8	6 Basic Information - Names, Address,	Ages, etc	Clie	ent No.
03	Filing Status 01 - Single 02 - Married Filing Joint 03 - Married Filing Separate Head of Household questions if child	05 - Qualifying Widow	ld if qualifier is NOT your de (er) (year spouse died)	ependent enter info below
	01 - Child's name 03 - Child's SSN 05 - Months lived with 06- Was child born before 1994 at 07- Was child permanently and to 08- Does this child qualify you for	04 - Relati nd under age 24 at the end tally diasbled during any pa	onship of 2012 and a student?	2 - Child's age Yes Yes Yes
08	Names First Middle In Taxpayer Spouse	nitial	Last	Suffix
09	Taxpayer social security number	Spouse social security	number	
10	Street Address	Apartment number		
11	City St	ate	Zip	
12	Address change? Yes 13 Address type 2 - stateside m	ilitary Foreign c		
14	3 - foreign add Phone Numbers (01) Daytime (03) Spouse's work (04) Home (06) Spouse's cell (07) Fax (08) Taxpayer's e-mail address (09) Spouse's e-mail address		(02) Taxpayer's work (05) Taxpayer's cell	
15	Occupations Taxpayer	Spouse		
16 17	County Name School District Name	Code Code		
19	Age / Date of Birth Taxpayer Date of Birth Spouse Date of Birth			Yes Yes
	Dependents, special filing categories, election campaig	gn contributions, etc.		
	[22] Add [23] Change/Delete First Name Last Name	Age Birth Date	SSN F	telationship Mo.
24	Special Filing Categories 01 - Married F 02 - Depende	Deduction OK illing Separate - Spouse Itemizes or nt of Another for State or Other Purpose	Dual Status Alien	
25	Date of Death Taxpayer Spouse Name of person filing return		(leave blank if the	re is a surviving spouse
26	Presidential Campaign Taxpayer	27 Presidential Camp	aign Spouse	
28	Federal Electronic Filing Being Used	29 State Electronic Fi	ing Being Used	
30	Use current preparer as 3rd party designee	34 Depreciation File N	lame	

Taxware Systems, Inc. LPGEN-1.HP

84	Other Income/Adjustn	nents/Payments	5				Client No.	
1040	Income				Taxpa	aver	Spou	se
					Current Year	Last Year	Current Year	Last Yea
	ional wages Desc.			01				
	ble state tax refunds			02				
	ony received							
	nployment compensation							
	social security benefits			05				_
(06)	Other Income Items	Fa	med		Taxpa	and the second s	Spou	se
01			ome		Current Year	Last Year	Current Year	Last Yea
02			Yes					
03			Yes		-			
04			Yes	S - 1				
1040	Adjustments		110		Taxpa	iver	Spou	se.
					Current Year	Last Year	Current Year	Last Yea
7) Educ	ator expenses			07		Laor rour		Edot 100
3) Self-e	employed SEP, SIMPLE and qualified	d plans		08				1
9) SEhe	ealth ins. ded. 2% Shareholder S	Corp wages		09				
)) Pena	Ity on early withdrawal of savings			10				
	ony Paid Recipient's SSN			11				
	tional IRA contributions(PP) Taxpaye			12				
	IRA contributions			13				
	est paid on student loans			14	_			
	duty pay given to employer			15				
	r adjustments			16				
Desc 1040	ription/EFILE literal		• • • • •					
	Tayments				Taxpa		Spou	2/12/
7) Fede	ral tax withheld from W-2			01	Current Year	Last Year	Current Year	Last Yea
	ional federal tax withheld			02				
					Fede	ral	Stat	0
8) 2012	Estimated tax payments	Date	Paid		Amount Paid	Amount Due	Amount Paid	Amount D
	nstallment #1 - Due date 04-15-2012					- middlit Ddo		7 millount D
(02) li	nstallment #2 - Due date 06-15-2012							
(03) li	nstallment #3 - Due date 09-15-2012	03	_					_
(04) li	nstallment #4 - Due date 01-15-2013	04						
	Amount applied from last yea	ars refund						
	Total 2012 estimated payme							
	2011 4th quarter state estimate paid i				Taxpa	iyer	Spou	se
	o be included in Schedule A total				Current Year	Last Year	Current Year	Last Yea
	with extension			19				
	ss FICA & RRTA tax withheld from W							
	ional amount or adjustment							_
040	lated investment company credit Other			21				
010	Other			_				
2) Over	payment to be applied to estimates	Apply ALL overnav	ment to	Astin	nates		Current Year	Last Yea
3) Additi	ional taxD	escription	ment to	esui	nates	23		
1) NOL	deduction or losses from other years							_
	rom recapture of education credit (EC							_
5) Tax fr	r credit					26		
						27		
6) Other	ional payment Desc	Sec. 200 (1997) 11						
6) Other	ional payment							
5) Other	ional payment Desc							
5) Other	ional payment Desc							
6) Other	ional payment Desc							
 Other Additi Tax p 	rep fee	Client Number				Preparer	number	

State and Local Income Tax Refund Worksheet - Line 10

Keep fo	r Your	Records
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	Before you begin: √ Be sure you have read the EXCEPTION in the instructions to see if you can use this Pub. 525 to figure if any of your refund is taxable.	worksheet instead of
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	ſ
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 filng 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	
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).	
5.	Add lines 3 and 4	_
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

						_
Client:				Client N	0.	
W-2 (Sta	andard)					
T/S	Employer Name/FEIN	Gross	FWT S	SS Medicare	SDI	SWT
1						
3						
4						
5						
6						
7						
8						
0						
1099R I	Pension					
T/S	Payer's Name/FEIN		Gross	Taxable Amount	FWT	SWI
1		0				
3					_	
4						
5					-	
6						
7						
8						
9						
	D A					
1099R I	RA Payer's Name/FEIN		Gross	Taxable Amount	FWT	SW1
1099R 1			Gross	Taxable Amount	FWT	SWI
1099R 1 T/S 1 2			Gross	Taxable Amount	FWT	SWT
1099R 1 T/S 1 2 3			Gross	Taxable Amount	FWT	SWI
1099R 1 T/S 1 2 3 4 5			Gross	Taxable Amount	FWT	SWT
1099R 1 T/S 1 2 3 4 4 5 6			Gross	Taxable Amount	FWT	SWI
1099R 1 T/S 1 2 3 4 5 6 7			Gross	Taxable Amount	FWT	SWI
1099R I			Gross	Taxable Amount	FWT	SWT
1099R 1 T/S 11 22 33 44 55 66 77 88			Gross	Taxable Amount	FWT	SWI
1099R 1 T/S 1 2 3 4 5 5 6 7 8 9 9 0	Payer's Name/FEIN		Gross	Taxable Amount	FWT	SWT
1099R 1 T/S 1 2 3 4 5 5 6 7 8 9 9 0 W-2G G T/S	Payer's Name/FEIN		Gross Gross Winnings		FWT	SWT
1099R 1 T/S 1 2 3 4 5 5 5 6 7 8 9 9 0 W-2G G T/S 1	Payer's Name/FEIN					
I 099R I T/S 1 2 2 3 3 4 4 5 5 5 6 7 7 8 8 9 9 9 0 0 W-2G G T/S 1 2 2 1	Payer's Name/FEIN					
1099R 1 T/S 1 2 3 4 5 6 7 7 8 9 9 0 W-2G G 1 2 3 1 2 3 3 1 2 3 3 4 4 5 5 5 6 6 7 7 8 8 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1	Payer's Name/FEIN					
1099R 1 T/S 1 2 3 4 5 6 7 8 9 0 W-2G G W-2G G T/S 1 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5	Payer's Name/FEIN					
1099R 1 T/S 1 2 3 4 5 5 6 6 7 8 9 0 W-2G G W-2G G T/S 1 2 3 4 5 5 5 6 6 6 7 8 9 0 0 1 1 2 2 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5	Payer's Name/FEIN					
1099R I T/S 1 2 3 4 5 5 6 7 8 9 0 W-2G G T/S 1 2 3 4 5 5 6 7 8 9 0 0 1 2 3 4 5 5 6 6 7 8 9 0 0 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	Payer's Name/FEIN					
1099R I T/S 11 2 3 4 5 5 6 7 8 9 0 0 W-2G G W-2G G T/S 1 2 3 4 5 5 6 7 8 9 0 0 0 0 0 0 0 0 0 0 0 0 0	Payer's Name/FEIN					
1099R I T/S 1 2 3 4 5 5 6 7 8 9 0 W-2G G T/S 1 2 3 4 5 5 6 7 8 9 0 0 1 2 3 4 5 5 6 6 7 8 9 0 0 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	Payer's Name/FEIN					

