

03	Filing Status <input type="checkbox"/>	01 - Single	04 - Head of Household if qualifier is NOT your dependent enter info below					
		02 - Married Filing Joint	05 - Qualifying Widow(er) (year spouse died) <input type="text"/>					
		03 - Married Filing Separate						
	<div style="border: 1px solid black; padding: 5px;"> Head of Household questions if child does not qualify as dependent 01 - Child's name <input style="width: 150px;" type="text"/> 02 - Child's age <input style="width: 50px;" type="text"/> 03 - Child's SSN <input style="width: 100px;" type="text"/> 04 - Relationship <input style="width: 100px;" type="text"/> 05 - Months lived with <input style="width: 50px;" type="text"/> 06 - Was child born before 1994 and under age 24 at the end of 2012 and a student? <input type="checkbox"/> Yes 07 - Was child permanently and totally disabled during any part of 2012? <input type="checkbox"/> Yes 08 - Does this child qualify you for the EIC? (If checked, child will carry to EIC) <input type="checkbox"/> Yes </div>							
08	Names	First	Middle Initial	Last	Suffix			
	Taxpayer <input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>			
	Spouse <input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>			
09	Taxpayer social security number <input style="width: 100px;" type="text"/>		Spouse social security number <input style="width: 100px;" type="text"/>					
10	Street Address <input style="width: 150px;" type="text"/>		Apartment number <input style="width: 50px;" type="text"/>					
11	City <input style="width: 100px;" type="text"/>		State <input style="width: 50px;" type="text"/>	Zip <input style="width: 50px;" type="text"/>				
12	Address change? <input type="checkbox"/> Yes	13 Address type <small>0 - domestic 1 - APO/FPO 2 - stateside military 3 - foreign address</small> <input type="text"/> Foreign country <input style="width: 50px;" type="text"/>						
14	Phone Numbers (01) Daytime <input style="width: 100px;" type="text"/>		(02) Taxpayer's work <input style="width: 100px;" type="text"/>					
	(03) Spouse's work <input style="width: 100px;" type="text"/>		(04) Home <input style="width: 100px;" type="text"/>		(05) Taxpayer's cell <input style="width: 100px;" type="text"/>			
	(06) Spouse's cell <input style="width: 100px;" type="text"/>		(07) Fax <input style="width: 100px;" type="text"/>					
	(08) Taxpayer's e-mail address <input style="width: 150px;" type="text"/>							
	(09) Spouse's e-mail address <input style="width: 150px;" type="text"/>							
15	Occupations Taxpayer <input style="width: 100px;" type="text"/>		Spouse <input style="width: 100px;" type="text"/>					
16	County Name <input style="width: 100px;" type="text"/>		Code <input style="width: 50px;" type="text"/>					
17	School District Name <input style="width: 100px;" type="text"/>		Code <input style="width: 50px;" type="text"/>					
19	Age / Date of Birth	Taxpayer Date of Birth <input style="width: 50px;" type="text"/>	Age <input style="width: 30px;" type="text"/>	[20] Taxpayer Blind <input type="checkbox"/>	Yes			
		Spouse Date of Birth <input style="width: 50px;" type="text"/>	Age <input style="width: 30px;" type="text"/>	[21] Spouse Blind <input type="checkbox"/>	Yes			
Dependents, special filing categories, election campaign contributions, etc.								
22	Add		[23] Change/Delete					
	First Name	Last Name	Suffix	Age	Birth Date	SSN	Relationship	Mo.
	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px;" type="text"/>
	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px;" type="text"/>
	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px;" type="text"/>
	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px;" type="text"/>
	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px;" type="text"/>
	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px;" type="text"/>
	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px;" type="text"/>
	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px;" type="text"/>
24	Special Filing Categories <input style="width: 50px;" type="text"/>		<small>00 - Standard Deduction OK 01 - Married Filing Separate - Spouse Itemizes or Dual Status Alien 02 - Dependent of Another 03 - Itemizing for State or Other Purpose</small>					
25	Date of Death Taxpayer <input style="width: 50px;" type="text"/>		Spouse <input style="width: 50px;" type="text"/>					
	Name of person filing return <input style="width: 150px;" type="text"/> (leave blank if there is a surviving spouse)							
26	Presidential Campaign Taxpayer <input type="checkbox"/>	27 Presidential Campaign Spouse <input type="checkbox"/>						
28	Federal Electronic Filing Being Used <input type="checkbox"/>	29 State Electronic Filing Being Used <input type="checkbox"/>						
30	Use current preparer as 3rd party designee <input type="checkbox"/>	34 Depreciation File Name <input style="width: 100px;" type="text"/>						

1040 Income

Taxpayer

Spouse

Current Year

Last Year

Current Year

Last Year

(01) Additional wages . . . Desc.

