

2013

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2013, please check the appropriate box and provide additional information if necessary.

YES

NO

PERSONAL INFORMATION

Did your marital status change during the year?

Did your address change during the year?

Could you be claimed as a dependent on another person's tax return for 2013?

DEPENDENTS

Were there any changes in dependents?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2013?

Did you have any children under age 19 or full-time students under age 24 at the end of 2013, with interest and dividend income in excess of \$1,000, or total investment income in excess of \$2,000?

INCOME

Did you receive unreported tip income of \$20 or more in any month?

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

Did you receive any disability income?

Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in 2013?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

Did you have any debts cancelled or forgiven?

Does anyone owe you money which has become uncollectible?

2013**1040****US****Miscellaneous Questions (continued)**

If any of the following items pertain to you or your spouse for 2013, please check the appropriate box and provide additional information if necessary.

YES**NO****RETIREMENT PLANS**☐☐

Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

☐☐

Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

☐☐

Did you transfer or rollover any amount from one retirement plan to another retirement plan?

EDUCATION☐☐

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

☐☐

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

ITEMIZED DEDUCTIONS☐☐

Did you incur a loss because of damaged or stolen property?

☐☐

Did you work out of town for part of the year?

☐☐

Did you use your car on the job (other than to and from work)?

ESTIMATED TAXES☐☐

Did you apply an overpayment of 2012 taxes to your 2013 estimated tax (instead of being refunded)?

☐☐

If you have an overpayment of 2013 taxes, do you want the excess applied to your 2014 estimated tax (instead of being refunded)?

☐☐

Do you expect your 2014 taxable income and withholdings to be different from 2013?

MISCELLANEOUS☐☐

Do you want to allocate \$3 to the Presidential Election Campaign Fund?

☐☐

Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

☐☐

May the IRS discuss your tax return with your preparer?

☐☐

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

2013	1040	US	Miscellaneous Questions (continued)
If any of the following items pertain to you or your spouse for 2013, please check the appropriate box and provide additional information if necessary.			
<div style="display: flex; justify-content: space-between;"><div style="width: 15%;">YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div><div style="width: 15%;">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"/></div><div style="width: 70%;">MISCELLANEOUS (continued) Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? Was your home rented out or used for business? Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? Did you incur moving expenses due to a change of employment? Did you engage the services of any household employees? Were you notified or audited by either the Internal Revenue Service or the State taxing agency? Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust?</div></div>			

Wages (W-2)

[illegible]

Memo: Total number of W-2 _____

Please attach W-2's. Thank you.



SCH B

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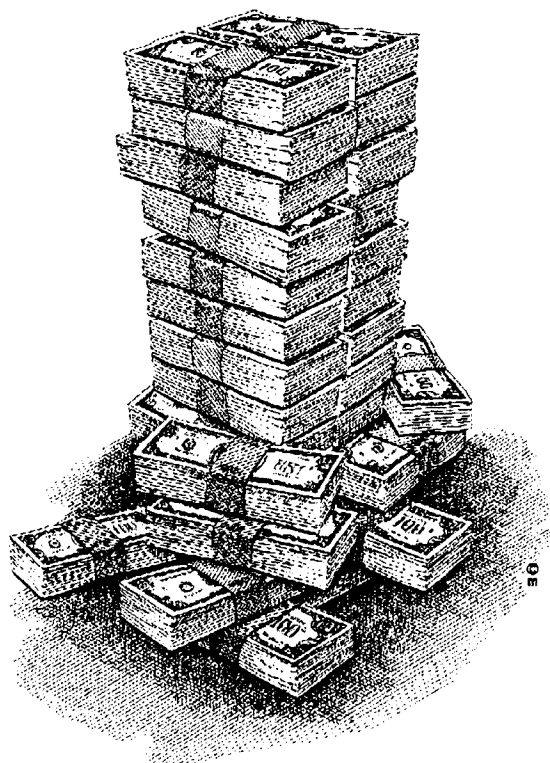
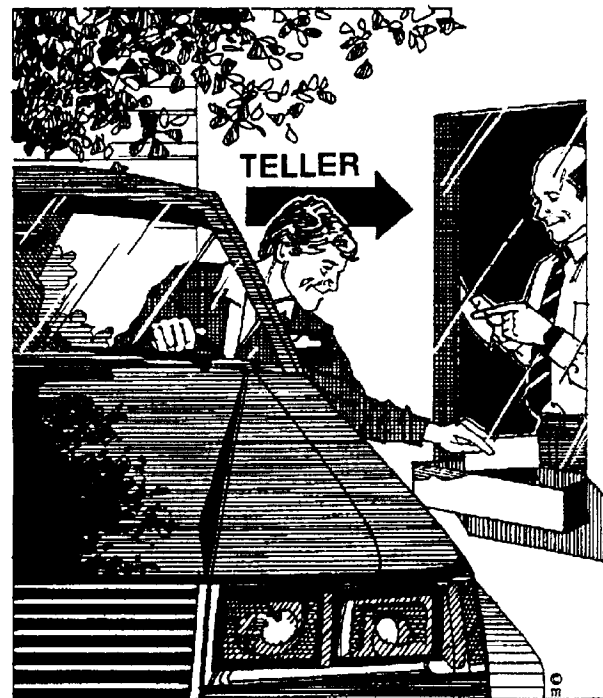
Memo: Pension Box to Review