Client:					Client no.	
Medical	Current Year	Last Year	Taxes	1	Current Year	Last Year
Medical insurance	02		Additional state and local taxes	20	ouncil rour	Lust rout
Medicare premiums	03		Nontaxable income	22		
Self-employed health insurance	04		Additional sales tax paid on motor veh., etc.			
Medicine and drugs	05		Actual sales tax paid (Override)	27		
Doctors, dentists, etc	06		Real estate.	29		
Hospitals	07		Personal property.	122200		
Transportation miles	08		Auto license fee	31		
Therapy	09					
Glasses, etc	10		-			
Orthopedic devices	11					
Nursing	12			32		
	13			33		
	14		Fed	34		
	15		State	35		
	16		Interest	55	Current Vers	LootVar
Fed	17		Home mortgage #1 to an institution	36	Current Year	Last Year
State	18		Home mortgage #2 to an institution	37		
Other medical overflow (total)	19		Home equity mortgage interest	38		
Contributions		LastVas		39		
Contribution by cash or check (50%	Current Year	Last Year	Other home mtg. interest	39		
Contribution by cash or check (30%			Deductible exists	10		
Contributions from K-1s	75		Deductible points	40		
Other than cash (Form 8283)	44		Qualified mortgage insurance premiums pa			
	46		Deductible investment interest (Override).	43	3	
Other than cash under \$500	47	_	Misc. Subject to 2% AGI Limit		Current Year	Last Year
Carryovers (50%)	48		Unreim. employee bus. exp. (Form 2106).	64		
Carryovers (30%)	49		Union dues	65		
Carryovers (Special 30%)	50		Tax preparation fees	66		_
Carryovers (20%)	51		Education	67		
Church	52		Job supplies	68		
United Way	53		Auto	69		
Red Cross/March of Dimes	54		Publications	70		
Misc. organized charity			Safe deposit box	71		
Transportation miles	56			73		
	57			74		
	58			75		
	59			76		
Fed	60			77		
State	61			78		
Other contributions overflow (total)	62		Fed	79		
Casualty & Theft Loss	Current Year	Last Year	State	80		
Casualty and theft loss	63		Job related expenses overflow (total)	81		
Control			Other Misc. NOT Subject to 2%		Current Year	Last Year
Total medical				82		
Total taxes				83		
Fotal interest				84		
Total contributions				85		
Fotal casualty loss			Gambling losses	86		
Moving expenses						
Total miscellaneous subject to 2% o			-			

02 Scł	Schedule B - Interest and Ordinary Dividends	est and Or	dinary Di	vidends								5	ĺ	
J/T/S - Under this co Type of interest: (0 (05	J/T/S - Under this column enter: (1) if Taxpayer only, (2) if Spouse only, or (3) if Joint filing Type of interest: (01) Taxable to both, (02) Tax exempt to both, (03) Taxable to Fed, tax exempt to State, (04) Taxable to State, tax exempt to Fed (05) Nominee Distribution, (06) Accrued Interest, (07) Original Issue Discount, or (08) Amortizable Bond Premium	payer only, (2) 2) Tax exempt t 1, (06) Accrued	if Spouse on to both, (03) 1 Interest, (0	lly, or (3) if Taxable to 7) Original Is	(3) if Joint filing le to Fed, tax exer inal Issue Discour	mpt to State nt, or (08)	e, (04) Taxa Amortizable	able to State Bond Prem	, tax exemp ium	t to Fed				
(06) Add (07) C	(07) Change/Delete	Part I - Interest	erest								-			
						Federal Gross	SSO	_	State	State Gross		Fe	Federal W/H	
J/T/S Type		Payer			Current Year	Year	Last Year	Cur	Current Year	Last Year	ear	Current Year		Last Year
(09) Add (10) C	Change/Delete	Part II - OI	- Ordinary Dividends	ividends		_					_		_	
			Divi	Dividend				Capital Gair	Capital Gain Distribution			Nonta	Nontaxable Distribution	ibution
J/T/S	Payer	Ordinary	Last Year	Qualified	Last Year	Total	Last Year	Last Year Sec. 1250	Last Year	28% Rate	Last Year	Current	Last Year	Fed W/H
(08) Seller Financ	Seller Financed Mortgage Interest	est												
#	Payer						Address					ID Number		Current Year
Other Info				Control	Control Totals									
Interest in foreign account2	account2 01		Selle	Seller financed n	Seller financed mortgage interest.	erest			Total	ordinary divid	Total ordinary dividend income			
Did you have a foreign trust?	n trust? 02		Tota	Total interest					Total	Total 28% rate gain	n			
Excludable savings bond interest (Form 8815) (Override)	ond Override) . 03		Tota	l tax-exemp	Total tax-exempt interest	tions			Total : Total :	section 1250	Total section 1250 gain			
Form 8814 qual. div. (Override)			Fore	ign taxes pe	Foreign taxes paid	12			Total	Total dividends				
avware Sveteme Inc. I DSC	пресна нр													

ware Systems, Inc. LPSCI

03	Schedule C - Profit or Loss From Business	Client no.
Sch C	Basic Information	Current Last Yr
(01) Name (of proprietor 01	(12) Use Schedule C-EZ if allowed?
	al business 02	(13) Are all amounts at risk? Yes Ye
(03) Busine	ss code	(14) Was there a change in inventory valuation? Yes Ye
	ss name 04	Explanation
	ss street address 06	(15) Did you materially participate this year? Yes Ye
	ss city, state, zip 07	(16) First Schedule C filed for this business? Yes Ye
and the second s	er ID no 08	(17) Make any payments this year that require filing 1099? Yes Ye
	ting method 09	(18) If 'Yes' to preceding question, did/will you file 1099?
	ry valuation 10	(19) Statutory employees?
(11) Taxpay	er or Spouse? 11	(20) Have any employees? Yes Ye
		(21) Disposed of? Yes Ye
		(22) Prior year unallowed loss.
		(23) Split net profit/loss between taxpayer and spouse? Yes Ye
Sch C	Income	Current Year Last Year
(24) Gross	receipts or sales	
(25) Return	s and allowances plus any other adjustments	25
	el credit/refund	
(27) Other i		
(28) Other i	ncome overflow (10 items)	
Sch C	Expenses	
(29) Advert	ising	
	Iruck worksheet.	
	truck (Attach Form 4562)	
	issions	
	ct labor	
	ion	SPACE SERVICE STATES AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AD
	yee benefit program	
	ige interest	
	nterest	
(40) Legar	& professional services	40
	expenses	
	n/profit sharing	
	ease machinery/equipment	
	ease other	
	S	
	98	

	••••••	
	and entertainment	
	t to DOT hours of service limits?	
	s & telephone	
	·····	
	yment	
	expenses overflow (20 items)	
	ss use of home (Form 8829)	55
Sch C	Cost of Goods Sold	
	ory at beginning of year	
	uses less cost ot items withdrawn for personal uses	
(58) Cost o	f labor (Do not include salary paid to yourself)	
(59) Materia	als and supplies	
	costs	
	ory at end of year	

Taxware Systems, Inc. LPSCHC-1.HP

03

Schedule C - Profit or Loss from Business

Client:

Sch C (28) Other Income Overflow Items

	Description	Current Ye	ear 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	

Client no.