01

(02) Taxable state tax refunds

02

(03) Alimony received

03

(04) Unemployment compensation

04

(05) Total social security benefits

05

(06) Other Income Items

Taxpayer

Spouse

Current Year

Last Year

Current Year

Last Year

01

Earned
Income

Yes

02

Yes

03

Yes

04

Yes

1040 Adjustments

Taxpayer

Spouse

Current Year

Last Year

Current Year

Last Year

(07) Educator expenses

07

(08) Self-employed SEP, SIMPLE and qualified plans

08

(09) SE health ins. ded. 2% Shareholder ☐ S Corp wages ☐

09

(10) Penalty on early withdrawal of savings

10

(11) Alimony Paid Recipient's SSN

11

(12) Traditional IRA contributions (PP) Taxpayer ☐ (PP) Spouse ☐

12

(13) Roth IRA contributions

13

(14) Interest paid on student loans

14

(15) Jury duty pay given to employer

15

(16) Other adjustments

16

Description/EFILE literal

1040 Payments

Taxpayer

Spouse

Current Year

Last Year

Current Year

Last Year

(17) Federal tax withheld from W-2

01

Additional federal tax withheld

02

Federal

State

(18) 2012 Estimated tax payments

Date Paid

Amount Paid

Amount Due

Amount Paid

Amount Due

(01) Installment #1 - Due date 04-15-2012

01

(02) Installment #2 - Due date 06-15-2012

02

(03) Installment #3 - Due date 09-15-2012

03

(04) Installment #4 - Due date 01-15-2013

04

Amount applied from last years refund

Total 2012 estimated payments

(05) 2011 4th quarter state estimate paid in 2012

to be included in Schedule A total

05

Taxpayer

Spouse

Current Year

Last Year

Current Year

Last Year

(19) Paid with extension

19

(20) Excess FICA & RRTA tax withheld from W-2

20

Additional amount or adjustment

(21) Regulated investment company credit

21

1040 Other

Current Year

Last Year

(22) Overpayment to be applied to estimates Apply ALL overpayment to estimates ☐

22

(23) Additional tax Description

23

(24) NOL deduction or losses from other years

24

(25) Tax from recapture of education credit (ECR)

25

(26) Other credit

Form number

26

(27) Additional payment Description

27

Tax prep fee

Client Number

Preparer number

Bank Information: RTN

Account number

Checking

Savings

State and Local Income Tax Refund Worksheet - Line 10

Keep for Your Records

Before you begin: ☒ Be sure you have read the **EXCEPTION** in the instructions to see if you can use this worksheet instead of Pub. 525 to figure if any of your refund is taxable.

1. Enter the income tax refund from Form(s) 1099-G (or similar statement). But do not enter more than the amount of your state and local income taxes shown on your 2011 Schedule A, line 5. 1. _____

2. Enter your total itemized deductions from your 2011 Schedule A, line 29. 2. _____

Note. If the filing status on your 2011 Form 1040 was married filing separately and your spouse itemized deductions in 2011, skip lines 3 through 5, enter the amount from line 2 on line 6, and go to line 7.

3. Enter the amount shown below for the filing status claimed on your 2011 Form 1040.

Single, or married filing separately -- \$5,800
Married filing jointly or qualifying widow(er) - \$11,600
Head of household -- \$8,500

3. _____

4. Did you fill in line 39a on your 2011 Form 1040?

☐ No. Enter -0-.

☐ Yes. Multiply the number in the box on line 39a of your 2011 Form 1040 by \$1,100 (\$1,400 if your 2011 filing status was single or head of household).

4. _____

5. Add lines 3 and 4 5. _____

6. Is the amount on line 5 less than the amount on line 2?

☐ No. **STOP** None of your refund is taxable.

☐ Yes. Subtract line 5 from line 2 6. _____

7. Taxable part of your refund. Enter the smaller of line 1 or line 6 here and on Form 1040, line 10 7. _____

81		W-2, 1099R Pension, 1099R IRA, W-2G						
Client:		Client No.						
W-2 (Standard)								
	T/S	Employer Name/FEIN	Gross	FWT	SS	Medicare	SDI	SWT
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
1099R Pension								
	T/S	Payer's Name/FEIN	Gross	Taxable Amount	FWT	SWT		
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
1099R IRA								
	T/S	Payer's Name/FEIN	Gross	Taxable Amount	FWT	SWT		
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
W-2G Gambling								
	T/S	Payer's Name/FEIN	Gross Winnings	Type of Wager	FWT	SWT		
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								

Client:		Client no.	
		Current Year	Last Year
Medical			
Medical insurance	02		
Medicare premiums	03		
Self-employed health insurance . .	04		
Medicine and drugs	05		
Doctors, dentists, etc.	06		
Hospitals	07		
Transportation miles	08		
Therapy	09		
Glasses, etc.	10		
Orthopedic devices	11		
Nursing	12		
	13		
	14		
	15		
	16		
Fed	17		
State	18		
Other medical overflow (total)	19		
Contributions			
Contribution by cash or check (50%)	44		
Contribution by cash or check (30%)	45		
Contributions from K-1s			
Other than cash (Form 8283)	46		
Other than cash under \$500	47		
Carryovers (50%)	48		
Carryovers (30%)	49		
Carryovers (Special 30%)	50		
Carryovers (20%)	51		
Church	52		
United Way	53		
Red Cross/March of Dimes	54		
Misc. organized charity	55		
Transportation miles	56		
	57		
	58		
	59		
Fed	60		
State	61		
Other contributions overflow (total)	62		
Casualty & Theft Loss			
Casualty and theft loss	63		
Control Totals			
Total medical			
Total taxes			
Total interest			
Total contributions			
Total casualty loss			
Moving expenses			
Total miscellaneous subject to 2% of AGI .			
Total miscellaneous NOT subject to 2% . .			
Taxes			
Additional state and local taxes	20		
Nontaxable income	22		
Additional sales tax paid on motor veh., etc.	26		
Actual sales tax paid (Override)	27		
Real estate	29		
Personal property	30		
Auto license fee	31		
	32		
	33		
Fed	34		
State	35		
Interest			
Home mortgage #1 to an institution	36		
Home mortgage #2 to an institution	37		
Home equity mortgage interest	38		
Other home mtg. interest	39		
Misc. Subject to 2% AGI Limit			
Deductible points	40		
Qualified mortgage insurance premiums paid	41		
Deductible investment interest (Override) . .	43		
Unreim. employee bus. exp. (Form 2106) . .	64		
Union dues	65		
Tax preparation fees	66		
Education	67		
Job supplies	68		
Auto	69		
Publications	70		
Safe deposit box	71		
	73		
	74		
	75		
	76		
	77		
	78		
Fed	79		
State	80		
Job related expenses overflow (total)	81		
Other Misc. NOT Subject to 2%			
	82		
	83		
	84		
	85		
Gambling losses	86		

