



For any question answered Yes, please attach supporting detail or documents.

Personal Information:

	Yes	No
Did your marital status change during 2013? .....		
Are you legally married? .....		
If Yes, do you and your spouse want to file separate returns? .....		
If Yes, will you file a joint federal return and be required to file single state returns? .....		
If No, are you in a domestic partnership, civil union, or other state-defined relationship? .....		
Did your address change during 2013? .....		
Can you or your spouse be claimed as a dependent by another taxpayer? .....		

Dependents:

Were there any changes in dependents from the prior year? .....		
Note: Include non-child dependents for whom you provided more than half the support		
Did you pay for child care while you worked or looked for work? .....		
Do you have any children under age 18 with unearned income more than \$1000? .....		
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1000? .....		
Did you adopt a child or begin adoption proceedings during 2013? .....		

Purchases, Sales and Debt:

Did you have any debts canceled, forgiven or refinanced during 2013? .....		
Did you start a new business, purchase a new rental property, farm or acquire any new interest in any partnership or S corporation during 2013? .....		
Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2013? .....		
Did you sell, exchange or purchase any real estate in 2013? If so, please attach closing statements. ....		
Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? .....		
Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan? .....		
Did you pay any student loan interest in 2013? .....		
Are your total mortgages on your first and/or second residence greater than \$1,000,000? If so, please provide the principal balance and interest rate at the beginning and the end of the year. ....		
Did you have an outstanding home equity loan at the end of 2013? If so, please provide the principal balance and interest rate at the beginning and end of the year. ....		
Did you take out a home equity loan in 2013? .....		
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? .....		
Did you or your mortgagee receive any mortgage assistance payments? If Yes, enclose Forms 1098-MA. ....		



**Purchases, Sales and Debt (continued):**

- Did you engage in any put or call transactions? If Yes, please provide details. ....
- Did you close any open short sales during 2013? .....
- Did you sell any securities not reported on your Form 1099-B? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Itemized Deductions:**

- Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? .....
- Did you incur any casualty or theft losses during the year? .....
- Did you make any large purchases, such as motor vehicles and boats? .....
- Did you incur any casualty or loss attributable to a federally declared disaster? .....

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Miscellaneous:**

- Did you or your spouse have any transactions pertaining to a medical savings account (MSA) during 2013? .....
- If you received a distribution from an MSA, please include Form 1099-SA.
- Did you or your spouse have any transactions pertaining to a health savings account (HSA) during 2013? .....
- If you received a distribution from an HSA, please include Form 1099-SA.
- Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? .....
- Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? .....
- Did you or your spouse make a qualified charitable distribution from an IRA during January of 2013 that was treated as though it were made in 2012? .....
- Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? .....
- Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include Form 1099-Q. ....
- Did you or your dependents incur any post-secondary education expenses, such as tuition? .....
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered? .....
- Did you move to a different home because of a change in the location of your job? .....
- Did you pay in excess of \$1,000 in any quarter, or \$1,800 during the year for domestic services performed in or around your home to individuals who could be considered household employees? .....
- Did you receive unreported tip income of \$20 or more in any month of 2013? .....
- Did you or your spouse receive distributions from long-term care insurance contracts? .....
- If Yes, please include Form 1099-LTC. ....
- Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account or other financial account in a foreign country? .....
- Did you or your spouse own any foreign financial assets? .....
- Did you create or transfer money or property to a foreign trust? .....
- Did you purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle in 2013? .....

<b>Months</b>
<input type="text"/>

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



Miscellaneous: (continued)

	Yes	No
Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please provide the gallons of gasoline or special fuels used for off-highway business purposes _____ Gallons _____ Type		
Have you received a punitive damage award or an award for damages other than for physical injuries or illness? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Were you notified by the IRS or other taxing authority of any changes in prior year returns? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you lose your job during 2013 because of foreign competition and pay for your own health insurance? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you install any energy efficiency improvements, or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Have you been an identity theft victim and have you contacted the IRS? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please furnish the 6-digit identity protection PIN issued to you by the IRS _____		
Did you engage in any bartering transactions? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any work outside of the U.S. or pay any foreign taxes? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse serve in the military or were you or your spouse on active duty? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse claim a homebuyer credit for a home purchased in 2008? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Will you have healthcare coverage (health insurance) for you, your spouse, and any dependents during 2014? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc., with a total (aggregate) value in excess of \$14,000 to any individual during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you assist in the purchase of any asset (auto, home) for any individual during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you forgive any indebtedness to any individual, trust or entity during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If you answered Yes to any of the above gift questions, please complete Form 34 and/or 35 in the back of the Organizer.		

Severance/Retirement:

Did you retire or change jobs in 2013? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive deferred, retirement or severance compensation? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account while not taking any distribution? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------



Miscellaneous: (continued)

	Yes	No
Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please provide the gallons of gasoline or special fuels used for off-highway business purposes _____ Gallons _____ Type		
Have you received a punitive damage award or an award for damages other than for physical injuries or illness? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Were you notified by the IRS or other taxing authority of any changes in prior year returns? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you lose your job during 2013 because of foreign competition and pay for your own health insurance? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you install any energy efficiency improvements, or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Have you been an identity theft victim and have you contacted the IRS? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please furnish the 6-digit identity protection PIN issued to you by the IRS _____		
Did you engage in any bartering transactions? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you make gifts of more than \$14,000 to any individual? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any foreign income or pay any foreign taxes during 2013? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse serve in the military or were you or your spouse on active duty? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse claim a homebuyer credit for a home purchased in 2008? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Will you have healthcare coverage (health insurance) for you, your spouse, and any dependents during 2014? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

Severance/Retirement:

Did you retire or change jobs in 2013? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive deferred, retirement or severance compensation? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Did you or your spouse turn 70 1/2 during the year and have money in an IRA or other retirement account while not taking a distribution? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------



**Sale of Your Home:**

Did you sell your home in 2013? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you receive Form 1099? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever rent out this property? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever use any portion of the home for business purposes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years? .....	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the:	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse <input type="checkbox"/> Both

**Additional Information:**

For any trust you created or that you are trustee, have any beneficiaries died during 2013? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2013? .....	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the following:

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

## **ELECTRONIC FILING**

**(Please read – filing processes have changed)**

Electronic filing is the means by which your return is transmitted directly to the IRS. Electronic filing is the only filing method that provides you with acknowledgement that the IRS has received your return and is processing it. If you are to receive a refund and use direct deposit with electronic filing, you will normally receive your refund in about 2 weeks. ***All returns eligible will be efiled for 2013.***

We will provide a copy of your return for review. **You must then sign and return Form 8879** that we will provide to you which indicates that you have reviewed your return and authorized us to electronically file the return on your behalf. **WE CANNOT AND WILL NOT ELECTRONICALLY FILE YOUR RETURN WITHOUT THIS FORM BEING RETURNED TO US.**

There are a few other decisions to be made concerning the return(s).