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INTEREST INCOME (1099 INT)

<u>Payer</u>	<u>Amount</u>



DIVIDEND INCOME (1099 DIV)

Payee	Total Amount (1a)	Qualified dividends (1b)	Total capital gain distr. (2a)	CPA Use Only	

SCH B

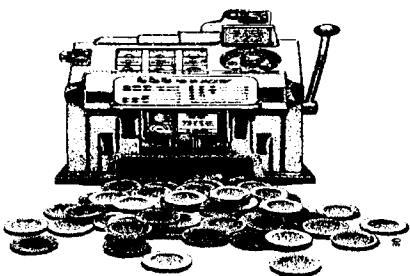
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OTHER INCOME

1. State tax refund * (1099G) \$ _____
2. Alimony received \$ _____

- | | <u>Taxpayer</u> | <u>Spouse</u> |
|-----------------------------------|-----------------|---------------|
| 3. Individual Retirement Account | | |
| Account distribution (1099R) | \$ _____ | \$ _____ |
| Amount of rollover (1099R) | \$ _____ | \$ _____ |

4. Pension & Annuity income (1099R) \$ _____ \$ _____



5. Gambling income (W-2G) \$ _____
- Memo: Gambling losses \$ _____

- | | <u>Taxpayer</u> | <u>Spouse</u> |
|---|-----------------|---------------|
| 6. Unemployment compensation * (1099G) | \$ _____ | \$ _____ |
| 7. Social Security benefits * (SSA1099) | \$ _____ | \$ _____ |
| 7a. Social Security Medical (SSA1099) | \$ _____ | \$ _____ |
| 8. Other income: give description | | |
| _____ | \$ _____ | \$ _____ |
| 9. Partnerships, Estates & Trusts * (K-1) | \$ _____ | \$ _____ |
| 10. Installment sale collection | \$ _____ | \$ _____ |

	<u>Federal</u>	<u>State</u>
Memo: withholding on any of the above items	\$ _____	\$ _____

* Please attach all supporting documents. Thank you.

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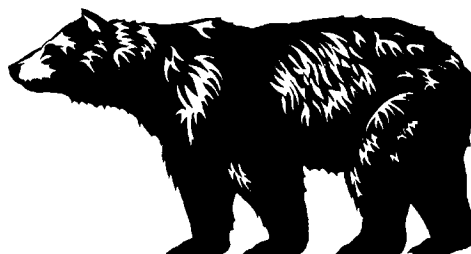
CAPITAL GAINS & LOSSES

(1099-B and/or 1099-S
Brokerage Statement)

Description of Property	Date acquired	Date Sold	Sales price (gross or net)	Cost or basis	Sales expense (if gross sales price entered)	Gain or (Loss)
		/ /13				
		/ /13				
		/ /13				
		/ /13				
		/ /13				
		/ /13				
		/ /13				
		/ /13				
		/ /13				
		/ /13				
		/ /13				

Were any of the above business assets?

☐ Yes ☐ No



SCH D/4797

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 F

 S

Capital Loss C/O

ADJUSTMENTS TO INCOME



1 Individual Retirement Account contributions

Taxpayer Spouse

Were you an active participant in an employer or self-employed pension, profit sharing or stock bonus plan, or a tax sheltered annuity at any time during the year?

☐ Yes ☐ No ☐ Yes ☐ No

Would you like to make an IRA contribution?