Sch C Basic Information

		Current	Last Yr
(01) Name of proprietor	01		
(02) Principal business	02		
(03) Business code	03		
(05) Business name	04		
(06) Business street address	06		
(07) Business city, state, zip	07		
(08) Employer ID no.	08		
(09) Accounting method	09		
(10) Inventory valuation	10		
(11) Taxpayer or Spouse?	11		
(12) Use Schedule C-EZ if allowed?		Yes	Yes
(13) Are all amounts at risk?		Yes	Yes
(14) Was there a change in inventory valuation?		Yes	Yes
Explanation			
(15) Did you materially participate this year?		Yes	Yes
(16) First Schedule C filed for this business?		Yes	Yes
(17) Make any payments this year that require filing 1099?		Yes	Yes
(18) If 'Yes' to preceding question, did/will you file 1099?			
(19) Statutory employees?			
(20) Have any employees?		Yes	Yes
(21) Disposed of?		Yes	Yes
(22) Prior year unallowed loss.			
(23) Split net profit/loss between taxpayer and spouse?		Yes	Yes

Sch C Income

Current Year Last Year

(24) Gross receipts or sales	24		
(25) Returns and allowances plus any other adjustments	25		
(26) Gas/fuel credit/refund	26		
(27) Other income	27		
(28) Other income overflow (10 items).	28		

Sch C Expenses

(29) Advertising	29		
(30) Car & truck worksheet.	30		
(31) Car & truck (Attach Form 4562)	31		
(32) Commissions	32		
(33) Contract labor.	33		
(34) Depletion	34		
(35) Depreciation.	35		
(36) Employee benefit program	36		
(37) Insurance.	37		
(38) Mortgage interest	38		
(39) Other interest.	39		
(40) Legal & professional services	40		
(41) Office expenses	41		
(42) Pension/profit sharing	42		
(43) Rent/lease machinery/equipment	43		
(44) Rent/lease other.	44		
(45) Repairs	45		
(46) Supplies	46		
(47) Taxes	47		
(48) Travel	48		
(49) Meals and entertainment.	49		
(50) Subject to DOT hours of service limits?	50		
(51) Utilities & telephone	51		
(52) Wages.	52		
(53) Employment.	53		
(54) Other expenses overflow (20 items).	54		
(55) Business use of home (Form 8829).	55		

Sch C Cost of Goods Sold

(56) Inventory at beginning of year	56		
(57) Purchases less cost of items withdrawn for personal uses	57		
(58) Cost of labor (Do not include salary paid to yourself).	58		
(59) Materials and supplies	59		
(60) Other costs.	60		
(61) Inventory at end of year.	61		

Client: _____

Client no. _____

Sch C	(28) Other Income Overflow Items			
		Description	Current Year	Last Year
(01) Item #1			01	
(02) Item #2			02	
(03) Item #3			03	
(04) Item #4			04	
(05) Item #5			05	
(06) Item #6			06	
(07) Item #7			07	
(08) Item #8			08	
(09) Item #9			09	
(10) Item #10			10	

Sch C	(54) Other Expenses Overflow Items			
		Description	Current Year	Last Year
(01) Item #1			01	
(02) Item #2			02	
(03) Item #3			03	
(04) Item #4			04	
(05) Item #5			05	
(06) Item #6			06	
(07) Item #7			07	
(08) Item #8			08	
(09) Item #9			09	
(10) Item #10			10	
(11) Item #11			11	
(12) Item #12			12	
(13) Item #13			13	
(14) Item #14			14	
(15) Item #15			15	
(16) Item #16			16	
(17) Item #17			17	
(18) Item #18			18	
(19) Item #19			19	
(20) Item #20			20	

(03) (30) Schedule C - Car and Truck Worksheet

Client: _____

Client no. _____

Sch C	Car and Truck Worksheet Questions		Current Year	Last Year
(01)	Do you have another car for personal use?	01	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(02)	Was your vehicle available during off-duty hours?	02	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(03)	Do you have evidence to support your deduction?	03	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(04)	Is the evidence written?	04	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(05)	Policy statement that prohibits personal use including commuting?	05	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(06)	Policy statement that prohibits personal use not including commuting?	06	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(07)	Is all employee vehicle use treated as personal?	07	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(08)	Are more than 5 vehicles provided to employees?	08	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(09)	Do you meet the fleet requirements?	09	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(10)	Carry to 4562 number (Enter 0 not to carry)	10	<input type="checkbox"/>	<input type="checkbox"/>