Please read the following statements and select your preferences:

1. If my return results in an overpayment, I prefer:
- direct deposit \_\_\_\_\_  
IRS check \_\_\_\_\_
- Overpayment applied to 2014 tax liability \_\_\_\_\_

For direct deposit, please provide:

\*Bank name \_\_\_\_\_  
Routing No. \_\_\_\_\_  
Account No. \_\_\_\_\_

Type of account:    Checking \_\_\_\_\_    Savings \_\_\_\_\_  
Owner of account    Taxpayer \_\_\_\_\_    Spouse \_\_\_\_\_    Joint \_\_\_\_\_

2. If my return results in a balance due, I prefer:
- Electronic funds withdrawal \_\_\_\_\_  
Mailing a check & voucher \_\_\_\_\_

For electronic funds withdrawal, please provide:

\*Bank name \_\_\_\_\_  
Routing No. \_\_\_\_\_  
Account No. \_\_\_\_\_

Type of account:    Checking \_\_\_\_\_    Savings \_\_\_\_\_  
Owner of account    Taxpayer \_\_\_\_\_    Spouse \_\_\_\_\_    Joint \_\_\_\_\_

**\* If you prefer, you may enclose a voided check**

**Date funds to be withdrawn if not April 15, 2014: \_\_\_\_\_**



2013

# Personal Information

3

**Taxpayer:**

\_\_\_\_\_  
First Name and Initial

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Date of Birth (Mo/Da/Yr)

\_\_\_\_\_  
Date of Death (Mo/Da/Yr)

**Spouse:**

\_\_\_\_\_  
First Name and Initial

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Date of Birth (Mo/Da/Yr)

\_\_\_\_\_  
Date of Death (Mo/Da/Yr)

**Contact Information:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apartment Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP or Postal Code

\_\_\_\_\_  
Province or County

\_\_\_\_\_  
Foreign Country

\_\_\_\_\_  
Taxpayer Daytime/Work Phone

\_\_\_\_\_  
Spouse Daytime/Work Phone

\_\_\_\_\_  
Taxpayer Evening/Home Phone

\_\_\_\_\_  
Spouse Evening/Home Phone

\_\_\_\_\_  
Taxpayer Foreign Phone

\_\_\_\_\_  
Spouse Foreign Phone

\_\_\_\_\_  
Taxpayer Cell Phone

\_\_\_\_\_  
Spouse Cell Phone

\_\_\_\_\_  
Taxpayer Fax Number

\_\_\_\_\_  
Spouse Fax Number

\_\_\_\_\_  
Taxpayer Email Address

\_\_\_\_\_  
Spouse Email Address

\_\_\_\_\_  
Preferred Method of Contact

May the IRS or other taxing authority discuss the return with the preparer? .....

Is the taxpayer claimed as a dependent on someone else's tax return? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you considered legally blind per IRS regulations? .....

Do you want to contribute to the Presidential Election Campaign Fund? .....



2013

# Dependents and Wages

3A

### Dependent Information:

Did dependent have income over \$3,900?

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Yes or No

Please provide the name of any person living with you who is claimed as a dependent on someone else's tax return \_\_\_\_\_

Please list the years that a release of claim to exemption is given for a dependent child not living with you . . . . . \_\_\_\_\_

### Wages and Salaries: Please enclose all copies of your current year Forms W-2

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER1	Medicare	State	Local





2013

# Dependents

3A

**Dependent Information:**

Did dependent have income over \$3,900?



First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Yes or No

Please provide the name of any person living with you who is claimed as a dependent on someone else's tax return \_\_\_\_\_

Please list the years that a release of claim to exemption is given for a dependent child not living with you . . . . . \_\_\_\_\_



2013

## Interest Income

5A

## Interest Information:

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

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

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

## Seller-Financed Mortgage Interest Information:

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2013 Interest Amount	2012 Interest Amount

Address of Individual from Whom Mortgage Interest Was Received

## Enter Any Additional Information:


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



2013

# Dividend Income

5B

## Dividend Information:

Please enclose copies of all Forms 1099-DIV or other documents for dividends received

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
<b>Total</b>					

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

Code	Tax-Exempt Interest	2012 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
<b>Total</b>		

## Enter Any Additional Information:


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



2013

# Interest Income and Foreign Information

5A

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

(List all items sold during the year on Form 7.)

## Interest Income:

Special Interest Code: 1 - Qualified Educational Series EE Bonds 2 - Seller Financed Mortgage Interest 3 - Early Withdrawal Penalty 4 - Nominee Interest 5 - Accrued Interest 6 - Original Issue Discount Adjustment 7 - Amortizable Bond Premium Adjustment

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

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

Social Security No. of Home Buyer	Address of Individual from Whom Mortgage Interest Was Received	Code	Tax-Exempt Interest
A			
B			
C			
D			
E			

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

## Foreign Taxes Paid or Accrued:

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

## Additional State Information:

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

## Foreign Bank Accounts and Trusts:

At any time during 2013, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?  Yes  No

If Yes, enter name of foreign country \_\_\_\_\_

Were you the grantor of, or transferor to, a foreign trust that existed during 2013, whether or not you had any beneficial interest in it?  Yes  No



# Dividend Income and Foreign Information

2013

**Dividend Income:** Please enclose all Forms 1099-DIV or other documents for dividends received  
(List all items sold during the year on Form 7.)