Sch C	(54) Other Expenses Overflow Items		
	Description	Current Year Last Yea	ar
(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 Yes	Yes
(02) Was yo	ur vehicle available during off-duty hours?	02 Yes	Yes
(03) Do you	have evidence to support your deduction?	03 Yes	Yes
(04) Is the e	vidence written?	04 Yes	Yes
	atement that prohibits personal use including commuting?		Yes
(06) Policy s	atement that prohibits personal use not including commuting?	06 Yes	Yes
(07) Is all en	ployee vehicle use treated as personal?	07 Yes	Yes
(08) Are mor	e than 5 vehicles provided to employees?	08 Yes	Yes
(09) Do you	meet the fleet requirements?	09 Yes	Yes
(10) Carry to	4562 number (Enter 0 not to carry)	10	

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 29 Date vehicle placed in service 13 30 14 31 Method/convention..... 15 32 16 33 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 22 Avg daily commuting distance 39 Total commuting miles..... 23 40 Gas, oil, repairs, etc..... 24 41 Vehicle rentals 25 42 Inclusion amount 26 43 27 44 Employer-provided car value.....

	Vehicl	e #3		Vehicl	e #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			64		
Recovery period 48			65		
Method/convention			66		
Cost or other basis 50			67		
Basis for depreciation			68		
Depreciation deduction			69		
Elected section 179 cost			70		
Total mileage during the year			71		
Business part of mileage			72		
Avg daily commuting distance			73		
Total commuting miles			74		
Gas, oil, repairs, etc			75		
Vehicle rentals 59			76		
Inclusion amount			77		
Employer-provided car value			78		

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 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 05) Net gain/loss from business use of home on Schedule D/Form 4797. 05 06) Casualty losses. 06 07) Deductible mortgage interest. 06 07) Deductible mortgage interest. 06 08) Real estate taxes. 06 09) Excess mortgage interest. 07 10 11 11 Repairs and maintenance 11 12 11 13) Utilities. 13 14) Other expenses s 16 17) Carryover of operating expenses from prior year. 17 18 19 Scausalty losses and depreciation from prior year. 17 16) Excess casualty losses and depreciation from prior year. 17 17 18 19 Smaller of homes adjusted basis or its fair market value. 19	Client:					Client no	
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 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 05) Net gain/loss from business use of home on Schedule D/Form 4797. 05 06) Casualty losses. 06 07) Deductible mortgage interest. 06 07) Deductible mortgage interest. 09 08) Real estate taxes. 08 09) Excess mortgage interest. 09 10 11 11 Repairs and maintenance 11 12 11 13) Utilities. 13 14) Other expenses included in lines 14 and 31. 18 17) Carryover of operating expenses from prior year. 17 18) Smaller of homes adjusted basis or its fair market value. 19 19) Smaller of homes adjusted basis or its fair market value. 20 21) Part III depreciation allowable (Override of line 40). 21 22) Date on which home was first used for business .				1.5		Current Year	Last Year
02) Day care facility not used exclusively for business. Number of days. 02 Hours per day. 03 03) Total number of days available 03 04) Hours per year. 03 05) Net gain/loss from business use of home on Schedule D/Form 4797. 04 05) Net gain/loss from business use of home on Schedule D/Form 4797. 05 06) Casualty losses. 06 07) Deductible mortgage interest. 07 08) Real estate taxes. 08 09) Excess mortgage interest. 09 10) Insurance. 10 11) Repairs and maintenance. 11 12) Rent 12 13) Utilities. 13 14) Other expenses 16 17) Carryover of operating expenses from prior year. 15 16) Excess casualty losses and depreciation from prior year. 17 16) Excess casualty losses and depreciation from prior year. 17 16) Carryover of operating expenses from prior year. 17 16) Carryover of excess casualty losses and depreciation from prior year. 17 18) Casualty losses included in biais/fair market value. 19 20) Value of land included in baisis/fair market value. 20	01) Area used exclusively for business.				01		
Hours per day. 03 30) Total number of days available. 03 204) Hours per yeat 04 205) Net gain/loss from business use of home on Schedule D/Form 4797. 05 206) Casualty losses 06 207) Deductible mortgage interest. 07 208) Real estate taxes 08 209) Excess mortgage interest. 07 209 Interest and maintenance. 11 201 Insurance. 10 202 Interest expenses 11 203 Interest expenses 12 204 Other expenses 11 205 Interest expenses 12 206 Casualty losses 13 207 Deductible mortgage interest. 09 208 Real estate taxes 08 209 Excess mortgage interest. 09 201 Insurance. 10 203 Utilities. 13 204 Other expenses 14 205 Carryover of operating expenses from prior year. 15 206 Casualty losses and depreciation from prior year. 17 207 Carryover of excess casualty losses and depreciation from prior year. 17 200 Sateo in lines 14 and 31. 18 <td>Total area of home</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Total area of home						
33) Total number of days available 03 44) Hours per year 04 45) Net gain/loss from business use of home on Schedule D/Form 4797 05 46) Direct Expenses 04 47) Deductible mortgage interest 06 48) Real estate taxes 08 49) Excess mortgage interest 07 40) Insurance 10 41) Repairs and maintenance 11 12) Rent 12 13) Utilities 13 14) Other expenses from prior year 15 15) Carryover of operating expenses from prior year 15 16) Excess casualty losses and depreciation from prior year 16 17) Carryover of excess casualty losses and depreciation from prior year 17 18) Smaller of homes adjusted basis or its fair market value 19 10) Yalue of land included in biasis/fair market value 20 11) Pareit III depreciation allowable (Override of line 40) 21 21) Part III depreciation allowable (Override of line 41) 22 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	2) Day care facility not used exclusively	for busin	ess. Number of day	s	02		
Day Hours per yeat Odd Discret Expenses Indirect Expenses Indirect Expenses Direct Expenses Indirect Expenses Indirect Expenses Deductible mortgage interest Odd Odd Discret Expenses Indirect Expenses Indirect Expenses Deductible mortgage interest Odd Odd Discrets mortgage interest Ogd Odd Discrets mortgage interest Ogd Odd Di Insurance 10 Indirect Expenses Di Insurance 11 Indirect Expenses Di Insurance 10 Indirect Expenses Di Insurance 11 Indirect Expenses So Carryover of operating expenses from prior year 15 Indirect Expenses So Carryover of operating expenses from prior year 16 Indirect Expenses So Carryover of excess c	Hours per day						
Display Net gain/loss from business use of home on Schedule D/Form 4797	03) Total number of days available				03		
Direct Expenses Indirect Expenses 06 0 07 0 08 0 09 0 01 08 02 08 03 08 04 07 05 08 06 07 07 08 08 09 09 08 01 10 11 11 12 13 13 13 14 14							
Current Year Last Year Current Year Last 06 06 06 07 06 07 07 08 08 08 08 09 08 09 08 09 09 08 09 09 08 09 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 </td <td>05) Net gain/loss from business use of h</td> <td>ome on S</td> <td>chedule D/Form 47</td> <td>97</td> <td> 05</td> <td></td> <td></td>	05) Net gain/loss from business use of h	ome on S	chedule D/Form 47	97	05		
D7 Deductible mortgage interest 07 08 D8 Real estate taxes 08 08 D9 Excess mortgage interest 09 08 D0 Insurance 10 10 10 D1 Repairs and maintenance 11 12 11 12 D1 Repairs and maintenance 11 12 13 13 14 15 16 15 16 16 17 16 16 17 16 18 19 19 10 14 14 14 14 14 14	06) Casualty losses	06					Last Year
08 Real estate taxes 08 09 09 Excess mortgage interest 09 09 00 Insurance 10 10 11 12 11 12 12 13 13 13 14 14 14 14 15 Carryover of operating expenses from prior year. 15 16 16 16 7 Carryover of excess casualty losses. 16 16 17 16 8 Casualty losses included in lines 14 and 31. 18 9 Smaller of homes adjusted basis or its fair market value. 19 20 Value of land included in basis/fair market value. 20 21 22 23 23 Date on which home was first used for business 23 24 Disable automatic carry of excess mortgage interest to Schedule A2 24							
10 Insurance 10 Insurance Insure Insure<							
0) Insurance. 10 10 10 11 1) Repairs and maintenance 11 11 11 12 11 12 13 13 13 13 14 15 15 16 16 16 17 16 16 17 17 16 16 17 18 18 19 19 19 19 19 19 19 12 14 12 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
12 12 12 13 13 13 13 13 14 14 0ther expenses 14 14 14 14 15 Carryover of operating expenses from prior year. 15 16 16 17 Carryover of excess casualty losses and depreciation from prior year. 16 17 17 18 Casualty losses included in lines 14 and 31. 18 19 19 20 20 Value of land included in basis/fair market value 20 21 21 22 21 Part III depreciation percentage (Override of line 41). 22 23 23 23 Date on which home was first used for business 23 24 24					10		1.000
3) Utilities 13 13 13 4) Other expenses 14 14 14 5) Carryover of operating expenses from prior year. 15 15 6) Excess casualty losses 16 17 7) Carryover of excess casualty losses and depreciation from prior year. 17 18 9) Smaller of homes adjusted basis or its fair market value. 19 19 20) Value of land included in basis/fair market value. 20 21 21) Part III depreciation percentage (Override of line 40) 21 22 22) Part III depreciation allowable (Override of line 41) 23 23 23) Date on which home was first used for business 23 24	1) Repairs and maintenance	11			11		
4) Other expenses					12		3
15 Current Year Last 16 15 17 16 18 17 19 Smaller of homes adjusted basis or its fair market value. 19 20 20 21 21 22 21 23 Date on which home was first used for business 23 24 Disable automatic carry of excess mortgage interest to Schedule A? 24	3) Utilities	13			13		
15 Carryover of operating expenses from prior year. 15 16 16 17 16 18 17 19 18 19 Smaller of homes adjusted basis or its fair market value. 19 20 20 21 20 21 21 22 21 23 22 24 Disable automatic carry of excess mortgage interest to Schedule A?	4) Other expenses	14			14		
17 17 18 18 19 Smaller of homes adjusted basis or its fair market value. 19 20 20 21 20 22 21 23 22 24 Disable automatic carry of excess mortgage interest to Schedule A? 24					15	Current Year	Last Year
18 18 19 Smaller of homes adjusted basis or its fair market value. 19 Smaller of homes adjusted basis or its fair market value. 20 Value of land included in basis/fair market value. 20 20 21 21 22 21 23 Date on which home was first used for business 24 Disable automatic carry of excess mortgage interest to Schedule A?							
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							
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							
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							
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							
23) Date on which home was first used for business 23 24) Disable automatic carry of excess mortgage interest to Schedule A? 24							
24) Disable automatic carry of excess mortgage interest to Schedule A? 24							
bisable automatic carry of excess real estate taxes to Schedule A?							
					termine the second s		

