roth                 | IRA Contributions                                        |             |                        |                      |
| Filer<br>1<br>2      | Enter 2013 Roth IRA contributions                        | 1 2         | Current Year<br>Amount | Prior Year<br>Amount |
| Spou<br>3<br>4       | Enter 2013 Roth IRA contributions                        | 3<br>4      |                        |                      |
| SIMP                 | LE IRA                                                   |             |                        |                      |
| Filer<br>1           | Enter value of all SIMPLE IRAs on 12/31/2013             | 1           | Current Year<br>Amount | Prior Year<br>Amount |
| Spou<br>2            | I <b>se</b> Enter value of all SIMPLE IRAs on 12/31/2013 | 2 [         |                        |                      |
| Educ                 | ation (Coverdell ESA)                                    | ı           |                        |                      |
| Filer<br>1<br>2      | Enter 2013 Coverdell ESA contributions                   | 1 2         | Current Year<br>Amount | Prior Year<br>Amount |
| Spou<br>3<br>4       | Enter 2013 Coverdell ESA contributions                   | 3 4         |                        |                      |
|                      |                                                          |             |                        |                      |

| Name | SSN |
|------|-----|

# **Medical and Dental - Itemized Deductions**

|    |                                                                                | Current Year | Prior Year |
|----|--------------------------------------------------------------------------------|--------------|------------|
|    |                                                                                | Amount       | Amount     |
| 1  | Prescription medications                                                       |              |            |
| 2  | Fees for doctors, dentists, etc                                                |              |            |
| 3  | Fees for hospitals, clinics, etc                                               |              |            |
| 4  | Lab and X-ray fees                                                             |              |            |
| 5  | Medical aids such as glasses, contacts, hearing aids, wheelchair, etc 5        |              |            |
| 6  | Medical equipment and supplies                                                 |              |            |
| 7  | Medical mileage (number of miles driven) 7                                     |              |            |
| 8  | Medical parking, tolls and local transportation                                |              |            |
| 9  | Lodging for medical purposes (up to \$50 per night per person)                 |              |            |
| 10 | Health/Dental/Other ins. premiums (do not include self-employed plans) 10      |              |            |
| 11 | Long Term Care insurance premiums (taxpayer)                                   |              |            |
| 12 | Long Term Care insurance premiums (spouse)                                     |              |            |
| 13 | Expenses to stop smoking                                                       |              |            |
| 14 | Health insurance premiums - coverage established under your business (1) 14    |              |            |
| 15 | Health insurance premiums - coverage established under your business (2) 15    |              |            |
| 16 | Long Term Care insurance premiums - coverage est. under your business (1) . 16 |              |            |
| 17 | Long Term Care insurance premiums - coverage est. under your business (2) . 17 |              |            |
| 18 | 18                                                                             |              |            |
| 19 |                                                                                |              |            |
| 20 | 20                                                                             |              |            |
| 21 | 21                                                                             |              |            |
| 22 | Insurance reimbursement for any medical and dental expense listed above 22     |              |            |

# **Taxes - Itemized Deductions**

|                                                         |        | Current Year | Prior Year |
|---------------------------------------------------------|--------|--------------|------------|
| Real Estate Taxes                                       | L      | Amount       | Amount     |
| 23 Principal residence                                  | . 23   |              |            |
| 24 Real estate taxes from Schedule E properties         | 24     |              |            |
| Real Estate Not Held For Investment                     | _      |              |            |
| 25                                                      | 25     |              |            |
| 26                                                      | 26     |              |            |
| 27                                                      | 27     |              |            |
| 28                                                      | 28     |              |            |
| 29                                                      | 29     |              |            |
| Real Estate Held For Investment                         |        | <u>"</u>     |            |
| 30                                                      | 30     |              |            |
| 31                                                      | 31     |              |            |
| 32                                                      | 32     |              |            |
| 33                                                      | 33     |              |            |
| 34                                                      | 34     |              |            |
| Personal property taxes                                 | _      |              |            |
| Non-business portion of vehicle personal property taxes | 35     |              |            |
| 36                                                      | 36     |              |            |
| 37                                                      | 37     |              |            |
| 38                                                      | 38     |              |            |
| 39                                                      | 39     |              |            |
| 40                                                      | 40     |              |            |
| Non-Personal Property Taxes                             | _ +0 _ | <u> </u>     |            |
| 41 K1 (1065) - Other deductions/taxes                   | 41     |              |            |
| <b>42</b> K1 (1120S) - Other deductions/taxes           |        |              |            |
| 43 K1 (1041) - Other deductions/taxes                   | 43     |              |            |
| 44 (1041) - Other deductions/taxes                      | 44     |              |            |
| <del>***</del><br>45                                    | 45     |              |            |
| 45<br>46                                                | 45     |              |            |
| +U                                                      | 40     |              |            |