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

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

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

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

### Foreign Taxes Paid or Accrued:

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

### Additional State Information:

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

### Foreign Bank Accounts and Trusts:

At any time during 2013, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?  Yes  No

If Yes, enter name of foreign country \_\_\_\_\_

Were you the grantor of, or transferor to, a foreign trust that existed during 2013, whether or not you had any beneficial interest in it?



Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

General Information:

TSJ
Title of filer
Enter all countries where you have foreign bank accounts

Foreign Identification:

Passport
Foreign TIN
If not passport or TIN, enter description
Number
Country of issue

Information on Foreign Financial Accounts:

1 - Bank Account 2 - Securities Account 3 - Other

Table with 5 columns: Account Type, If Other Account Type, Describe, Maximum Account Value, Account Number, Financial Institution Name

Table with 2 columns: Street Address, City

Table with 3 columns: Foreign Province/State/County, ZIP/Postal Code, Country

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN) B - SSN or ITIN C - Foreign

Table with 6 columns: Last Name or Organization Name, First Name, Middle Initial, Suffix, Taxpayer ID Number

Table with 3 columns: # of Joint Owners, Street Address, City

1 - No financial interest 2A - Joint ownership - spouse is joint owner 2B - Joint ownership - other joint owner

Table with 6 columns: Foreign Province/State/County, State, ZIP/Postal Code, Country, Ownership Code, Filer's Title

1 - Deposit 2 - Custodial

Table with 8 columns: Type, Foreign Currency, Exchange Rate, Source of Exchange, Acct Open, Acct Closed, Joint, No Tax Items Reported



Asset Information:

Description	Identifying Number	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Jointly Owned	No Tax Items Reported

Value	Foreign Currency	Exchange Rate	Source of Exchange Rate

If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Partnership 2 - Corporation 3 - Trust 4 - Estate

Name of Foreign Entity	Type of Foreign Entity	Mailing Address of Foreign Entity

City or Town of Foreign Entity	Province, County or State of Foreign Entity	Country of Foreign Entity	Postal Code of Foreign Entity

If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Issuer 2 - Counterparty

1 - U.S. person  
2 - Foreign person

Name of Issuer	Issuer Code	Type of Issuer	Residence of Issuer

1 - Individual 2 - Partnership 3 - Corporation 4 - Trust 5 - Estate

Mailing Address of Issuer	City or Town of Issuer

Province, County or State of Issuer	Country of Issuer	Postal Code of Issuer

Foreign Bank Accounts and Trusts:

At any time during 2013, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?  Yes  No

If Yes, enter name of foreign country \_\_\_\_\_

Were you the grantor of, or transferor to, a foreign trust that existed during 2013, whether or not you had any beneficial interest in it?



2013

# Brokerage Statement Details

5EA

TSJ	Payer Name	Account No.	Information Included (X or ✓)
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			
P			
Q			
R			
S			
T			

	Savings & Loans, Bank and Other	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
L								
M								
N								
O								
P								
Q								
R								
S								
T								



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

Note: For other amounts not listed, please attach a copy of your brokerage statement.





2013

# Consolidated Brokerage Statement

5E

Brokerage Name	TSJ	Account Number
----------------	-----	----------------

Brokerage Address
-------------------

## Interest Income and Foreign Information

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

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

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

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

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

### Foreign Taxes Paid or Accrued:

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

### Additional State Information:

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



2013

# Consolidated Brokerage Statement Dividend Income and Foreign Information

5F

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

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

### Dividend Income:

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

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

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

### Foreign Taxes Paid or Accrued:

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

### Additional State Information:

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



2013

# Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

5G

## Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Please enclose all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

- Mutual fund transactions
- Exchange of any securities or investments for something other than cash
- Sales of inherited property
- Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale
- Commodity sales, short sales or straddles
- Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest
- Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock
- Securities which became worthless

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

	Kind of Property and Description	Gross Sales Price (Less Commissions)	Cost or Other Basis
A			
B			
C			
D			

	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				

## Other Income:

Nature and Source	2013 Amount	2012 Amount

## Other Adjustments to Income:

Nature and Source	2013 Amount	2012 Amount

## Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

Paid To	2013 Amount	2012 Amount

## Foreign Bank Accounts and Trusts:

At any time during 2013, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter name of foreign country

Were you the grantor of, or transferor to, a foreign trust that existed during 2013, whether or not you had any beneficial interest in it?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------



# Business Income and Cost of Goods Sold

2013

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_  
 Employer ID number \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state and ZIP code \_\_\_\_\_  
 Method of inventory \_\_\_\_\_  
 Method of accounting \_\_\_\_\_

### Business Questions for 2013:

	Yes	No
Did you dispose of this business? _____	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date? _____ (Mo/Da/Yr)		
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

	2013 Amount	2012 Amount
Health insurance premiums paid for yourself and your dependents _____		

Income: Please enclose copies of all Forms 1099-K

	2013 Amount	2012 Amount
Other gross receipts or sales _____		
Less returns and allowances _____		

### Cost of Goods Sold:

	2013 Amount	2012 Amount
Beginning inventory _____		
Purchases less cost of items withdrawn for personal use _____		
Cost of labor (do not include amounts paid to yourself) _____		
Materials and supplies _____		

Other Costs of Cost of Goods Sold:

Description	2013 Amount	2012 Amount
Ending inventory _____		

### Other Income:

Description	2013 Amount	2012 Amount



2013

# Business Expenses and Property & Equipment

6A

Name of Business: .....

Principal Business or Profession: .....

**Expenses:**

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

2013 Amount	2012 Amount

**Other Expenses:**

Description	2013 Amount	2012 Amount

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

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

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



2013

# Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Listed Property Questions for 2013:

	<b>Yes</b>	<b>No</b>
Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

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

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

### Vehicle:

Description of vehicle .....

Date placed in service ..... (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?  Yes  No

Was your vehicle available for use during off-duty hours?  Yes  No

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2013 Miles	2012 Miles
2013 Amount	2012 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2013 Miles	2012 Miles
2013 Amount	2012 Amount

### Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year .....

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....