Sch C	Car and Truck Worksheet Vehicle Expenses			
	Vehicle #1		Vehicle #2	
	Current Year	Last Year	Current Year	Last Year
Eligible for the standard mileage rate?	11		28	
Type of vehicle	12		29	
Date vehicle placed in service	13		30	
Recovery period	14		31	
Method/convention	15		32	
Cost or other basis	16		33	
Basis for depreciation	17		34	
Depreciation deduction	18		35	
Elected section 179 cost	19		36	
Total mileage during the year	20		37	
Business part of mileage	21		38	
Avg daily commuting distance	22		39	
Total commuting miles	23		40	
Gas, oil, repairs, etc.	24		41	
Vehicle rentals	25		42	
Inclusion amount	26		43	
Employer-provided car value	27		44	
	Vehicle #3		Vehicle #4	
	Current Year	Last Year	Current Year	Last Year
Eligible for the standard mileage rate?	45		62	
Type of vehicle	46		63	
Date vehicle placed in service	47		64	
Recovery period	48		65	
Method/convention	49		66	
Cost or other basis	50		67	
Basis for depreciation	51		68	
Depreciation deduction	52		69	
Elected section 179 cost	53		70	
Total mileage during the year	54		71	
Business part of mileage	55		72	
Avg daily commuting distance	56		73	
Total commuting miles	57		74	
Gas, oil, repairs, etc.	58		75	
Vehicle rentals	59		76	
Inclusion amount	60		77	
Employer-provided car value	61		78	

(03) (55) Form 8829 - Expenses for Business Use of Your Home

Client: _____

Client no. _____

		Current Year	Last Year
(01) Area used exclusively for business	01		
Total area of home			
(02) Day care facility not used exclusively for business. Number of days.	02		
Hours per day			
(03) Total number of days available	03		
(04) Hours per year	04		
(05) Net gain/loss from business use of home on Schedule D/Form 4797	05		

Direct Expenses				Indirect Expenses					
		Current Year		Last Year		Current Year		Last Year	
(06)	Casualty losses.	06				06			
(07)	Deductible mortgage interest.	07				07			
(08)	Real estate taxes	08				08			
(09)	Excess mortgage interest	09				09			
(10)	Insurance.	10				10			
(11)	Repairs and maintenance	11				11			
(12)	Rent	12				12			
(13)	Utilities	13				13			
(14)	Other expenses	14				14			

		Current Year	Last Year
(15) Carryover of operating expenses from prior year	15		
(16) Excess casualty losses	16		
(17) Carryover of excess casualty losses and depreciation from prior year	17		
(18) Casualty losses included in lines 14 and 31	18		
(19) Smaller of homes adjusted basis or its fair market value	19		
(20) Value of land included in basis/fair market value	20		
(21) Part III depreciation percentage (Override of line 40)	21		
(22) Part III depreciation allowable (Override of line 41)	22		
(23) Date on which home was first used for business	23		
(24) Disable automatic carry of excess mortgage interest to Schedule A?	24		
(25) Disable automatic carry of excess real estate taxes to Schedule A?	25		

Client: _____

Client no. _____

(01) Add (02) Change/Delete Schedule D - Transactions

#	Description	Date Acquired (1)	Date Sold (2)	Sales Price	Federal Cost	State Cost	T/S/J	Adj.	1099B (3)
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									

(03) Taxable income loss limit (if needed for cap loss lim) _____

(04) Unrecaptured section 1250 gain (Override) _____

(05) Total of all collectibles from Forms 4684, 6252, 6781, 8824, 2439, partnership and S corp K-1's _____

(1) Enter date or (V)arious, or (I)nherited

(2) Enter date or (W)orthless

(3) 0-1099-B shows basis 1-1099-B doesn't show basis
2-No 1099 received

Overrides and Other Scheduled Items

	Short Term Gain/Loss		Long Term Gain/Loss	
	Taxpayer	Spouse	Taxpayer	Spouse
(06) Sale of home (Pub 523)				
(07) Partnerships, S corps, Fiduciaries (K-1's)				
(08) Loss carryovers				
(09) Capital gain distributions				
(10) Form 4797				
(11) Installment sales (Form 6252)				
(12) Like kind exchanges (Form 8824)				
(13) Casualties and thefts (Form 4684)				
(14) Contracts and straddles (Form 6781)				
(15) Undistributed long-term capital gains (Form 2439)				

Client: _____

Client no. _____

#	Description	01
	Address	02, 03
#	Description	01
	Address	02, 03

	Item Number ()		Item Number ()	
	Current Year	Last Year	Current Year	Last Year
(15) Payments received	15		15	
Other Expenses				
(17) Advertising	17		17	
(18) Auto and travel	18		18	
(19) Cleaning and maintenance	19		19	
(20) Commissions	20		20	
(21) Insurance	21		21	
(22) Legal and professional fees	22		22	
(23) Management fees	23		23	
(24) Mortgage interest paid	24		24	
(25) Other interest	25		25	
(26) Repairs	26		26	
(27) Supplies	27		27	
(28) Taxes	28		28	
(29) Utilities	29		29	
(30) _____	30			
(31) _____	31			
(32) _____	32			
(33) _____	33			
(34) _____	34			
(35) _____	35			
(36) _____	36			
(30) _____			30	
(31) _____			31	
(32) _____			32	
(33) _____			33	
(34) _____			34	
(35) _____			35	
(36) _____			36	
(49) Passive loss carryover	49		49	
(50) Depreciation or depletion expenses	50		50	
(04) Percent of rent. prop. owned (default is 100 %)	04		04	
(05) Is this for (T)axpayer, (S)pouse or (J)oint	05		05	
(06) Type of property *	06		06	
(07) Number of fair rental days	07		07	
(08) Number of personal use days	08		08	
(09) Is this a qualified joint venture?	09		09	
(10) Is this an actively managed rental?	10		10	
(11) Passive if profitable (30% depr. asset rule)	11		11	
(12) Property owned by a real estate pro?	12		12	
(13) Has rental been disposed of in this year?	13		13	
(14) Gain or loss on disposition	14		14	
(16) Deductible rental loss override	16		16	

* Type of Property

1 - Single Family Residence

3 - Vacation/Short-Term Rental

5 - Land

7 - Self-Rental

2 - Multi-Family Residence

4 - Commercial

6 - Royalties

8 - Other (describe)

Client: _____

Client no. _____

Current Year	Last Year
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

(03) Did you make any payments during year that would require you to file Form(s) 1099?