04	Schedule D - Capit	tal Gains and I	Losses						
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		-					-	_	-
04							+-+	-	-
05							++		
06									
07									
08									
09								-	
10									
11								_	-
13									-
14								_	-
15							1		
16			and the second		1				
17									
18									
19			and the second second						
20								-	
22									-
23							-		
24							++	-	-
25									
26									
27									
28									
29								_	
30							++	_	
32							++		
02					(1) Enter date o	r Marious or	(l)nher	ited	
(03) Taxable	income loss limit (if needed f	or cap loss lim)			(2) Enter date o		(i)iiiici	nou	
	otured section 1250 gain (Ove	the second statement of the statement of the second statem			(3) 0-1099-B shows 2-No 1099 receiv		oesn't sh	low basis	
(05) Total of	all collectibles from Forms 46	84, 6252, 6781, 882	4, 2439, partnersł	hip and S corp K	(-1's				
		Overrides a	nd Other Sche	duled Items					
			Short Term	Gain/Loss	10	ong Term Gain	/1 099		
			Taxpayer	Spouse	Taxpa		Spous	e	
	home (Pub 523)								
	ships, S corps, Fiduciaries (K-								
	rryovers								
	gain distributions								
	797						-	_	
	ent sales (Form 6252)						-		
	d exchanges (Form 8824) ies and thefts (Form 4684)	and an and the second of the second of the							
	ts and straddles (Form 6781)	A MARKAN MARKAN AND A MARKAN AND AND AND AND AND AND AND AND AND A							
	buted long-term capital gains								

05

Client:

Schedule E - Supplemental Income and Loss

Client no.

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

	Item Nu	Imber		Item N	umber
	Current Year	/ Last Year		Current Year) Last Year
15	ourion rou	Luot i oui	15	ouncili roai	Lastroa
		States and States			
17			17		
			_		
-					
					-
-					
-			29		
-					
35					
36					
			30		
			31		
			32		
			33		
			34		
			35		
			36		
49			49		
			50		
04			04		
05			05		
			06		
			1000		
-					
			_		
1			14		
	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 49 50 04 50 04 05 06 07 08 09 10 11 12 13	(Current Year 15 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 28 29 30 31 32 33 34 35 36 49 50 04 05 06 07 08 09 10 11 12 13 3 5 3 6 12 12 12 12 12 13 12 12 12 12 12 12 12 12 12 12	15	Current Year Last Year 15 15 17 17 18 18 19 19 20 20 21 22 23 23 24 24 25 25 26 26 27 27 28 28 29 29 30 31 31 32 33 33 34 35 36 30 31 32 36 33 36 33 37 33 36 33 37 33 38 34 39 30 31 32 33 33 34 35 35 35 36 36 37 37 38 36	Current Year Last Year Current Year 15 15 17 17 18 18 19 19 20 20 21 21 22 22 23 23 24 24 25 25 26 26 27 27 28 28 29 29 30 31 31 32 33 34 34 35 36 30 31 32 33 34 34 35 35 33 36 49 49 36 49 49 50 50 04 04 05 05 06 06 07 07 08 08 09 09 10 10 11 11

* Type of Property

1 - Single Family Residence

2 - Multi-Family Residence 4 - Commercial

5 - Land 6 - Royalties 7 - Self-Rental

								Client n	0.
			ear that would requ I or will you file all r			99?	С	urrent Yea	s Ye
ich E	Part IV In	come or (loss)	from REMIC'S						
(06) E (07) E (08) T (09) Ir (11) F	mployer Id xcess inclusion axable income (ne ncome from Sch Q eporting losses no	et loss)	vears due to at-risk	or basis limitat	06 07 08 09 ions, PAL'				
Sch E			econcilliation A					. 📋 Yes	
	(10) 1 410	V Juinnary/ N	econciliation A	linounts					
(01) N	et farm rental incor	ne(loss) - Taxpave	er				Current Y	ear	Last Year
							_		
			Taxpayer						
			Spouse						
			ome(loss) - Taxpay				_		
(06) H	econclination of rer	ntal real estate inco	ome(loss) - Spouse		•••••	06			
			Ca	ontrol Totals					
	(inclue Part II Part II Part I	ding royalties from Income or Loss fi I Income or Loss fi V Income or Loss	om Rental Real Es K-1 Input in the arr rom Partnerships 8 rom Estates and Tr from REMICs	nounts of) & S Corp's rusts	· · · · · · · · · · · · · · · · · · ·				
						_			