2013

# Business Expenses

6C

Name of Business: \_\_\_\_\_  
 Principal Business or Profession: \_\_\_\_\_

**Business Expenses:** Enter all expenses at 100 percent

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . . \_\_\_\_\_ %

	2013 Amount	2012 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		

Other Business Expenses:

Description	2013 Amount	2012 Amount

**Reimbursements:** Please list only reimbursements NOT reported in Box 1 of your Form W-2

	2013 Amount	2012 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

**Vehicle:**

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service .....

(Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No

Was your vehicle available for personal use during off-duty hours?  Yes  No

	2013	2012
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Interest .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		

Other Vehicle Expenses:

Description	2013 Amount	2012 Amount



2013

# Business Use of Home

6D

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2013	2012

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2013 Amount	2012 Amount	2013 Amount	2012 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2013 Amount	2012 Amount	2013 Amount	2012 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid





2013

# Sales of Stocks, Securities, Capital Assets & Installment Sales

## Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

**Please enclose all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year**

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions		
Exchange of any securities or investments for something other than cash		
Sales of inherited property		
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale		
Commodity sales, short sales or straddles		
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest		
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock		
Debts that became uncollectible		
Securities that became worthless		
Sale of any property where you will receive payments in future years		

TSJ	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Gross Sales Price (Less Commissions)
A				
B				
C				
D				
E				
F				
G				
H				

	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A			
B			
C			
D			
E			
F			
G			
H			

**Installment Sales:** **Do not include interest received in principal amount**

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2013 Principal Received	2012 Principal Received



## Sale or Exchange of Your Home:

**Please attach the closing statements from the purchase and sale of your former and new homes**

### Former Home Information:

TSJ \_\_\_\_\_

Date acquired \_\_\_\_\_ (Mo/Da/Yr)

Date sold \_\_\_\_\_ (Mo/Da/Yr)

Selling price \_\_\_\_\_

### Original Cost and Cost of Improvements:

Description	Amount

### Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?  Yes  No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale?  Yes  No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated \_\_\_\_\_

## Moving Expenses:

TSJ \_\_\_\_\_

Were the moving expenses reimbursed by your employer?  Yes  No

Enter reimbursements not included in wages on your Form W-2 \_\_\_\_\_

### Mileage:

Number of miles from old home to new workplace \_\_\_\_\_

Number of miles from old home to old workplace \_\_\_\_\_

Number of automobile miles in move \_\_\_\_\_

Miles

### Transportation Expenses:

Costs of transportation of household goods and personal effects \_\_\_\_\_

Costs of travel and lodging (do not include meals or automobile expenses) \_\_\_\_\_

Automobile expenses (gasoline, oil, etc.) \_\_\_\_\_

Meals (Pennsylvania only) \_\_\_\_\_

Amount





2013

# Pension, Annuity and Retirement Plan Information

9A

**Pensions and Annuities:** Please enclose all Forms 1099-R and any nontaxable distribution details

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

**Self-Employed Retirement Plan:** Please enclose copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....

Do you want to contribute the maximum amount allowed? .....

Taxpayer	
Yes	No

Spouse	
Yes	No

**Contributions to:**

Simplified employee pension .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

2013 Amount

2013 Amount





2013

# Rental and Royalty Property and Equipment & Depletion

10A

Location of Property: \_\_\_\_\_

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

**Acquisitions:**

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

**Dispositions:**

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

**Percentage Depletion Information:**

Production Type	Royalty Income	
	2013 Amount	2012 Amount



Location of Property: \_\_\_\_\_

Listed Property Questions for 2013:

Do you have evidence to support your deduction? If Yes, is the evidence written? Do you have evidence to support the business use percentage claimed on listed property? If Yes, is the evidence written?

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

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?

Vehicle:

Description of vehicle Date placed in service (Mo/Da/Yr) Do you (or your spouse) have another vehicle available for your personal use? Was your vehicle available for use during off-duty hours?

Table for Vehicle 1 with columns for 2013 Miles, 2012 Miles, 2013 Amount, and 2012 Amount.

Table for Vehicle 2 with columns for 2013 Miles, 2012 Miles, 2013 Amount, and 2012 Amount.

Mileage:

Total miles Total business miles Total commuting miles for the year

Actual Expenses:

Gasoline, oil, repairs, insurance, etc Interest Taxes Fair market value of leased vehicle Vehicle rentals/leases



2013

# Rental and Royalty Business Expenses

10C

Location of Property: \_\_\_\_\_

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . . \_\_\_\_\_ %

	2013 Amount	2012 Amount
Parking fees and tolls . . . . .		
Local transportation . . . . .		
Travel expenses . . . . .		
Meals and entertainment . . . . .		
Other Business Expenses:		

Description	2013 Amount	2012 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses . . . . .  
Amount received for meals and entertainment . . . . .

2013 Amount	2012 Amount

### Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle . . . . . \_\_\_\_\_  
Date vehicle was placed in service . . . . . (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No  
Was your vehicle available for personal use during off-duty hours?  Yes  No

	2013	2012
Total miles . . . . .		
Total business miles . . . . .		
Average daily commuting miles . . . . .		
Total commuting miles for the year . . . . .		
Gasoline and oil . . . . .		
Repairs . . . . .		
Insurance . . . . .		
Interest . . . . .		
Taxes . . . . .		
Value of employer provided vehicle . . . . .		
Temporary vehicle rentals . . . . .		
Fair market value of leased vehicle . . . . .		
Vehicle leases . . . . .		
Other Vehicle Expenses:		

Description	2013 Amount	2012 Amount





2013

# Rental - Business Use of Home

10D

Location of Property: \_\_\_\_\_

### Partial Use of Your Home for Business:

2013

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? . . .  Yes  No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2013 Amount	2012 Amount	2013 Amount	2012 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2013 Amount	2012 Amount	2013 Amount	2012 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid





2013

# Partnership and S Corporation Business Expenses

11A

**Activity Name:** \_\_\_\_\_

**Business Expenses:** Enter all expenses at 100 percent

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . \_\_\_\_\_ %

	2013 Amount	2012 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		
Other Business Expenses:		

Description	2013 Amount	2012 Amount

**Reimbursements:** Please list only reimbursements NOT reported in Box 1 of your Form W-2

	2013 Amount	2012 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

**Vehicle:**

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service (Mo/Da/Yr) .....