☐ Yes ☐ No ☐ Yes ☐ No

2 Would you like to make a Roth IRA contribution?

☐ Yes ☐ No ☐ Yes ☐ No

3 Moving expenses \$ _____

4 Penalty on early withdrawal of savings \$ _____

5 Alimony paid \$ _____

6 If self-employed, Taxpayer Spouse

a. Health insurance \$ _____ \$ _____

b. Retirement contributions, KEOGH, ROTH or SEP IRA \$ _____ \$ _____

7 Student interest expenses (1098-E) \$ _____ \$ _____

ADJ TO INC

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Doctors: Medical & Dental;
 Prescriptions, hospital, etc. \$ _____



		1st Home	2nd Home
Mortgage Interest: (1098)	1st	\$ _____	\$ _____
	2nd	\$ _____	\$ _____
	3rd	\$ _____	\$ _____
Property Taxes		\$ _____	\$ _____

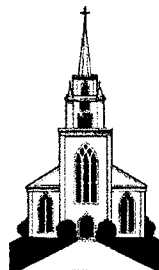
Charitable Deductions:

Cash/checks \$ _____

Non Cash* \$ _____

Charitable Miles _____ @ 14¢ per mile

*If non cash over \$500, more details are necessary
 (ie: what was donated, when, etc.)



Moving expenses for new job: \$ _____

Moving miles for new job: _____ @23¢ Jan. - Dec.

MISCELLANEOUS DEDUCTIONS

Unreimbursed employee expense \$ _____

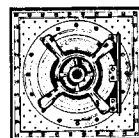
Union dues \$ _____

Tax preparation fee \$ _____

Investment advisory fee \$ _____

Job Hunting Expense \$ _____

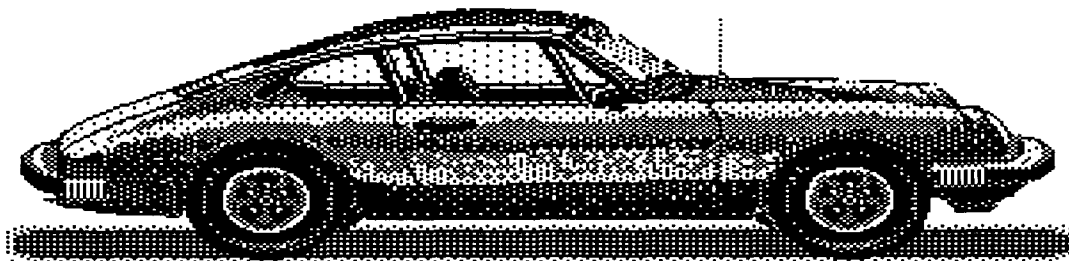
Safety deposit box \$ _____



SCH A

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AUTOMOBILE DEDUCTION



Please make a copy and fill out for each auto used for business.

Make and year of auto _____ When purchased or placed into business use _____

DMV fees \$ _____

- Did you use your automobile for business or do you have unreimbursed employee travel? ☐ Yes ☐ No

If yes, continue...

- Do you have written evidence to support your deduction? ☐ Yes ☐ No

- Is this a leased car? ☐ Yes ☐ No Memo: _____

For mileage incurred between January thru December, the rate is 55.5 cents per mile:

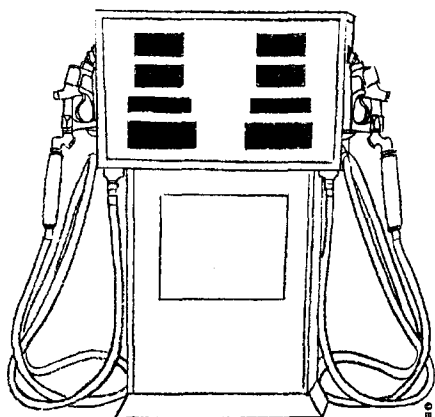
- Total Miles: January - December _____ (100%)

DETAIL

Mileage / Percentage Used: Business _____ : _____ %

Mileage / Percentage Used: Personal _____ : _____ %

Mileage / Percentage Used: Commuting _____ : _____ %



Auto Club	\$ _____
Car washes	\$ _____
Gasoline, lube, oil	\$ _____
Repairs	\$ _____
Tires	\$ _____
Insurance	\$ _____
Interest	\$ _____
Parking Fee	\$ _____
Miscellaneous	\$ _____

Sch A 2106/Sch. C Auto

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CREDITS

Credit for foreign taxes paid \$ _____

Low income housing credit \$ _____

Credits - other \$ _____

Credit for child and dependent care expenses

Person or organization providing care:

1 Name _____

Street _____

City, St, Zip _____

SS./Tax ID# _____

Telephone # _____

Amt. Paid \$ _____

2 Name _____

Street _____

City, St, Zip _____

SS./Tax ID# _____

Telephone # _____

Amt. Paid \$ _____

3 Name _____

Street _____

City, St, Zip _____

SS./Tax ID# _____

Telephone # _____

Amt. Paid \$ _____



4 Name _____

Street _____

City, St, Zip _____

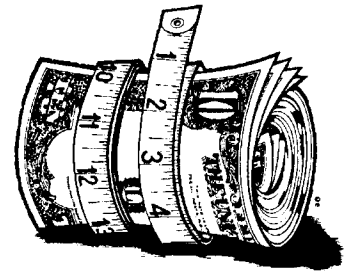
SS./Tax ID# _____

Telephone # _____

Amt. Paid \$ _____

Foreign Tax CR-1116

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Tax Payments & Estimates 2013