(82) (01) 1065 - Partnership K-1	K-1 number Client no.
1065 K-1 Basic Information	
) Taxpayer/Spouse/Joint 08
(02) Partnership ID number) All at risk?
(03) Tax shelter registration number 03 (10)) Is this partner a foreign partner?
(04) Is ordinary income/loss active?) Disposed of? 11
) 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 Yea	ar 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	19
(20) 6a - Ordinary dividends	20
(21) 6b - Qualified dividends	20 21
(22) 7 - Royalties	
(23) 8 - Net short term capital gain (loss).	
(24) 9a - Net long term capital gain (loss)	
(25) 9b - Collectibles (28%) gain (loss)	
(26) 9c - Unrecaptured section 1250 gain	
(27) 10 - Net section 1231 gain (loss)	27
1065 K-1 Distributive Share Items - Deductions	Current Year Last Year
(28) 12 - Section 179 expense deduction	
(29) 13A - Charitable cash contributions (50%)	
(30) 13B - Charitable cash contributions (30%)	
(31) 13H - Investment interest expense.	
(32) 13K - Deductions related to portfolio income (2%)	
(33) 13L - Deductions related to portfolio income (other)	
(34) 13U - Qualified production activities income (Form 8903, line 7b)	
(35) 13V - Employer's W-2 wages (Form 8903, line 17)	
1065 K-1 Distributive Share Items - Self-Employment Earnings	
(36) 14A - Net earnings (loss) from self-employment	
(37) 14B - Gross farming or fishing income	
(38) 14C - Gross nonfarm income	
1065 K-1 Distributive Share Items - Credits and Credit Recapt	ure Current Year Last Year
(39) 15A - Low income housing credit (section 42(j)(5)) from pre-2008 buildings	
(40) 15B - Low income housing credit (other than section 42(j)(5)) from pre-200	8 buildings 40
(41) 15C - Low income housing credit (section 42(j)(5)) from post-2007 building	s 41
(42) 15D - Low income housing credit (other than section 42(j)(5)) from post-20	
1065 K-1 Distributive Share Items - Alternative Minimum Tax	
(43) 17A - Depreciation adjustment on property placed in service after 1986	Contract East Four
(44) 17B - Adjusted gain or loss	
(45) 17C - Depletion (other then oil and gas).	
(46) 17D - Gross income from oil, gas and geothermal properties	
(47) 17E - Deductions allocable to oil, gas and geothermal properties	
1065 K-1 Distributive Share Items - Tax-Exempt Income	Current Year Last Year
(48) 18A - Tax-exempt interest income	
1065 K-1 Distributive Share Items - Other Information	
(49) 20A - Investment income.	Current Year Last Year
(50) 20B - Investment expenses.	
Iter and a second secon	

Taxware Systems, Inc. LPK1-P.HP

2) (03) 1120S - S Corporation K-1		K-1 number	Client	no,
120S K-1 Basic Information				
01) Corporation name 01	(08) Tax	payer/Spouse/Joint	08	_
2) Corporation ID number		t risk?		09
3) Tax shelter registration name 03		osed of?		
4) Is ordinary income/loss active?	(10) Disp			
5) Is rental real estate income actively managed?	_			
6) Active passive loss carryover State 06	Activ	e passive loss carryover	Federal	
7) Other passive loss carryover State 07		r passive loss carryover	_	
1) Gain on disp. (federal) act. managed portion 11			Federal	
2) Gain on disp. (state) act. managed portion 12		r than actively managed		
1205 K-1 Distributive Share Items - Income (Loss)	Ottle	r than actively managed	r.e. portion	and the second second
	urrent Year	Last Year	Current Year	Last Vear
3) 1 - Ordinary income or loss from trade or business State		13	Current Year	Last Year
4) 2 - Net income/loss from rental real estate activities State		14		_
5) 3 - Net income/loss from other rental activities State		15		
5) 4 - Interest income		16		
7) 5a - Ordinary dividends		17		
B) 5b - Qualified dividends		17		
9) 6 - Royalties				
0) 7 - Net short term capital gain (loss).				
1) 8a - Net long term capital gain (loss)				
2) 8b - Collectibles (28%) gain (loss)				
3) 8c - Unrecentured section 1250 gain	•••••••			
3) 8c - Unrecaptured section 1250 gain			3	
		24		_
1205 K-1 Distributive Share Items - Other Deduction	6	25		
1203 K-1 Distributive Share Rellis - Other Deduction	5			_
6) 11 - Section 179 deduction		24	Current Year	Last Year
7) 12A - Charitable cash contributions (50%)				
8) 12B - Charitable cash contributions (30%)				
 9) 12H - Investment interest expense 0) 12K - Deductions related to portfolio income (2%) 				
1) 12L - Deductions related to portfolio income (other)				
 2) 12Q - Qualified production activities (Form 8903, line 7b) 3) 12R - Employed W 2 wages (Form 8002, line 17) 	*********			
3) 12R - Employer's W-2 wages (Form 8903, line 17)	t Decenture			_
1205 K-1 Distributive Share Items - Credits and Cred	it Recapture			
4) 13A - Low income housing credit (section 42(j)(5)) from pre-2008	huildings		Current Year	Last Year
 13B - Low income housing credit (action 42(j)(3)) non ple2008 13B - Low income housing credit (other than section 42(j)(5)) from 				
 6) 13C - Low income housing credit (section 42(j)(5)) from post-2007 				
 7) 13D - Low income housing credit (section 42(j)(3)) from post-2007 7) 13D - Low income housing credit (other than section 42(j)(5)) from 				
1205 K-1 Distributive Share Items - Alternative Minir	num Tax (A)	dings 37		-
Too it i boo baile fields facefulate film	num Tux (71	11)	Current View	LeatMan
8) 15A - Depreciation adjustment on property placed in service after	1986		Current Year	Last Year
9) 15B - Adjusted gain or loss				
0) 15C - Depletion (other then oil and gas).				
 1) 15D - Gross income from oil, gas and geothermal properties. 				
2) 15E - Deductions allocable to oil, gas and geothermal properties 12OS K-1 Distributive Share Items - Items Affecting S	hareholder B	42		
see a serie and a second control terns Affecting s	indictionaci D	0010	Ourrent Vers	Land
3) 16A - Tax-exempt interest income			Current Year	Last Year
1205 K-1 Distributive Share Items - Other Informatio		********************		
			Ourrent Verse	Lacity
4) 17A - Investment income			Current Year	Last Year
5) 17B - Investment expenses.				