|      | Name                                                                  | SSN |                        |                      |
|------|-----------------------------------------------------------------------|-----|------------------------|----------------------|
| Inte | rest - Itemized Deductions                                            | ı   |                        |                      |
|      | Home Mortgage Interest and Points Reported on Form 1098               |     | Current Year<br>Amount | Prior Year<br>Amount |
| 47   | Lender                                                                | 47  | Amount                 | Amount               |
| 48   | Londor                                                                | 48  |                        |                      |
| 49   | Lender                                                                | 49  |                        |                      |
| 50   | Lender                                                                | 50  |                        |                      |
|      | Home Mortgage Interest Not Reported on Form 1098                      |     |                        |                      |
| 51   | Name:                                                                 | 51  |                        |                      |
|      | Address:                                                              |     |                        |                      |
|      | SSN:                                                                  |     |                        |                      |
| 52   | Mortgage insurance premiums paid on 2013 acquisition indebtedness for |     |                        |                      |
|      | principal residence                                                   | 52  |                        |                      |
|      | Refinancing Points                                                    |     |                        |                      |
| 53   | Description                                                           | 53  |                        |                      |
|      | Points paid                                                           |     |                        |                      |
|      | Date of loan                                                          | -   |                        |                      |
|      | Total number of scheduled loan payments                               |     |                        |                      |
|      | Number of payments made in 2013                                       |     |                        |                      |
| 54   |                                                                       | 54  |                        |                      |
|      | Points paid                                                           |     |                        |                      |
|      | Date of loan                                                          |     |                        |                      |
|      | Total number of scheduled loan payments                               |     |                        |                      |
|      | Number of payments made in 2013                                       |     |                        |                      |
| 55   |                                                                       | 55  |                        |                      |
|      | Points paid                                                           |     |                        |                      |
|      | Date of loan                                                          |     |                        |                      |
|      | Total number of scheduled loan payments                               |     |                        |                      |
|      | Number of payments made in 2013                                       |     |                        |                      |
| 56   | Description                                                           | 56  |                        |                      |
|      | Points paid                                                           |     |                        |                      |
|      | Date of loan                                                          |     |                        |                      |
|      | Total number of scheduled loan payments                               |     |                        |                      |
|      | Number of payments made in 2013                                       |     |                        |                      |
| F7   | Investment interest paid                                              | 57  |                        |                      |
| 57   | Investment interest paid                                              | 57  |                        |                      |

