

Lear & Pannepacker, LLP
791 Alexander Road
Princeton, NJ 08540-6325

January 2013

RE: 2012 Individual Tax Return Preparation Engagement Letter & Client Questionnaire Attachment

Dear

We are pleased to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide regarding the preparation of your income tax return(s).

We will prepare your 2012 joint (or individual, if applicable) federal income tax return, and income tax returns for the state and local taxing authorities in which you deemed yourself a resident in 2012 (collectively, the "returns"). This engagement pertains only to the 2012 tax year, and our responsibilities do not include preparation of any other tax return years that may be due to any taxing authority. We are responsible for preparing only the returns referenced above. If you have taxable activity in a state or local municipality other than that referenced, you are responsible for providing our firm with all the information necessary to prepare any additional applicable state and local income tax returns, as well as informing us of the applicable states and local municipalities. If you have income tax filing requirements in a given state or local municipality but do not file that return, there could be possible adverse ramifications, such as an unlimited statute of limitations, penalties, etc.

Our engagement includes our e-filing of your returns. We will send you the return for your review together with Form 8879, which you must complete, sign, and return to us. We will not e-file until we have received this form. In the event that you have an amount due, we will send with the returns a voucher for the amount due. We will neither file any vouchers nor enroll you in an automatic deposit withdrawal program for electronic payment. Therefore, you will be solely responsible to file the voucher with payment due with the appropriate taxing authorities.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. You acknowledge that any such understated tax, and any imposed interest and penalty thereon, are your responsibility, and that we have no responsibility in that regard. If you would like information on the amount or the circumstances of these interest and penalties, please contact us. Your returns may be selected for review by the taxing authorities or you may receive a notice requesting a response to certain issues on your tax return. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination or inquiry, we will be available upon request to represent you or respond to such inquiry. At that time, we will provide you a subsequent engagement letter to clarify the nature and extent of services we will provide regarding the tax examination or inquiry response and will render additional invoices for these services and any expenses incurred.

We will prepare the returns from information that you will furnish to us. It is your responsibility to provide all the information required for the preparation of complete and accurate returns. If requested by you, we will furnish you with a more detailed client questionnaire and/or worksheets than the one already attached, to guide you in gathering the necessary information. While these additional worksheets are optional, your use of such forms will assist us in keeping your fee to a minimum. To the extent we render any services, it will be limited to those tasks we deem necessary for the preparation of the returns only.

Any accounting and/or bookkeeping services will be considered "out of scope" of this engagement letter. Prior to the commencement of "out of scope" services, we will discuss with you the nature and extent of the work and provide you with a subsequent engagement letter that clarifies these services.

The timeliness of your cooperation is essential to our ability to complete this engagement. Specifically, we must receive sufficient information from which to prepare your returns within a reasonable period of time prior to the applicable filing deadline. Accordingly, if we do not receive this information from you, as noted above, by **April 1, 2013**, it may be necessary to seek extensions of the due date of your returns, and we reserve the right to suspend our services or withdraw from this engagement. Various penalties and interest are imposed when taxpayers fail to pay the full amount of taxes owed by the filing due date. Furthermore, additional penalties and interest are imposed when taxpayers fail to remit the proper amount of subsequent year tax estimates. Based on information you have provided to us, we can assist you in determining the correct amount of taxes owed for the current year and subsequent year tax estimates. You acknowledge that any such penalties and interest that arise due to the underestimation of current year taxes owed or subsequent year tax estimates remitted are your responsibility, and that we have no responsibility in that regard. If you would like information on the amounts or the circumstances of these penalties and interest, please contact us.

We will not audit or otherwise verify the data you submit. Accordingly, our engagement cannot be relied upon to disclose errors, fraud, or other illegal acts that may exist. However, it may be necessary to ask you for clarification of some of the information you provide, and we will inform you of any material errors, fraud, or other illegal acts that come to our attention. You are responsible for maintaining an adequate and efficient accounting system, for safeguarding assets, for authorizing transactions, and for retaining supporting documentation for those transactions, all of which will, among other things, help assure the preparation of proper returns. Furthermore, you are responsible to review all of the information presented on your tax return for correctness.

AS AN ATTACHMENT TO THIS ENGAGEMENT LETTER, YOU WILL FIND A CLIENT QUESTIONNAIRE. THIS TOOL IS USED TO PROCESS THE PREPARATION OF YOUR RETURN. PLEASE ANSWER ALL QUESTIONS. FAILURE TO ANSWER WILL BE TREATED AS A "NO" RESPONSE AND BLANK AMOUNTS WILL BE TREATED AS ZERO AMOUNTS.