2) (05) 1041 - Fiduciary K-1		K-1 num	ber	Clier	it no.
041 K-1 Basic Information					
01) Estate/trust name 01					
2) Estate/trust ID number					
	03				
04) Passive loss carryover State 04	Federal				
05) Taxpayer/Spouse/Joint	1 Guerar				
man' any second a sine and the second s	06				
7) Gain/loss on disposition 07					
041 K-1 Distributive Share Items - Income (Loss)				
	Current Year	Last Year		Current Year	Last Year
8) 1 - Interest	and the second second		08		
9) 2a - Ordinary dividends			09		
0) 2b - Qualified dividends State			10		
1) 3 - Net short term capital gain			11		
2) 4a - Net long term capital gain			12		
3) 4b - 28% rate gain			13		
4) 4c - Unrecaptured section 1250 gain			14		
5) 5 - Other porfolio income (nonpassive)			15		
6) 6 - Ordinary business income (passive).			16		
 6 - Ordinary business income (nonpassive). 			17		
 For a state of the state of the		••••••			
a) 7 - Net rental real estate income (passive)	• • • • • • • • • • • • • • • • • • • •		18		
9) 7 - Net rental real estate income (nonpassive)	• • • • • • • • • • • • • • • • • • •	*****	19	2	
0) 8 - Other rental income (passive)			20		
1) 8 - Other rental income (nonpassive)			21		
2) 9A - Depreciation (passive).			22		
3) 9A - Depreciation (nonpassive)			23		
4) 9B - Depletion (passive)			24		
5) 9B - Depletion (nonpassive)			25		
6) 9C - Amortization (passive)			26		
7) 9C - Amortization (nonpassive)			27		
B) 10 - Estate tax deduction			28		
9) 11A - Excess deductions			29		
0) 11B - Short-term capital loss carryover			30		
1) 11C - Long-term capital loss carryover					
2) 11D - Net operating loss (NOL) corrections for results to a sur-			31		
2) 11D - Net operating loss (NOL) carryover for regular tax purper					
3) 12A - Adjustment for minimum tax purposes	••••••	••••••	33		
4) 12G - AMT Accelerated depreciation			34		
5) 12H - AMT Depletion			35		
6) 13A - Credit for estimated taxes			36		
7) 13B - Credit for backup withholding			37		
13C - Low-income housing credit for buildings placed in service			38		
13C - Low-income housing credit for buildings placed in service	ce after December 3	1, 2007	39		
			40		
1) 14B - Foreign taxes			41		
2) 14C - Qualified production activities income (Form 8903, line					
3) 14D - Employer's W-2 wages (Form 8903, line 17)					
4) 14E - Net investment income					
5) 14F - Gross farm and fishing income.					
,	· · · · · · · · · · · · · · · · · · ·	••••••	45		

ent:				Clier	nt No.	
Sch	1 F Basic Information					
		and the second s				
	Name of proprietor	and the second sec	_			
	Taxpayer or Spouse?	And the second s				
E	Agricultural activity code					
	Principal product					
05)	Employer ID number					
			Curr	ent Last Year	r	
	Election to defer to next year?			Yes Yes	S	
	Are all investments at risk?		2/	Yes Yes	S	
	Materially participated during the year?			Yes Yes	S	
	Did you make any payments in during year that would rec			Yes Yes	S	
	If "yes" to preceding question, did you or will you file all re			Yes Yes	S	
	Did you receive a subsidy during year?			Yes Yes	S	
	Accounting method			Accrual		
13)	Prior year unallowed loss					
-			· [
-			·	Current Year	Last Year	
Pai		*		Current Year	Last Year	
Pai 14)	t I Farm Income (Cash Method)		14	Current Year	Last Year	
Pai 14) 15)	T I Farm Income (Cash Method) Sales of livestock and other resale items	r resale	14	Current Year	Last Year	
Pai 14) 15) 16)	T I Farm Income (Cash Method) Sales of livestock and other resale items Cost or other basis of livestock and other items bought for	r resale	14 15 16	Current Year	Last Year	
Pai 14) 15) 16)	T I Farm Income (Cash Method) Sales of livestock and other resale items Cost or other basis of livestock and other items bought for Sales of products you raised	r resale	14 15 16	Current Year	Last Year	
Pai 14) 15) 16) 17)	T I Farm Income (Cash Method) Sales of livestock and other resale items Cost or other basis of livestock and other items bought for Sales of products you raised	r resale	14 15 16	Current Year	Last Year	
Pai 14) 15) 16) 17)	t I Farm Income (Cash Method) Sales of livestock and other resale items Cost or other basis of livestock and other items bought for Sales of products you raised Cooperative distributions (1099-PATR)	or resale	14 15 16 17	Current Year	Last Year	
Par 14) 15) 16) 17) 18)	t I Farm Income (Cash Method) Sales of livestock and other resale items Cost or other basis of livestock and other items bought for Sales of products you raised Cooperative distributions (1099-PATR)	TOTAL	14 15 16 17	Current Year	Last Year	
Par 14) 15) 16) 17) 18) 19)	t I Farm Income (Cash Method) Sales of livestock and other resale items Cost or other basis of livestock and other items bought for Sales of products you raised Sales of products you raised	TOTAL	14 15 16 17 18	Current Year	Last Year	
Par 14) 15) 16) 17) 18) 19)	t I Farm Income (Cash Method) Sales of livestock and other resale items Cost or other basis of livestock and other items bought for Sales of products you raised Cooperative distributions (1099-PATR)	TOTAL	14 15 16 17 18	Current Year	Last Year	
Pai 14) 15) 16) 17) 18) 19) 20)	t I Farm Income (Cash Method) Sales of livestock and other resale items Cost or other basis of livestock and other items bought for Sales of products you raised Cooperative distributions (1099-PATR)	TOTAL	14 15 16 17 18	Current Year	Last Year	
Pai 14) 15) 16) 17) 18) 19) 20)	t I Farm Income (Cash Method) Sales of livestock and other resale items	TOTAL	14 15 16 17 18 19 20	Current Year	Last Year	
Par 14) 15) 16) 17) 18) 19) 20) 21)	t I Farm Income (Cash Method) Sales of livestock and other resale items	r resale TOTAL TAXABLE AMOUNT. TOTAL TAXABLE AMOUNT. TOTAL TAXABLE AMOUNT. TAXABLE AMOUNT. TAXABLE AMOUNT.	14 15 16 17 18 18 20 21 21 22	Current Year	Last Year	
Par 14) 15) 16) 17) 18) 19) 20) 21) 22)	t I Farm Income (Cash Method) Sales of livestock and other resale items	r resale TOTAL TAXABLE AMOUNT. TOTAL TAXABLE AMOUNT. TOTAL TAXABLE AMOUNT. TAXABLE AMOUNT. TAXABLE AMOUNT.	14 15 16 17 18 19 20 21	Current Year	Last Year	
Par 14) 15) 16) 17) 18) 19) 20) 21) 22) 23)	t I Farm Income (Cash Method) Sales of livestock and other resale items	TOTAL TAXABLE AMOUNT. TOTAL TAXABLE AMOUNT. TAXABLE AMOUNT. TOTAL TAXABLE AMOUNT. TAXABLE AMOUNT. TAXABLE AMOUNT.	14 15 16 17 18 18 20 21 21 22	Current Year	Last Year	
	T I Farm Income (Cash Method) Sales of livestock and other resale items	TOTAL TAXABLE AMOUNT. TOTAL TAXABLE AMOUNT. TAXABLE AMOUNT. TOTAL TAXABLE AMOUNT. TAXABLE AMOUNT. TAXABLE AMOUNT.	14 15 16 17 18 19 20 21 21 22 22	Current Year	Last Year	
Par 14) 15) 16) 17) 18) 19) 20) 21) 22) 22) 23)	T I Farm Income (Cash Method) Sales of livestock and other resale items	TOTAL TAXABLE AMOUNT. TOTAL TAXABLE AMOUNT. TAXABLE AMOUNT. TOTAL TAXABLE AMOUNT. TAXABLE AMOUNT. TAXABLE AMOUNT.	14 15 16 17 18 19 20 21 21 22 22	Current Year	Last Year	