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No

Was your vehicle available for personal use during off-duty hours?  Yes  No

	2013	2012
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Interest .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		
Other Vehicle Expenses:		

Description	2013 Amount	2012 Amount



2013

# Passthrough Business Use of Home

11B

Activity Name: \_\_\_\_\_

### Partial Use of Your Home for Business:

2013

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? . . .  Yes  No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2013 Amount	2012 Amount	2013 Amount	2012 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2013 Amount	2012 Amount	2013 Amount	2012 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



2013

# Farm Income

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

TSJ \_\_\_\_\_  
Employer identification number \_\_\_\_\_  
Method of accounting \_\_\_\_\_

### Farm Questions for 2013:

Did you dispose of this farm?  Yes  No  
If Yes, what was the disposition date? \_\_\_\_\_ (Mo/Da/Yr)  
Have you prepared or will you prepare all required Forms 1099?

	2013 Amount	2012 Amount
Health insurance premiums paid for yourself and your dependents		

### Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

Description	2013		2012	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

### Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

Income: Please enclose copies of all Forms 1099-K

	2013 Amount	2012 Amount
Sales of livestock, produce, grains, etc. you raised		
Total cooperative distributions (Forms 1099-PATR)		
Taxable cooperative distributions		
Total agricultural program payments		
Taxable agriculture program payments		
Total Commodity Credit Corporation (CCC) loans		
Total crop insurance proceeds and certain disaster payments received in 2013		
Taxable crop insurance proceeds received		
Crop insurance proceeds deferred from prior year		
Custom hire (machine work) income		
Federal gasoline tax or fuel tax credit or refund		
State gasoline tax or fuel tax credit or refund		

### Other Income:

Description	2013 Amount	2012 Amount





2013

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

Listed Property Questions for 2013:

Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

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

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle .....

Date placed in service . . . (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for your personal use? .....

Was your vehicle available for use during off-duty hours? .....

Vehicle 1	
Description of vehicle .....	
Date placed in service . . . (Mo/Da/Yr) _____	
Do you (or your spouse) have another vehicle available for your personal use? .....	
Was your vehicle available for use during off-duty hours? .....	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2013 Miles	2012 Miles
2013 Amount	2012 Amount

Vehicle 2	
Description of vehicle .....	
Date placed in service . . . (Mo/Da/Yr) _____	
Do you (or your spouse) have another vehicle available for your personal use? .....	
Was your vehicle available for use during off-duty hours? .....	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2013 Miles	2012 Miles
2013 Amount	2012 Amount

Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year ..

Actual Expenses:

Gasoline, oil, repairs, insurance, etc . .

Interest .....

Taxes .....

Fair market value of leased vehicle . .

Vehicle rentals/leases .....



2013

# Farm Business Expenses

12C

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . . . %

	2013 Amount	2012 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		

Other Business Expenses:

Description	2013 Amount	2012 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

	2013 Amount	2012 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

**Vehicle:**  
 If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business \_\_\_\_\_ %  
 Description of vehicle \_\_\_\_\_  
 Date vehicle was placed in service \_\_\_\_\_ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No  
 Was your vehicle available for personal use during off-duty hours?  Yes  No

	2013	2012
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Interest .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		

Other Vehicle Expenses:

Description	2013 Amount	2012 Amount





2013

# Farm Business Use of Home

12D

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

### Partial Use of Your Home for Business:

2013

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? . . .  Yes  No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2013 Amount	2012 Amount	2013 Amount	2012 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2013 Amount	2012 Amount	2013 Amount	2012 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



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

Miscellaneous Income and Adjustments:

Table with 2 main columns for TSJ (with blank line) and 2 sub-columns for 2013 Amount and 2012 Amount. Rows include Taxable pensions, Nontaxable pensions, Federal/State withholding, Unemployment compensation, Social security benefits, Medicare premiums, Tier 1 railroad retirement, Taxable/Nontaxable IRA distributions, Lump sum social security, and Other federal/state withholding.

State and Local Income Tax Refunds:

Table with columns: TSJ, State, City, Tax Year, and Income Tax Refund (subdivided into State and Local).

Other Income:

Table with columns: TSJ, Nature and Source, 2013 Amount, and 2012 Amount.

Alimony Paid or Received:

Table with columns: TSJ, Recipient's Name, Recipient's Social Security No., Alimony Received?, 2013 Amount, and 2012 Amount.



Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2013 Amount	2012 Amount

Health Savings Accounts (HSAs)

TS	Description	2013 Amount	2012 Amount
	Contributions made for 2013		
	Distributions received from all HSAs in 2013		

What type of coverage applies to your high deductible health plan?  Self only  Family

Were any HSA contributions listed above also shown on your Form W-2?  Yes  No

Were all distributions from your HSA for unreimbursed medical expenses?  Yes  No

Did you or your spouse enroll in Medicare?  Yes  No

If yes, what month did you enroll? \_\_\_\_\_

What month did your spouse enroll? \_\_\_\_\_

Other Adjustments to Income: Please enclose all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2013 Amount	2012 Amount



2013

# Ministerial Income

13B

TS .....

Are these deductions associated with a business? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the name of the business: \_\_\_\_\_

Are these deductions employee business expenses? .....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If Yes, enter the occupation: \_\_\_\_\_

### Parsonage:

Fair rental value of parsonage provided by church .....

Utility allowance of parsonage .....

Actual expenses for utilities of parsonage .....

2013 Amount	2012 Amount

### Rental or Parsonage Allowance:

Parsonage or rental allowance .....

Utility allowance .....

Actual expenses for parsonage .....

Actual expenses for utilities .....

Fair rental value of home, plus the cost of utilities .....