(04) If 'Yes' do preceding question, did you or will you file all requested Forms 1099?

Sch E **Part IV Income or (loss) from REMIC'S**

(05) Name	05	
(06) Employer Id	06	
(07) Excess inclusion	07	
(08) Taxable income (net loss)	08	
(09) Income from Sch Q line 3b	09	

(11) Reporting losses not allowed in prior years due to at-risk or basis limitations, PAL's not reported on 8582 or unreimbursed partnership expenses? ☐ Yes

Sch E **(10) Part V - Summary/Reconciliation Amounts**

		Current Year	Last Year
(01) Net farm rental income(loss) - Taxpayer	01		
(02) Net farm rental income(loss) - Spouse	02		
(03) Reconciliation of farm & fish income - Taxpayer	03		
(04) Reconciliation of farm & fish income - Spouse	04		
(05) Reconciliation of rental real estate income(loss) - Taxpayer	05		
(06) Reconciliation of rental real estate income(loss) - Spouse	06		

Control Totals

Part I Income or Loss from Rental Real Estate / Royalties	
(including royalties from K-1 Input in the amounts of)	
Part II Income or Loss from Partnerships & S Corp's	
Part III Income or Loss from Estates and Trusts	
Part IV Income or Loss from REMICs	
Part V Total Income or Loss	

1065 K-1 Basic Information

(01) Partnership name	01	(08) Taxpayer/Spouse/Joint	08
(02) Partnership ID number	02	(09) All at risk?	09
(03) Tax shelter registration number	03	(10) Is this partner a foreign partner?	10
(04) Is ordinary income/loss active?	04	(11) Disposed of?	11
(05) Is rental real estate income actively managed?	05	(12) Pub. traded partner as defined in sec 469(k)(2)?	12
(06) Active passive loss carryover	State 06	Active passive loss carryover	Federal
(07) Other passive loss carryover	State 07	Other passive loss carryover	Federal
(13) Gain on disp. (federal) act. managed portion	13	Other than actively managed r.e. portion	
(14) Gain on disp. (state) act. managed portion	14	Other than actively managed r.e. portion	

1065 K-1 Distributive Share Items - Income (Loss)

	Current Year	Last Year	Current Year	Last Year
(15) 1 - Ordinary income or loss from trade or business	State		15	
(16) 2 - Net income/loss from rental real estate activities	State		16	
(17) 3 - Net income/loss from other rental activities	State		17	
(18) 4 - Guaranteed payments to partner			18	
(19) 5 - Interest income	State		19	
(20) 6a - Ordinary dividends	State		20	
(21) 6b - Qualified dividends	State		21	
(22) 7 - Royalties			22	
(23) 8 - Net short term capital gain (loss)			23	
(24) 9a - Net long term capital gain (loss)			24	
(25) 9b - Collectibles (28%) gain (loss)			25	
(26) 9c - Unrecaptured section 1250 gain			26	
(27) 10 - Net section 1231 gain (loss)	State		27	

1065 K-1 Distributive Share Items - Deductions

	Current Year	Last Year
(28) 12 - Section 179 expense deduction	28	
(29) 13A - Charitable cash contributions (50%)	29	
(30) 13B - Charitable cash contributions (30%)	30	
(31) 13H - Investment interest expense	31	
(32) 13K - Deductions related to portfolio income (2%)	32	
(33) 13L - Deductions related to portfolio income (other)	33	
(34) 13U - Qualified production activities income (Form 8903, line 7b)	34	
(35) 13V - Employer's W-2 wages (Form 8903, line 17)	35	

1065 K-1 Distributive Share Items - Self-Employment Earnings (Loss)

	Current Year	Last Year
(36) 14A - Net earnings (loss) from self-employment	36	
(37) 14B - Gross farming or fishing income	37	
(38) 14C - Gross nonfarm income	38	

1065 K-1 Distributive Share Items - Credits and Credit Recapture

	Current Year	Last Year
(39) 15A - Low income housing credit (section 42(j)(5)) from pre-2008 buildings	39	
(40) 15B - Low income housing credit (other than section 42(j)(5)) from pre-2008 buildings	40	
(41) 15C - Low income housing credit (section 42(j)(5)) from post-2007 buildings	41	
(42) 15D - Low income housing credit (other than section 42(j)(5)) from post-2007 buildings	42	

1065 K-1 Distributive Share Items - Alternative Minimum Tax (AMT)

	Current Year	Last Year
(43) 17A - Depreciation adjustment on property placed in service after 1986	43	
(44) 17B - Adjusted gain or loss	44	
(45) 17C - Depletion (other than oil and gas)	45	
(46) 17D - Gross income from oil, gas and geothermal properties	46	
(47) 17E - Deductions allocable to oil, gas and geothermal properties	47	