Taxware Systems, Inc. LPSCHF-C.HP

ent:				Client 1	No.
Sch	n F	Basic Information			
(01)	Name o	of proprietor]
(02)	Тахрау	ver or Spouse?			
		tural activity code			
		al product			
(05)	Employ	ver ID number			
(00)	Fleetier			Irrent Last Year	
		n to defer to next year?		Yes Yes	
		Ily participated during the year?		Yes Yes	
		make any payments in during year that would		Yes Yes	
		to preceding question, did you or will you file		H Yes H Yes	
(11)		receive a subsidy in during year?		Yes Yes	
1101					
(12)				sh Accrual	
	Accoun	ting method	Ca	sh Accrual	
	Accoun Prior ye	ting method	Ca	sh Accrual	
(13)	Accoun Prior ye	ting method	Ca		
(13) Pai	Accoun Prior ye	aar unallowed loss	Ca	Current Year	Last Year
(13) Par (25)	Account Prior ye	Farm Income (Accrual Method)		Current Year	Last Year
(13) Pai (25)	Account Prior ye	aar unallowed loss	Ca	Current Year	Last Year
(13) Par (25) (26)	Accoun Prior ye rt I Sales o Coope	Farm Income (Accrual Method)	Ca	Current Year	Last Year
(13) Par (25) (26)	Accoun Prior ye rt I Sales o Coope	Farm Income (Accrual Method) of livestock, produce and other products rative distributions (1099-PATR)	Ca	Current Year	Last Year
(13) Par (25) (26) (27)	Accoun Prior ye rt I Sales o Coope Agricul Commo	Income (Accrual Method) Farm Income (Accrual Method) of livestock, produce and other products rative distributions (1099-PATR) tural program payments odity credit corporation (CCC) loans reported	Ca Ca TOTAL	Current Year	Last Year
(13) Par (25) (26) (27) (28)	Accoun Prior ye rt I Sales o Coope Agricul Commo	Iting method Iting method Farm Income (Accrual Method) of livestock, produce and other products rative distributions (1099-PATR) tural program payments	Ca Ca TOTAL	Current Year	Last Year
(13) (25) (26) (27) (28) (29)	Accoun Prior ye Tt I Sales o Coope Agricul Commo	Farm Income (Accrual Method) of livestock, produce and other products rative distributions (1099-PATR) tural program payments odity credit corporation (CCC) loans reported odity credit corporation (CCC) loans forfeited	Ca Ca TOTAL	Current Year	Last Year
(13) Par (25) (26) (27) (28) (29) (30)	Accoun Prior ye rt I Sales o Coope Agricul Commo Crop in	Farm Income (Accrual Method) of livestock, produce and other products rative distributions (1099-PATR) tural program payments odity credit corporation (CCC) loans reported odity credit corporation (CCC) loans forfeited usurance proceeds	TOTAL	Current Year	Last Year
 (13) Par (25) (26) (27) (28) (29) (30) (31) 	Accoun Prior ye rt I Sales o Coope Agricul Commo Commo Crop in Custon	Farm Income (Accrual Method) of livestock, produce and other products rative distributions (1099-PATR) tural program payments odity credit corporation (CCC) loans reported odity credit corporation (CCC) loans forfeited usurance proceeds n hire (machine work)	Ca Ca TOTAL	Current Year	Last Year
 (13) Par (25) (26) (27) (28) (29) (30) (31) (32) 	Accoun Prior ye rt I Sales o Coope Agricul Commo Commo Crop in Custon Other i	Farm Income (Accrual Method) of livestock, produce and other products rative distributions (1099-PATR) tural program payments odity credit corporation (CCC) loans reported odity credit corporation (CCC) loans forfeited usurance proceeds n hire (machine work) ncome	Ca TOTAL	Current Year	Last Year
 (13) Pai (25) (26) (27) (28) (29) (30) (31) (32) (33) 	Accoun Prior ye Tt I Sales o Coope Agricul Commo	Tarm Income (Accrual Method) of livestock, produce and other products rative distributions (1099-PATR) tural program payments odity credit corporation (CCC) loans reported odity credit corporation (CCC) loans forfeited usurance proceeds n hire (machine work) ncome ory of livestock, produce, grains and other product	Ca TOTAL. [25 TAXABLE AMOUNT. [27 TAXABLE AMOUNT. [27] TAXABLE AMOUNT. [27] TAXABLE AMOUNT. [28] TOTAL. [29] TAXABLE AMOUNT. [30] Gutts at beginning of year. [31]	Current Year	Last Year
(13) Par (25) (26) (27) (28) (29) (30) (31) (32) (33) (34)	Accoun Prior ye Tt I Sales o Coope Agricul Commo Commo Crop in Custon Other in Invento Cost of	Tarm Income (Accrual Method) of livestock, produce and other products rative distributions (1099-PATR) tural program payments odity credit corporation (CCC) loans reported odity credit corporation (CCC) loans forfeited usurance proceeds n hire (machine work) ncome ory of livestock, produce, grains and other product	Ca TOTAL	Current Year	Last Year
 (13) Par (25) (26) (27) (28) (29) (30) (31) (32) (33) 	Accoun Prior ye Tt I Sales o Coope Agricul Commo Commo Crop in Custon Other in Invento Cost of	Tarm Income (Accrual Method) of livestock, produce and other products rative distributions (1099-PATR) tural program payments odity credit corporation (CCC) loans reported odity credit corporation (CCC) loans forfeited usurance proceeds n hire (machine work) ncome ory of livestock, produce, grains and other product	Ca TOTAL	Current Year	Last Year
(13) Par (25) (26) (27) (28) (29) (30) (31) (32) (33) (34)	Accoun Prior ye Tt I Sales o Coope Agricul Commo Commo Crop in Custon Other in Invento Cost of	Tarm Income (Accrual Method) of livestock, produce and other products rative distributions (1099-PATR) tural program payments odity credit corporation (CCC) loans reported odity credit corporation (CCC) loans forfeited usurance proceeds n hire (machine work) ncome ory of livestock, produce, grains and other product	Ca TOTAL	Current Year	Last Year

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(07)

Schedule F - Profit or Loss From Farming

Client:

Part II

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Client no.

	- 31133	LYDOBCOC
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		Expenses

			Current Year	Last Year
(36)	Car and truck worksheet	36		
	Car and truck (Attach Form 4562)	37		
(38)	Chemicals	38		
	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		
	Gasoline, fuel and oil	46		
	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		
	Rent or lease other	54		
	Repairs and maintenance	55		
(56)	Seeds and plants	56		
(57)	Storage and warehousing	57		
	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	Curren	t Year Last Year
01		01	
02		02	
03		03	
04		04	
05		05	
06		06	
07		07	
08		08	
)9		09	
0		10	
1		11	
2		12	
3		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

			nt Year	Last Yea	ar
(01)	Do you have another car for personal use?	01	Yes		Yes
02)	,	02	Yes		Yes
03)	Do you have evidence to support your deduction?	03	Yes		Yes
(04)	Is the evidence written?	04	Yes		Yes
05)	Policy statement that prohibits personal use including commuting?	05	Yes		Yes
06)	Policy statement that prohibits personal use not including commuting?	06	Yes		Yes
07)		07	Yes		Yes
08)	Are more than 5 vehicles provided to employees?	08	Yes		Yes
09)	Do you meet the fleet requirements?	09	Yes		Yes
(10)	Carry to 4562 number (Enter 0 not to carry)	10			7

			Vehicl	e #1		Vehicl	e #2
		_	Current Year	Last Year		Current Year	Last Year
Eligible for the	e standard mileage rate?	11			28		
Type of vehic	le	12			29		
Date vehicle	placed in service	13			30		-
Recovery per	riod	14			31		
Method/conv	ention	15			32		
Cost or other	basis	16			33		
Basis for dep	reciation	17			34		
	deduction				35		
	on 179 cost				36		
Total mileage	during the year	20			37		
	t of mileage				38		
Avg daily con	nmuting distance	22			39		
Total commu	ting miles	23			40		
Gas, oil, repa	irs, etc	24			41		
	ls				42		
	ount				43		
	vided car value				44		