2013 Amount	2012 Amount



# Itemized Deductions - Medical and Taxes

2013

### Medical and Dental Expenses:

- Prescription medicines and drugs .....
- Total medical insurance premiums paid (Do not include medicare premiums paid) .....
- Long-term care expenses .....
- Total insurance reimbursement .....
- Number of miles traveled for medical care .....
- Lodging .....
- Doctors, dentists, etc. ....
- Hospitals .....
- Lab fees .....
- Eyeglasses and contacts .....
- Cobra assistance premiums in 2013 .....

TSJ	2013 Amount	2012 Amount

- Taxpayer long-term care insurance premiums paid .....
- Spouse long-term care insurance premiums paid .....

2013 Amount	2012 Amount

### Other Medical Expenses:

TSJ	Description	2013 Amount	2012 Amount

### Taxes Paid: Please include copies of your tax bills

- Personal property taxes paid (include vehicle taxes) .....
- General sales taxes paid on specified items .....

TSJ	2013 Amount	2012 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2013 Amount	2012 Amount

### Other Taxes Paid:

TSJ	Description	2013 Amount	2012 Amount

If you purchased or sold your home in 2013, did you include any taxes from your closing statement in the amounts above?  Yes  No



2013

Mortgage Questions for 2013:

	<b>Yes</b>	<b>No</b>
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, please enclose the closing statement.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? . . . . . _____		
Did you purchase a new home or sell your former home during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2013 Amount	2012 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2013 Amount	2012 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2013 Amount	2012 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2013 Amount	2012 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2013 Amount	2012 Amount



Cash Contributions:

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity. Attach Forms 1098-C received from the charity.

Table with 4 columns: TSJ, Organization or Description of Contribution, 2013 Amount, 2012 Amount. Multiple empty rows for data entry.

Table with 4 columns: TSJ, Conservation Real Property, 2013 Amount, 2012 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2013 Miles, 2012 Miles. Row for Number of miles traveled performing volunteer work for qualified charitable organizations.

Noncash Contributions Totaling \$500 or Less:

Table with 4 columns: TSJ, Description of Donated Property, 2013 Amount, 2012 Amount. Multiple empty rows for data entry.

Noncash Contributions Totaling More Than \$500: [Please enclose all Forms 1098-C or other documentation.]

TSJ \_\_\_\_\_
Description of the donated property \_\_\_\_\_

Donee organization name \_\_\_\_\_

Donee organization address \_\_\_\_\_

Date the property was acquired by the taxpayer (Mo/Da/Yr) \_\_\_\_\_

Date the property was donated (Mo/Da/Yr) \_\_\_\_\_

Cost or basis of the donated property [ ]

Fair market value of the donated property [ ]

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal Thrift shop value Catalog Comparable sale

Other - please explain \_\_\_\_\_

Which of the following describes how this donated property was acquired?

- Purchase Gift Inheritance Exchange



**Miscellaneous Itemized Deductions:**

Union and professional dues .....

Tax preparation fee .....

Professional subscriptions .....

Hobby expense (To extent of income) .....

Safe deposit box .....

Uniforms and protective clothing .....

Work tools .....

Gambling losses .....

Estate taxes .....

TSJ	2013 Amount	2012 Amount

**Other Itemized Deductions:**

**Examples:**

- Certain legal and accounting fees
- Investment expenses
- Custodial fees
- Employment agency fees
- Certain educational expenses

TSJ	Description	2013 Amount	2012 Amount

**Casualty or Theft Loss:**

TSJ .....

Property description .....

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use     Business use     Income producing     Employee Use     Personal use due to Hurricane Katrina
- Personal use attributable to a federally declared disaster between 2007 and 2009     Personal use attributable to Midwestern disaster area     Personal use attributable to Kansas disaster area
- Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_

Date damaged or lost ..... (Mo/Da/Yr) \_\_\_\_\_

Original cost or other basis .....

Fair market value before casualty .....

Fair market value after casualty .....

Cost of replacement .....

Insurance reimbursement .....





2013

# Itemized Deduction - Business Use of Home

16A

## Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2013	2012

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

## Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2013 Amount	2012 Amount	2013 Amount	2012 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

## Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2013 Amount	2012 Amount	2013 Amount	2012 Amount

## Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



TS: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A \_\_\_\_\_ %

	2013 Amount	2012 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		
Other Business Expenses:		

Description	2013 Amount	2012 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

	2013 Amount	2012 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

**Vehicle:**

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service ..... (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No

Was your vehicle available for personal use during off-duty hours?  Yes  No

	2013	2012
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		
Other Vehicle Expenses:		

Description	2013 Amount	2012 Amount



2013

# Employee Business Expenses- Business Use of Home

17A

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2013	2012

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2013 Amount	2012 Amount	2013 Amount	2012 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2013 Amount	2012 Amount	2013 Amount	2012 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No  
 Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in 2012 but paid in 2013 .....  
 Employer-provided dependent care benefits that were forfeited in 2013 .....  
 2012 carryover used in grace period .....

### Child/Dependent Care Providers:

**Provider 1:**

Name .....  
 Street address .....  
 City, state and ZIP code .....  
 Social security number OR .....  
 Employer identification number .....  
 Telephone number (California only) .....

	2013 Amount	2012 Amount
Expenses incurred and paid in 2013 .....		
Expenses incurred and not paid in 2013 .....		

**Provider 2:**

Name .....  
 Street address .....  
 City, state and ZIP code .....  
 Social security number OR .....  
 Employer identification number .....  
 Telephone number (California only) .....

	2013 Amount	2012 Amount
Expenses incurred and paid in 2013 .....		
Expenses incurred and not paid in 2013 .....		

### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2013 Expenses Incurred	2012 Expenses Incurred

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

**Please enclose copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	Grade	2013 Qualified Expenses



General Information:

TSJ .....

Employer identification number .....

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

Did you withhold any federal income tax from wages paid to any household employee? Yes No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2012 or 2013? Yes No

Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes .....

Cash wages subject to Medicare taxes (if different than cash wages subject to social security) .....

Cash wages subject to additional Medicare tax withholding .....

Federal income tax withheld .....

State disability plan payments subject to social security taxes .....

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) .....