1065 K-1 Distributive Share Items - Tax-Exempt Income

	Current Year	Last Year
(48) 18A - Tax-exempt interest income	48	

1065 K-1 Distributive Share Items - Other Information

	Current Year	Last Year
(49) 20A - Investment income	49	
(50) 20B - Investment expenses	50	

1120S K-1 Basic Information

(01) Corporation name	01	(08) Taxpayer/Spouse/Joint	08
(02) Corporation ID number	02	(09) All at risk?	09
(03) Tax shelter registration name	03	(10) Disposed of?	10
(04) Is ordinary income/loss active?	04		
(05) Is rental real estate income actively managed?	05		
(06) Active passive loss carryover	State 06	Active passive loss carryover	Federal
(07) Other passive loss carryover	State 07	Other passive loss carryover	Federal
(11) Gain on disp. (federal) act. managed portion	11	Other than actively managed r.e. portion	
(12) Gain on disp. (state) act. managed portion	12	Other than actively managed r.e. portion	

1120S K-1 Distributive Share Items - Income (Loss)

	Current Year	Last Year	Current Year	Last Year
(13) 1 - Ordinary income or loss from trade or business	State		13	
(14) 2 - Net income/loss from rental real estate activities	State		14	
(15) 3 - Net income/loss from other rental activities	State		15	
(16) 4 - Interest income	State		16	
(17) 5a - Ordinary dividends	State		17	
(18) 5b - Qualified dividends	State		18	
(19) 6 - Royalties			19	
(20) 7 - Net short term capital gain (loss)			20	
(21) 8a - Net long term capital gain (loss)			21	
(22) 8b - Collectibles (28%) gain (loss)			22	
(23) 8c - Unrecaptured section 1250 gain			23	
(24) 9 - Net section 1231 gain (loss)	State		24	
(25) Adjusted basis at end of year	State		25	

1120S K-1 Distributive Share Items - Other Deductions

	Current Year	Last Year
(26) 11 - Section 179 deduction	26	
(27) 12A - Charitable cash contributions (50%)	27	
(28) 12B - Charitable cash contributions (30%)	28	
(29) 12H - Investment interest expense	29	
(30) 12K - Deductions related to portfolio income (2%)	30	
(31) 12L - Deductions related to portfolio income (other)	31	
(32) 12Q - Qualified production activities (Form 8903, line 7b)	32	
(33) 12R - Employer's W-2 wages (Form 8903, line 17)	33	

1120S K-1 Distributive Share Items - Credits and Credit Recapture

	Current Year	Last Year
(34) 13A - Low income housing credit (section 42(j)(5)) from pre-2008 buildings	34	
(35) 13B - Low income housing credit (other than section 42(j)(5)) from pre-2008 buildings	35	
(36) 13C - Low income housing credit (section 42(j)(5)) from post-2007 buildings	36	
(37) 13D - Low income housing credit (other than section 42(j)(5)) from post-2007 buildings	37	

1120S K-1 Distributive Share Items - Alternative Minimum Tax (AMT)

	Current Year	Last Year
(38) 15A - Depreciation adjustment on property placed in service after 1986	38	
(39) 15B - Adjusted gain or loss	39	
(40) 15C - Depletion (other than oil and gas)	40	
(41) 15D - Gross income from oil, gas and geothermal properties	41	
(42) 15E - Deductions allocable to oil, gas and geothermal properties	42	

1120S K-1 Distributive Share Items - Items Affecting Shareholder Basis

	Current Year	Last Year
(43) 16A - Tax-exempt interest income	43	

1120S K-1 Distributive Share Items - Other Information

	Current Year	Last Year
(44) 17A - Investment income	44	
(45) 17B - Investment expenses	45	

1041 K-1 Basic Information

(01) Estate/trust name	01	
(02) Estate/trust ID number	02	
(03) Disposed of?	03	
(04) Passive loss carryover	State 04	Federal
(05) Taxpayer/Spouse/Joint	05	
(06) All at risk?	06	
(07) Gain/loss on disposition	07	

1041 K-1 Distributive Share Items - Income (Loss)

	Current Year	Last Year	Current Year	Last Year
(08) 1 - Interest	State		08	
(09) 2a - Ordinary dividends	State		09	
(10) 2b - Qualified dividends	State		10	
(11) 3 - Net short term capital gain			11	
(12) 4a - Net long term capital gain			12	
(13) 4b - 28% rate gain			13	
(14) 4c - Unrecaptured section 1250 gain			14	
(15) 5 - Other portfolio income (nonpassive)			15	
(16) 6 - Ordinary business income (passive)			16	
(17) 6 - Ordinary business income (nonpassive)			17	
(18) 7 - Net rental real estate income (passive)			18	
(19) 7 - Net rental real estate income (nonpassive)			19	
(20) 8 - Other rental income (passive)			20	
(21) 8 - Other rental income (nonpassive)			21	
(22) 9A - Depreciation (passive)			22	
(23) 9A - Depreciation (nonpassive)			23	
(24) 9B - Depletion (passive)			24	
(25) 9B - Depletion (nonpassive)			25	
(26) 9C - Amortization (passive)			26	
(27) 9C - Amortization (nonpassive)			27	
(28) 10 - Estate tax deduction			28	
(29) 11A - Excess deductions			29	
(30) 11B - Short-term capital loss carryover			30	
(31) 11C - Long-term capital loss carryover			31	
(32) 11D - Net operating loss (NOL) carryover for regular tax purposes			32	
(33) 12A - Adjustment for minimum tax purposes			33	
(34) 12G - AMT Accelerated depreciation			34	
(35) 12H - AMT Depletion			35	
(36) 13A - Credit for estimated taxes			36	
(37) 13B - Credit for backup withholding			37	
(38) 13C - Low-income housing credit for buildings placed in service before January 1, 2008			38	
(39) 13C - Low-income housing credit for buildings placed in service after December 31, 2007			39	
(40) 14A - Tax-exempt interest	State		40	
(41) 14B - Foreign taxes			41	
(42) 14C - Qualified production activities income (Form 8903, line 7b)			42	
(43) 14D - Employer's W-2 wages (Form 8903, line 17)			43	
(44) 14E - Net investment income			44	
(45) 14F - Gross farm and fishing income			45	

Client:

Client No.