| Name                                                                                                                                         |               | SSN          |            |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|------------|--|--|--|
| nreimbursed Employee Expenses - Itemized Deductions                                                                                          |               |              |            |  |  |  |
| ironnourseu Employee Expenses - itemizeu Deuuctions                                                                                          | ſ             | Current Year | Prior Year |  |  |  |
| List car truck transportation moals and entertainment expenses on Employee Eve                                                               | L<br>Sonsos t | Amount       | Amount     |  |  |  |
| List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab  Union dues                                       |               |              |            |  |  |  |
| Union dues                                                                                                                                   |               |              |            |  |  |  |
| Uniform and protective clothing costs and cleaning                                                                                           |               |              |            |  |  |  |
| Job search costs (resumes, travel, postage, etc.)                                                                                            |               |              |            |  |  |  |
| 2                                                                                                                                            | 62            |              |            |  |  |  |
| 3                                                                                                                                            | 63            |              |            |  |  |  |
| 4                                                                                                                                            | 64            |              |            |  |  |  |
| 5                                                                                                                                            | 65            |              |            |  |  |  |
| i                                                                                                                                            | 66            |              |            |  |  |  |
|                                                                                                                                              | 67            |              |            |  |  |  |
| 8                                                                                                                                            | 68            |              |            |  |  |  |
| ertain Miscellaneous Deductions - Itemized Deductions                                                                                        |               |              |            |  |  |  |
| If investment                                                                                                                                | nt F          | Current Year | Prior Year |  |  |  |
| related enter                                                                                                                                |               | Amount       | Amount     |  |  |  |
| Tax preparation fees                                                                                                                         | <u> </u>      | Allount      | Amount     |  |  |  |
| O Certain attorney and accounting fees                                                                                                       | 70            |              |            |  |  |  |
| Safe deposit box rental                                                                                                                      | 71            |              |            |  |  |  |
| 2 IRA Custodial fees                                                                                                                         | 72            |              |            |  |  |  |
| Investment counsel and advisory fees                                                                                                         | 73            |              |            |  |  |  |
| Losses on deposits in insolvent or bankrupt financial institutions                                                                           | 74            |              |            |  |  |  |
| 5 Convenience fees paid with credit or debit card for federal taxes in 2013.                                                                 | 75            |              |            |  |  |  |
| 6                                                                                                                                            | 76            |              |            |  |  |  |
| 7                                                                                                                                            | 77            |              |            |  |  |  |
| <u> </u>                                                                                                                                     | 78            |              |            |  |  |  |
|                                                                                                                                              | 79            |              |            |  |  |  |
| ]                                                                                                                                            | 80            |              |            |  |  |  |
| 1                                                                                                                                            | 81<br>82      |              |            |  |  |  |
| <u> </u>                                                                                                                                     | 83            |              |            |  |  |  |
| 4                                                                                                                                            | 84            |              |            |  |  |  |
| 5                                                                                                                                            | 85            |              |            |  |  |  |
| <b>5</b>                                                                                                                                     | 86            |              |            |  |  |  |
| 7                                                                                                                                            | 87            |              |            |  |  |  |
|                                                                                                                                              |               | <u>'</u>     |            |  |  |  |
| her Miscellaneous Deductions                                                                                                                 | -             |              |            |  |  |  |
| Federal estate tax on income in respect of a decedent                                                                                        |               |              |            |  |  |  |
| Amortizable bond premiums on bonds acquired before 10/23/86                                                                                  |               |              |            |  |  |  |
| Gambling losses (if gambling income)                                                                                                         | 90            |              |            |  |  |  |
| Repayment of income                                                                                                                          |               |              |            |  |  |  |
| <ul> <li>2 From K1 Input Worksheet (1065 &amp; 1120S) - Portfolio deduction</li> <li>3 Certain unrecovered investment in a pension</li></ul> | 92            |              |            |  |  |  |
| 3 Certain unrecovered investment in a pension                                                                                                | . 93<br>94    |              |            |  |  |  |
| 5                                                                                                                                            | 95            |              |            |  |  |  |
| 5<br>5                                                                                                                                       | - 95<br>- 96  |              |            |  |  |  |
| 7                                                                                                                                            | 97            |              |            |  |  |  |
| 3                                                                                                                                            | 98            |              |            |  |  |  |
| 9                                                                                                                                            | 99            |              |            |  |  |  |
| 0                                                                                                                                            | 100           |              |            |  |  |  |