Table with 2 columns: 2013 Amount, 2012 Amount

Federal Unemployment (FUTA) Tax:

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

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? Yes No

Table with 3 columns: State, Total Cash Wages Subject to FUTA, 2012 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2014

Table with 5 columns: Name of State, Total Taxable Wages, Contribution Paid to Unemployment Fund, X, 2012 Amount



Refund Application:

If you have an overpayment of 2013 taxes, do you want the excess:

Refunded  Yes  No  
 Applied to your 2014 estimated tax liability  Yes  No

Federal Estimated Tax Payments:

2013 1st Quarter Estimate ..... (Due 04-15-2013)  
 2013 2nd Quarter Estimate ..... (Due 06-17-2013)  
 2013 3rd Quarter Estimate ..... (Due 09-16-2013)  
 2013 4th Quarter Estimate ..... (Due 01-15-2014)

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

2012 overpayment applied to 2013 estimate .....

Tax Planning Information for Tax Year 2014:

Do you expect any of the following to occur in 2014?

	Yes	No
A change in your marital status .....	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions .....	<input type="checkbox"/>	<input type="checkbox"/>

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




2013

# State and City Tax Payments

20A

## State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2013 1st Quarter Estimate .....		
2013 2nd Quarter Estimate .....		
2013 3rd Quarter Estimate .....		
2013 4th Quarter Estimate .....		

2012 overpayment applied to 2013 estimate .....

Balance of prior year(s)' tax paid in 2013 plus  
amount paid with 2012 extensions .....

Estimated tax payments for 2012 paid in 2013 .....

## State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2013 1st Quarter Estimate .....		
2013 2nd Quarter Estimate .....		
2013 3rd Quarter Estimate .....		
2013 4th Quarter Estimate .....		

2012 overpayment applied to 2013 estimate .....

Balance of prior year(s)' tax paid in 2013 plus  
amount paid with 2012 extensions .....

Estimated tax payments for 2012 paid in 2013 .....

## State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2013 1st Quarter Estimate .....		
2013 2nd Quarter Estimate .....		
2013 3rd Quarter Estimate .....		
2013 4th Quarter Estimate .....		

2012 overpayment applied to 2013 estimate .....

Balance of prior year(s)' tax paid in 2013 plus  
amount paid with 2012 extensions .....

Estimated tax payments for 2012 paid in 2013 .....







# Foreign Employment Information (Page 1 of 3)

### General Information:

TS ..... \_\_\_\_\_  
Foreign address ..... \_\_\_\_\_  
.....  
.....

Name of employer ..... \_\_\_\_\_  
Employer's U.S. address ..... \_\_\_\_\_  
.....

Employer's foreign address ..... \_\_\_\_\_  
.....

Employer type: Foreign entity, U.S. company,  
Foreign affiliate of a U.S. company, Self ..... \_\_\_\_\_

Enter the last year that Form 2555 was filed to  
claim either of the exclusions ..... \_\_\_\_\_

Type of exclusions revoked in prior years ..... \_\_\_\_\_

Year exclusion revoked ..... \_\_\_\_\_

If a separate foreign residence was maintained for your  
family due to adverse living conditions, please provide  
the city, country, and number of days maintained ..... \_\_\_\_\_

List tax home(s) during tax year and dates established ..... \_\_\_\_\_

Country of citizenry or nationality ..... \_\_\_\_\_

Qualified housing expenses for the tax year .....

Adjustment to employer provided amounts for qualified  
housing expense .....

### Tax Home History:

	Principal City and Country of Employment	Start Date (Mo/Da/Yr)	End Date (Mo/Da/Yr)
Most recent tax home .....			
First previous tax home .....			
Second previous tax home .....			
Third previous tax home .....			



# Foreign Employment Information (Page 2 of 3)

### Bona Fide Residence Test Information:

Beginning date for foreign residence ..... (Mo/Da/Yr) \_\_\_\_\_

Ending date for foreign residence ..... (Mo/Da/Yr) \_\_\_\_\_

Kind of foreign living quarters:

Purchased house, Rented house or apartment, Rented room,

Quarters furnished by employer .....

If any family members lived abroad with you during any part of the tax year, enter their names. Include the dates when the family members lived with you

Relationship	First Name	MI	Last Name	Date Arrived	Date Left	X if Entire Period

Was a statement made to foreign country authorities declaring you were not a resident of their country? .....	Yes	No
Were you required to pay income tax in that country? .....		
Does the foreign country have an income tax? .....		

State any contractual terms or other conditions relating to the length of employment abroad .....

What type of visa was used to enter the foreign country? .....

Explain any limitations of the visa as to length of stay or employment in a foreign country .....

If a home was maintained in U.S. while residing abroad, show address, whether rented, names and relationships of occupants

Address

Street address .....

City .....

State .....

ZIP Code .....

X if rented .....

Occupants			
First Name	MI	Last Name	Relationship





2013

# Foreign Housing Expenses Worksheet

30C

Indicate below (for yourself, spouse and dependents living with you) the amount of housing expenses incurred (whether paid by you or your employer) in the foreign country. If expenses are listed in foreign currency, please indicate dates of payment to the left of the amount boxes and enter type of currency.

Type of currency . . . . .	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses
Rent . . . . .			
Fair market value of employer-owned housing furnished to you (Without reduction for U.S. equivalent housing charge) . . . . .			
Foreign real estate, occupancy taxes or television taxes (not included on Medical Expenses and Taxes form, detail by country on continuation sheet) . . . . .			
Utilities (but not telephone charges) . . . . .			
Real and personal property insurance . . . . .			
"Key money" or other similar nonrefundable deposits paid to secure a lease . . . . .			
Repairs and maintenance . . . . .			
Furniture rental . . . . .			
Lodging portion of temporary living expenses (Do not include on Moving Expenses page) . . . . .			

Other Expenses:

Description	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses

Total expenses . . . . .			
--------------------------	--	--	--

Indicate if meals and/or lodging were provided by or on behalf of your employer on his business premises: (If you resided in a camp, you are considered to be on the business premises of your employer.)

To you . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
To your family members . . . . .	<input type="checkbox"/>	<input type="checkbox"/>



2013

Complete for every month even if this may have been your first or last year in the U.S.