Sch F

Basic Information

(01) Name of proprietor		
(02) Taxpayer or Spouse?		
(03) Agricultural activity code		
(04) Principal product		
(05) Employer ID number		

	Current	Last Year
(06) Election to defer to next year?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(07) Are all investments at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(08) Materially participated during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(09) Did you make any payments in during year that would require you to file Form(s) 1099?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(10) If "yes" to preceding question, did you or will you file all required Form(s) 1099?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(11) Did you receive a subsidy during year?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(12) Accounting method	Cash <input type="checkbox"/>	Accrual <input type="checkbox"/>
(13) Prior year unallowed loss		

Part I

Farm Income (Cash Method)

		Current Year	Last Year
(14) Sales of livestock and other resale items	14		
(15) Cost or other basis of livestock and other items bought for resale	15		
(16) Sales of products you raised	16		
(17) Cooperative distributions (1099-PATR) TOTAL	17		
TAXABLE AMOUNT.			
(18) Agricultural program payments TOTAL	18		
TAXABLE AMOUNT.			
(19) Commodity credit corporation (CCC) loans reported under election	19		
(20) Commodity credit corporation (CCC) loans forfeited TOTAL	20		
TAXABLE AMOUNT.			
(21) Crop insurance proceeds & Federal crop disaster payments TOTAL	21		
TAXABLE AMOUNT.			
(22) Crop insurance proceeds deferred from prior year	22		
(23) Custom hire (machine work) income	23		
(24) Other income	24		

Client:

Client No.

Sch F

Basic Information

(01) Name of proprietor				
(02) Taxpayer or Spouse?				
(03) Agricultural activity code				
(04) Principal product				
(05) Employer ID number				
		Current		Last Year
(06) Election to defer to next year?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
(07) Are all investments at risk?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
(08) Materially participated during the year?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
(09) Did you make any payments in during year that would require you to file Form(s) 1099? .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
(10) If "yes" to preceding question, did you or will you file all required Form(s) 1099?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
(11) Did you receive a subsidy in during year?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
(12) Accounting method	Cash	<input type="checkbox"/>	Accrual	<input type="checkbox"/>
(13) Prior year unallowed loss				

Part I

Farm Income (Accrual Method)

		Current Year	Last Year
(25) Sales of livestock, produce and other products	25		
(26) Cooperative distributions (1099-PATR) TOTAL	26		
TAXABLE AMOUNT			
(27) Agricultural program payments TOTAL	27		
TAXABLE AMOUNT			
(28) Commodity credit corporation (CCC) loans reported under election	28		
(29) Commodity credit corporation (CCC) loans forfeited TOTAL	29		
TAXABLE AMOUNT			
(30) Crop insurance proceeds	30		
(31) Custom hire (machine work)	31		
(32) Other income	32		
(33) Inventory of livestock, produce, grains and other products at beginning of year	33		
(34) Cost of livestock, produce, grains, and other products sold	34		
(35) Inventory of livestock, produce, grains, and other products at end of year	35		

(07) Schedule F - Profit or Loss From Farming

Client: _____

Client no. _____

Part II Farm Expenses

		Current Year	Last Year
(36) Car and truck worksheet	36		
(37) Car and truck (Attach Form 4562)	37		
(38) Chemicals	38		
(39) Conservation expenses	39		
(40) Custom hire (machine work)	40		
(41) Depreciation and section 179	41		
(42) Employee benefit programs	42		
(43) Feed	43		
(44) Fertilizers and lime	44		
(45) Freight and trucking	45		
(46) Gasoline, fuel and oil	46		
(47) Insurance (other than health)	47		
(48) Mortgage interest paid to banks etc.	48		
(49) Other interest	49		
(50) Labor hired	50		
(51) Employment credits	51		
(52) Pension and profit sharing plans	52		
(53) Rent or lease vehicles, machinery	53		
(54) Rent or lease other	54		
(55) Repairs and maintenance	55		
(56) Seeds and plants	56		
(57) Storage and warehousing	57		
(58) Supplies	58		
(59) Taxes	59		
(60) Utilities	60		
(61) Veterinary, breeding and medicine	61		

(62) Schedule F - Profit or Loss From Farming - Other Expenses

Description		Current Year	Last Year
01		01	
02		02	
03		03	
04		04	
05		05	
06		06	
07		07	
08		08	
09		09	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	

(07) (36) Schedule F - Car and Truck Worksheet

Client: _____

Client no. _____

Sch F Car and Truck Worksheet Questions

		Current Year	Last Year
(01) Do you have another car for personal use?	01	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(02) Was your vehicle available during off-duty hours?	02	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(03) Do you have evidence to support your deduction?	03	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(04) Is the evidence written?	04	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(05) Policy statement that prohibits personal use including commuting?	05	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(06) Policy statement that prohibits personal use not including commuting?	06	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(07) Is all employee vehicle use treated as personal?	07	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(08) Are more than 5 vehicles provided to employees?	08	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(09) Do you meet the fleet requirements?	09	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(10) Carry to 4562 number (Enter 0 not to carry)	10	<input type="checkbox"/>	<input type="checkbox"/>