| Name                                                                     | SSN          | SSN        |  |  |  |
|--------------------------------------------------------------------------|--------------|------------|--|--|--|
| arity - Itemized Deductions                                              |              |            |  |  |  |
|                                                                          | Current Year | Prior Year |  |  |  |
| * Total contributions \$500 or less. See Non-Cash Charity if over \$500. | Amount       | Amount     |  |  |  |
| Gifts To Charity Other Than By Cash or Check*                            |              |            |  |  |  |
| Total Miles driven for charitable activities                             |              |            |  |  |  |
| Parking fees, tolls and local transportation for charitable activities   |              |            |  |  |  |
| Gifts To Charity By Cash or Check                                        |              |            |  |  |  |
| 1                                                                        |              |            |  |  |  |
| 2                                                                        |              |            |  |  |  |
| 3                                                                        |              |            |  |  |  |
| 4                                                                        |              |            |  |  |  |
| 5                                                                        |              |            |  |  |  |
| 6                                                                        |              |            |  |  |  |
| 7                                                                        |              |            |  |  |  |
|                                                                          |              |            |  |  |  |
| 9                                                                        |              |            |  |  |  |
|                                                                          |              |            |  |  |  |
|                                                                          |              |            |  |  |  |
|                                                                          |              |            |  |  |  |
| 13                                                                       |              |            |  |  |  |
|                                                                          |              |            |  |  |  |
| 15                                                                       |              |            |  |  |  |
|                                                                          |              |            |  |  |  |
| 17                                                                       |              |            |  |  |  |
|                                                                          |              |            |  |  |  |
|                                                                          |              |            |  |  |  |
| 20                                                                       |              |            |  |  |  |
|                                                                          |              |            |  |  |  |
| 22                                                                       |              |            |  |  |  |
| 23                                                                       |              |            |  |  |  |
| 23                                                                       |              |            |  |  |  |
| 25                                                                       |              |            |  |  |  |
|                                                                          |              |            |  |  |  |
| 27                                                                       |              |            |  |  |  |
| 28                                                                       |              |            |  |  |  |
| 29                                                                       |              |            |  |  |  |
| 30                                                                       |              |            |  |  |  |
| 30                                                                       | 1            |            |  |  |  |

|       | Name                      | Name                                           |                      |               | SSN          |                       |                        |  |
|-------|---------------------------|------------------------------------------------|----------------------|---------------|--------------|-----------------------|------------------------|--|
| Noi   | ncash Charitab            | le Contributions (                             | (Total of Cont       | ributions     | more tha     | an \$500)             |                        |  |
| Infor | mation on Donated         |                                                |                      |               |              |                       |                        |  |
|       |                           | (a) Name and Address of the Donee Organization |                      |               | (b           | Description of Donat  | ed Property            |  |
| 1     | Name<br>Address           |                                                |                      |               |              |                       |                        |  |
| 2     | City Name Address         | State                                          | Zip Code             |               |              |                       |                        |  |
| 3     | City<br>Name              | State                                          | Zip Code             |               |              |                       |                        |  |
|       | Address<br>City           | State                                          | Zip Code             |               |              |                       |                        |  |
| 4     | Name<br>Address<br>City   | State                                          | Zip Code             |               |              |                       |                        |  |
| 5     | Name<br>Address           | State                                          | Zip Code             |               |              |                       |                        |  |
|       | City                      | State                                          | Zip Code             |               |              |                       |                        |  |
| Note  | : If the fair market valu | ue for an item is \$500 or l                   | ess, you do not have | e to complete | columns (d), | (e), and (f).         |                        |  |
|       | (c) Date of the           | (d) Date Acquired                              | (e) How              | `             | f) Cost or   | (g) Fair Market Value | (h) Method Used to     |  |
| 1     | Contribution              | mm/dd/yyyy                                     | Acquired             | Adj           | usted Basis  | F. M. V.              | Determine the F. M. V. |  |
| 2     |                           |                                                |                      |               |              |                       |                        |  |
| 3     |                           |                                                |                      |               |              |                       |                        |  |
| 4     |                           |                                                |                      |               |              |                       |                        |  |
| 5     |                           |                                                |                      | _             |              |                       |                        |  |

SSN \_\_\_\_