	Vehic	e #3		Vehicl	e #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			64		
Recovery period			65		
Method/convention 49			66		
Cost or other basis			67		
Basis for depreciation			68		
Depreciation deduction			69		
Elected section 179 cost 53			70		
Total mileage during the year			71		
Business part of mileage			72		
Avg daily commuting distance 56			73		
Total commuting miles			74		
Gas, oil, repairs, etc			75		
Vehicle rentals 59			76		
Inclusion amount			77		
Employer-provided car value			78		

ient:						<i>c</i> 1	lant	
						CI	ient no	
Part I	Persons or Orga	nizations Who Provided	the Care					
	Name				Street	t Address		
01								_
3								
4								
5								
7					_			_
8								
								int Paid
1	Ci	ty, State, Zip	F	ed I.D. Number	State	I.D. Number	Current Year	Last Yea
2					-		_	
3								
1				•)				
5						_		
7								
3							-	
art II	Qualifying Perso							
	First Name	Last Name	Suffi	x SSN		Qualifi Current Year	ed Expens	es ast Year
2	First Name		Suffiz	x SSN				
2 3 4 5	First Name		Suffiz	x SSN				
2 3 4 5 6	First Name		Suffiz	x SSN				
2 3 4 5 5 7	First Name		Suffiz	x SSN				
2 3 4 5 5 7 3 9	First Name		Suffix	x SSN				
2 3 4 5 5 6 7 8 8 9 9 0	First Name		Suffiz	x SSN				
2 3 4 5 5 5 7 3 3 2 2 2	First Name		Suffix	x SSN				
2 3 4 5 5 6 6 7 8 8 9 9 0 1 1 2	First Name		Suffiz	x SSN				
	fied expenses incurred &							
2 3 4 5 5 6 7 7 8 9 0 1 1 2 3 7 Qualif 3) Taxpa 9) Spous	fied expenses incurred & ayers earned income (Ove	Last Name			08	Current Year		ast Year
2 3 4 5 5 7 7 3 9 9 9 9 9 9 9 9 9 9 9 9 9	fied expenses incurred & ayers earned income (Ov ses earned income (Ove year expenses paid in cu	Last Name			08	Current Year		ast Year
2) Qualif 3 2) Qualif 3) D 4 5) Taxpa 2) Taxpa 3) Spous 3) Prior y) Perso	fied expenses incurred & ayers earned income (Ov ses earned income (Ove year expenses paid in cu on's name (Prior year exp	Last Name			08	Current Year		ast Year
2 3 4 5 5 5 7 7 3 3 7 9 9 9 9 9 9 9 9 9 9 9 9 9	fied expenses incurred & ayers earned income (Ov ses earned income (Ove year expenses paid in cu on's name (Prior year exp	Last Name			08	Current Year		ast Year
2 3 4 5 5 5 7 7 3 7 9 9 9 9 9 9 9 9 9 9 9 9 9	fied expenses incurred & ayers earned income (Ov ses earned income (Ove year expenses paid in cu on's name (Prior year exp	Last Name			08	Current Year		ast Year
2 3 4 5 5 5 6 7 7 3 7 9 9 9 9 9 9 9 9 9 9 9 9 9	fied expenses incurred & ayers earned income (Ove year expenses paid in cu on's name (Prior year expenses paid in cu on's SSN (Prior year expenses paid in cu on's so SSN (Prior year expenses paid in cu on's SSN (Prior year expenses paid in cu	Last Name			08 09 10	Current Year		ast Year
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2 3 4 5 5 6 7 7 8 9 9 0 1 2 2 3 3 7) Qualif 8 9 9 9 9 9 9 9 9 9 9 9 9 9	fied expenses incurred & ayers earned income (Ove year expenses paid in cu year expenses paid in	Last Name			08 09 10	Current Year		ast Year

Taxware Systems, Inc. LP2441.HP

ent:	_		Client no.	
Part I Employee Business Expenses and Reimb	oursements			
01) Occupation 01			Current Yea	ar Last Year
02) Is this employee a reservist, qualified performing artist or	fee-basis state or lo	al government official?	202 Y	es Yes
03) Is this employee subject to DOT service limits?	• <u>•</u> ••••••••••••			es Yes
*	Other than Mea	Is and Entertainment	Meals and E	intertainment
-	Current Year	Last Year	Current Year	Last Year
04) Parking fees, tolls and transportation etc 0				
05) Travel expenses NOT include meals and entertainment 0				
06) Business expenses not included above0 07) Meal and entertainment expenses0				
07) Meal and entertainment expenses0 08) Reimbursements received from your employer that				
were not reported to you in box 1 of Form W-2,0	9			
	0			
Part II Vehicle Expenses				
			0	
)9) Employer provided vehicle *			Current rea	ar Last Year
09) Employer provided vehicle *		• • • • • • • • • • • • • • • • • • • •		
10) Do you or your spouse have another car for personal use	97	• • • • • • • • • • • • • • • • • • • •		
11) Do you have evidence to support your deduction?		••••••		
12) If "Yes" is the evidence written?				Ц
 Is vehicle #1 eligible for the standard mileage rate? 				
14) Is vehicle #2 eligible for the standard mileage rate?				
 14) Is vehicle #2 eligible for the standard mileage rate? * (01) Personal use allowed during off hours (02) P 				
* (01) Personal use allowed during off hours (02) P				
* (01) Personal use allowed during off hours (02) P	ersonal use NOT all	owed during off hours	(03) Not applicable	-
* (01) Personal use allowed during off hours (02) P	ersonal use NOT all (15) Ve	owed during off hours	(03) Not applicable (20) Ve	hicle #2
* (01) Personal use allowed during off hours (02) P Part II Vehicle Information/Basic Expenses	ersonal use NOT all	owed during off hours	(03) Not applicable	-
* (01) Personal use allowed during off hours (02) P Part II Vehicle Information/Basic Expenses Date vehicle was placed in service	ersonal use NOT all (15) Ve	owed during off hours	(03) Not applicable (20) Ve	hicle #2
* (01) Personal use allowed during off hours (02) P Part II Vehicle Information/Basic Expenses Date vehicle was placed in service Total miles vehicle was driven during the year	ersonal use NOT all (15) Ve	owed during off hours	(03) Not applicable (20) Ve	hicle #2
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* (01) Personal use allowed during off hours (02) P Part II Vehicle Information/Basic Expenses Date vehicle was placed in service Total miles vehicle was driven during the year Business part of mileage Werage daily roundtrip commuting distance Commuting miles included in total mileage	ersonal use NOT all (15) Ve Current Year	owed during off hours	(03) Not applicable (20) Ve	hicle #2
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* (01) Personal use allowed during off hours (02) P Part II Vehicle Information/Basic Expenses Date vehicle was placed in service	ersonal use NOT all (15) Ve Current Year	owed during off hours	(03) Not applicable (20) Ve	hicle #2
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* (01) Personal use allowed during off hours (02) P Part II Vehicle Information/Basic Expenses Pate vehicle was placed in service	(15) Ve Current Year (16) Depreciati Current Year	owed during off hours hicle #1 Last Year	(03) Not applicable (20) Ve Current Year (21) Depreciation	hicle #2 Last Year
* (01) Personal use allowed during off hours (02) P Part II Vehicle Information/Basic Expenses Pate vehicle was placed in service	(15) Ve Current Year (16) Depreciati Current Year	owed during off hours hicle #1 Last Year	(03) Not applicable (20) Ve Current Year (21) Depreciation	hicle #2 Last Year
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