Sch F Car and Truck Worksheet Vehicle Expenses

		Vehicle #1			Vehicle #2	
		Current Year	Last Year		Current Year	Last Year
Eligible for the standard mileage rate?	11			28		
Type of vehicle	12			29		
Date vehicle placed in service	13			30		
Recovery period	14			31		
Method/convention	15			32		
Cost or other basis	16			33		
Basis for depreciation	17			34		
Depreciation deduction	18			35		
Elected section 179 cost	19			36		
Total mileage during the year	20			37		
Business part of mileage	21			38		
Avg daily commuting distance	22			39		
Total commuting miles	23			40		
Gas, oil, repairs, etc.	24			41		
Vehicle rentals	25			42		
Inclusion amount	26			43		
Employer-provided car value	27			44		

		Vehicle #3			Vehicle #4	
		Current Year	Last Year		Current Year	Last Year
Eligible for the standard mileage rate?	45			62		
Type of vehicle	46			63		
Date vehicle placed in service	47			64		
Recovery period	48			65		
Method/convention	49			66		
Cost or other basis	50			67		
Basis for depreciation	51			68		
Depreciation deduction	52			69		
Elected section 179 cost	53			70		
Total mileage during the year	54			71		
Business part of mileage	55			72		
Avg daily commuting distance	56			73		
Total commuting miles	57			74		
Gas, oil, repairs, etc.	58			75		
Vehicle rentals	59			76		
Inclusion amount	60			77		
Employer-provided car value	61			78		

Client: _____

Client no. _____

Part I Persons or Organizations Who Provided the Care

	Name	Street Address
01		
02		
03		
04		
05		
06		
07		
08		

	City, State, Zip	Fed I.D. Number	State I.D. Number	Amount Paid	
				Current Year	Last Year
01					
02					
03					
04					
05					
06					
07					
08					

Part II Qualifying Persons

	First Name	Last Name	Suffix	SSN	Qualified Expenses	
					Current Year	Last Year
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						

		Current Year	Last Year
(07) Qualified expenses incurred & paid (total) (Override)	07		
(08) Taxpayers earned income (Override)	08		
(09) Spouses earned income (Override)	09		
(10) Prior year expenses paid in current year	10		
(11) Person's name (Prior year expenses)	11		
(12) Person's SSN (Prior year expenses)	12		

PART III Dependent Care Benefits

		Current Year	Last Year
(13) Dependent care benefits received for the year	13		
(14) Amount carried from prior year and used in current year	14		
(15) Amount forfeited or carried forward to next year	15		
(16) Dependent care benefits received from sole proprietorship or partnership	16		
(17) Married filing separate but considered unmarried	17		

Client: _____

Client no. _____

Part I Employee Business Expenses and Reimbursements

- (01) Occupation Current Year Last Year
 (02) Is this employee a reservist, qualified performing artist or fee-basis state or local government official? Yes No
 (03) Is this employee subject to DOT service limits? Yes No

		Other than Meals and Entertainment		Meals and Entertainment	
		Current Year	Last Year	Current Year	Last Year
(04) Parking fees, tolls and transportation etc.	<input type="text" value="04"/>				
(05) Travel expenses NOT include meals and entertainment	<input type="text" value="05"/>				
(06) Business expenses not included above	<input type="text" value="06"/>				
(07) Meal and entertainment expenses	<input type="text" value="07"/>				
(08) Reimbursements received from your employer that were not reported to you in box 1 of Form W-2.	<input type="text" value="08"/>				

Part II Vehicle Expenses

- (09) Employer provided vehicle * Current Year Last Year
 (10) Do you or your spouse have another car for personal use?
 (11) Do you have evidence to support your deduction?
 (12) If "Yes" is the evidence written?
 (13) Is vehicle #1 eligible for the standard mileage rate?
 (14) Is vehicle #2 eligible for the standard mileage rate?

* (01) Personal use allowed during off hours (02) Personal use NOT allowed during off hours (03) Not applicable

Part II Vehicle Information/Basic Expenses

	(15) Vehicle #1		(20) Vehicle #2	
	Current Year	Last Year	Current Year	Last Year
Date vehicle was placed in service				
Total miles vehicle was driven during the year				
Business part of mileage				
Average daily roundtrip commuting distance				
Commuting miles included in total mileage				
Gasoline, oil, repairs, vehicle insurance, etc.				
Vehicle rentals				
Inclusion amount				
Value of employer provided vehicle.				

Depreciation:

	(16) Depreciation for Vehicle #1		(21) Depreciation for Vehicle #2	
	Current Year	Last Year	Current Year	Last Year
Cost of other basis				
Section 179 deduction				
Depreciation method				
Depreciation percentage (25% = .25)				
Depreciation carried from Asset Manager.				

Note: If cost or other basis entered above is 0 then the amount carried from the Asset Manager will be used as depreciation for vehicle #1

Vehicle is qualified property and you elected to claim the special depreciation allowance	Current Year		Last Year	
	<input type="text" value="17"/>	<input type="text"/>	<input type="text" value="22"/>	<input type="text"/>
Type of vehicle: (0) Passenger (1) Truck or Van.	<input type="text" value="18"/>	<input type="text"/>	<input type="text" value="23"/>	<input type="text"/>