QUARTERLY ESTIMATES

Due Date	Description	F=Federal S=State	Date Paid	Fed. Amt.	State Amt.
4/15/13	1st Estimate	F			
		S			
6/15/13	2nd Estimate	F			
		S			
9/15/13	3rd Estimate	F			
		S			
12/31/13	4th State, if early	S		N/A	
1/15/14	4th Estimate	F			
		S			

Pymts

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Sch A Est. Tax _____

**The following schedules
are for those
who have
Business or Rental
Property**

BUSINESS INCOME

GENERAL INFORMATION:

Principal business/profession: _____

Business name: _____

Business address: _____

Business city, state, zip: _____

☐ Taxpayer ☐ Spouse

Sales (1099 Misc) \$ _____

Cost of goods sold (if applicable) \$ _____

Inventory at end of year \$ _____

Gross profit \$ _____

EXPENSES

Advertising \$ _____

Bad debts \$ _____

Car and truck expenses \$ _____

Commissions \$ _____

Continuing education \$ _____

Dues and subscriptions \$ _____

Employee benefit programs \$ _____

Insurance (other than health) \$ _____

Mortgage interest \$ _____

Other interest \$ _____

Legal and professional \$ _____

Office expense \$ _____

Pager \$ _____

Pension & profit sharing \$ _____

Rent - Vehicles, Machinery & Equipment \$ _____

Rent - other business property \$ _____

Repairs \$ _____

Supplies \$ _____

Taxes - Real Estate \$ _____

Taxes - other \$ _____

Telephone \$ _____

Travel \$ _____

Total Meals & Entertainment \$ _____

Reduction if other than 50% of above \$ _____

Utilities \$ _____

Wages \$ _____

Less: employment credits \$ _____

Other expenses: _____ \$ _____

_____ \$ _____

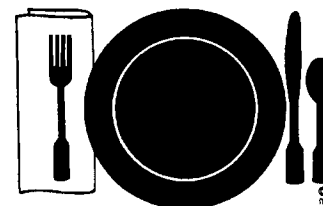
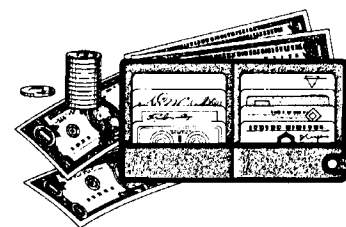
_____ \$ _____

_____ \$ _____

_____ \$ _____

Sch C

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Do you use your office at home, as your "office" for tax deduction purposes? ☐ Yes ☐ No

(If we have the proration from last year, write: see last year).

To be further discussed:

Total Square Feet %

Business Square Feet %

Other %

Total 100%

Home office expenses

Rent \$

Repairs \$

Utilities \$

Other \$

..... \$

..... \$

..... \$

.....
Sch C

Accountant's Use Only

RENTAL & ROYALTY INCOME

GENERAL INFORMATION:

Kind of property: _____
Location of property: _____

INCOME

Rents received \$ _____
Royalties received \$ _____

EXPENSES

Advertising \$ _____
Association dues \$ _____
Auto and travel \$ _____
Cleaning and maintenance \$ _____
Commissions \$ _____
Dues and subscriptions \$ _____
Gardening \$ _____
Insurance \$ _____
Legal and Professional fees \$ _____
Licenses and permits \$ _____
Management fees \$ _____
Miscellaneous \$ _____
Mortgage Interest (paid to banks, etc.) \$ _____
Other interest \$ _____
Painting and decorating \$ _____
Pest control \$ _____
Plumbing and electrical \$ _____
Repairs \$ _____
Supplies \$ _____
Taxes - Real estate \$ _____
Taxes - Other \$ _____
Telephone \$ _____
Utilities \$ _____
Wages and salaries \$ _____
Other expenses: _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

SCH E

Accountant's Use Only

ASSET ACQUISITION

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any assets to business use in 2012, please enter all pertinent information below.

Prop. No.	Description of Property	Related Business or activity	Date Placed in Service	Cost or Basis

ASSET DISPOSITION

If you disposed of any business assets in 2012, please enter all pertinent information below.

Prop. No.	Description of Property	Date Sold	Sales Price	Expenses of Sale