Travel To/From the U.S.				Days in Month	Days Worked In and Outside U.S.				
Dates (Mo/Da/Yr)		Dates (Mo/Da/Yr)			Days Not Worked*		Days Worked**		
Left Foreign Country	Arrived U.S.	Left U.S.	Arrived Foreign Country		U.S.	Foreign	U.S.	Foreign	
				January	31				
				February	28				
				March	31				
				April	30				
				May	31				
				June	30				
				July	31				
				August	31				
				September	30				
				October	31				
				November	30				
				December	31				
				Total	365				

\* Weekends, holidays, vacation, sick, etc.

\*\* Include weekends and holidays if you worked on these days.

During 2013, in which state(s)/city(ies) did you work? Please list the dates

State/City	From (Mo/Da/Yr)	To (Mo/Da/Yr)	Days Worked

Total (must agree with U.S. days worked shown above)

Days in U.S. for any reason in ..... 2012 \_\_\_\_ 2011 \_\_\_\_



# Foreign Wages and Other Income (Page 1 of 2)

### Foreign Questions for 2013:

- If you will be outside the U.S., do you want an automatic extension if you qualify? .....
- Will any tax due be paid with the extension? .....
- If you were working outside the U.S., did you terminate your foreign employment in 2013? .....
- Did you have foreign income derived from sources within designated "Boycott Activities"? .....
- If Yes, please provide all information pertaining to the boycott activities.

Yes	No

### Foreign Source Wages and Salaries:

**Please enclose all copies of your current year Forms W-2 or other wage statements**

TS \_\_\_\_\_ Employer name .....

Employer address .....

Employer city .....

Employer state .....

Employer ZIP .....

Employer foreign country .....

	2013 Amount	2012 Amount
Base wages .....		
Federal tax withheld .....		
FICA withheld .....		
Medicare tax withheld .....		
Days in foreign country before foreign assignment .....		
Days in foreign country after foreign assignment .....		
Days in U.S. while on foreign assignment .....		

### Allowances and Reimbursements:

	2013 Amount	2012 Amount
Cost of living and overseas differential .....		
Moving expense reimbursement .....		
Family .....		
Education .....		
Home leave .....		
Quarters .....		
Bonus .....		
Stock option - current year .....		
Foreign tax reimbursement .....		
Survivor's insurance .....		
Automobile .....		
Hardship premium .....		
Home gross salary .....		
Tax adjustment - current year .....		
Gross up .....		
Mobility premium .....		
Relocation allocation .....		
Wire transfer allowance .....		
Home housing allowance .....		
Home gross entitlement .....		
Home net entitlement .....		
Variable pay awards .....		
Miscellaneous .....		
Imputed tax preparation fees .....		
Home country pension cost .....		
401(k) reductions .....		





You may skip this page if company statements for this information are provided.

NOTE: If you received income in 2013 for services performed in prior years, (bonus, separation payments, etc.) provide us with a copy of your tax return for these years unless we have them in our possession. If expenses are listed in foreign currency, please indicate dates of payment and type of currency to the left of the amount boxes.

Compensation: You must provide the originals of Form W-2

Table with columns Taxpayer and Spouse. Rows include Employer: Gross base salary, Tax deferred savings (401K), Bonus - 2013, Bonus - other years, Cost of living allowance, Education, Dependent travel, Housing, Group life insurance, Tax equalization, Foreign taxes reimbursed - 2013, - 2012 and prior years, Moving.

Table with columns Taxpayer and Spouse. Row: Other Allowances - Description

Table with columns Taxpayer and Spouse. Rows include Non-cash Remuneration: Home (lodging), Meals, Car.

For additional employers, please provide details on a continuation sheet.







**NOTE: Only complete Forms 34 and/or 35 if in 2013:**

- You made gifts of cash or marketable securities to an individual that exceeded \$14,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, please include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, please provide details below.

If your most recent gift tax return was not prepared by us, please include a copy.

For gifts other than cash, please include a copy of any appraisal(s) of assets.

If no appraisal is available, please describe how the value was determined.

For each gift made outright to an individual during the year, please provide the following information:

**Gift 1:**

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....	_____		
Address of person .....	_____		
Your relationship to the person (e.g., son, granddaughter or friend) .....	_____		
Age of the person .....	_____		
Date(s) of gift(s) .....	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$14,000 in cash or 500 shares of ABC stock) .....	_____		
Cost basis of assets gifted if other than cash .....	<input style="width:100%;" type="text"/>		
Value of assets gifted if other than cash .....	<input style="width:100%;" type="text"/>		

**Gift 2:**

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....	_____		
Address of person .....	_____		
Your relationship to the person (e.g., son, granddaughter or friend) .....	_____		
Age of the person .....	_____		
Date(s) of gift(s) .....	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$14,000 in cash or 500 shares of ABC stock) .....	_____		
Cost basis of assets gifted if other than cash .....	<input style="width:100%;" type="text"/>		
Value of assets gifted if other than cash .....	<input style="width:100%;" type="text"/>		



**NOTE: Complete this form only if you have made gifts in or to a trust during the year.**

**For each gift made in trust during the year, please provide the following information:**

Name of trust receiving the gift . . . . . \_\_\_\_\_

Name of the trustee . . . . . \_\_\_\_\_

Address of the trustee . . . . . \_\_\_\_\_

Trust identification number . . . . . \_\_\_\_\_

Name of the beneficiary of the trust . . . . . \_\_\_\_\_

Your relationship to the beneficiary  
(e.g., son, granddaughter or friend) . . . . . \_\_\_\_\_

Age of the beneficiary . . . . . \_\_\_\_\_

Date(s) of gift(s) . . . . . (Mo/Da/Yr) \_\_\_\_\_

Description and amount of assets gifted  
(e.g., \$14,000 in cash or 500 shares of ABC stock) . . . . . \_\_\_\_\_

Cost basis of assets gifted if other than cash . . . . .

Value of assets gifted if other than cash . . . . .

For gifts other than cash, please include a copy of any appraisal(s) of assets. If no appraisal is available, please describe how the value was determined.

\_\_\_\_\_

**Please include a copy of the following:**

**A copy of the trust document(s) unless previously furnished to us.**

**A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.**