Foreign accounts

If you have a financial interest in, or signature or other authority over, bank accounts, securities, or other financial accounts having a value exceeding \$10,000 in a foreign country, you are required to report selected information regarding these assets. Such filing requirements apply to taxpayers that have direct or indirect control over a foreign or domestic entity with foreign financial accounts, even if the taxpayer does not have foreign account(s). For example, a corporate-owned foreign account would require filings by the corporations and by the individual corporate officers with signature authority. If you fail to disclose the required information to the U.S. Department of the Treasury, the failure to disclose may result in substantial civil and/or criminal penalties.

If you and/or your entity have a financial interest in any foreign accounts, you are required to file the Form TD-F-90-22.1 that is required by the U.S. Department of the Treasury.

You are responsible for providing our firm with all the information necessary to prepare Form TD-F-90-22.1 required by the U.S. Department of the Treasury. If you do not provide our firm with information regarding any interest you may have in a foreign account, we will not be able to prepare any of the required disclosure statements.

Substantive determinations

We may encounter instances where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. In those instances, we will outline in a written communication each of the reasonable alternative courses of action, including the risks and consequences of each such alternative. In the end, we will adopt, on your behalf, the alternative that you select after having considered the information provided by us.

Pursuant to standards prescribed in IRS Circular 230 and IRC §6694, we are forbidden from signing a tax return unless we have a reasonable belief that there is substantial authority for a tax position taken on the return, or unless we have a reasonable belief that there is a reasonable basis for the tax position taken on the return and we disclose this tax position on a separate attachment to the tax return. Substantial authority is generally viewed by tax professionals as requiring at least a 40% probability that the tax position taken will be sustained on its merits. However, under no circumstances may we sign a tax return with a tax position that has no reasonable basis.

Fees and costs

Our fees for this engagement are not contingent on the results of our service. Rather, our fees for this engagement will be based on a number of factors, including, but not limited to: the time spent and the complexity of the services we will perform. In addition, you agree to reimburse us for any out-of-pocket costs incurred in connection with the performance of our services.

Our fees and costs will be billed monthly or upon completion of the tax returns, and are payable upon receipt. Invoices unpaid 30 days past the billing date may be deemed delinquent, and are subject to an interest charge of 1% per month. We reserve the right to suspend our services or to withdraw from this engagement in the event that any of our invoices are deemed delinquent. In the event that any collection action is required to collect unpaid balances due us, you agree to reimburse us for the costs of collection, including attorneys' fees.

If we elect to terminate our services, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed your return. You will be obligated, through the date of termination, to compensate us for all outstanding invoices as well as our final invoice, and to reimburse us for all of our out-of-pocket costs. For these purposes, any nonpayment, inability to sign the tax return, or non-response by you of information requested (among other things) will constitute a basis for our election to terminate our services.

Record retention

You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

It is our policy to retain engagement documentation for a period of seven years (five years for former clients), after which time we will commence the process of destroying the contents of our engagement files. To the extent we accumulate any of your original records during the engagement, those documents will be returned to you promptly upon completion of the engagement.

If the income tax returns we are to prepare in connection with this engagement are joint returns, and because you will each sign those returns, then each of you is our client. You each acknowledge that there is no expectation of privacy from the other concerning our services in connection with this engagement, and we are at liberty to share with either of you, without the prior consent of the other, any and all documents and other information concerning preparation of your returns.

Other matters

In the event we are required to respond to a subpoena, court order or other legal process for the production of documents and/or testimony relative to information we obtained and/or prepared during the course of this engagement, you agree to compensate us, as set forth above, for the time we expend in connection with such response, and to reimburse us for all of our out-of-pocket costs incurred in that regard.

In the event that we become obligated to pay any judgment or similar award, you agree to pay any amount in settlement, and any costs incurred as a result of any inaccurate or incomplete information that you provided to us during the course of this engagement.

You agree to indemnify us, defend us, and hold us harmless against such obligations, agreements, and/or costs. You agree that any dispute that may arise regarding the meaning, performance, or enforcement of this engagement will, prior to resorting to litigation, be submitted to mediation, and that you will engage in the mediation process in good faith once a written request to mediate has been given by either party to the engagement. Any mediation initiated as a result of this engagement shall be administered by a law firm specializing in the mediation process, not associated with either party, and selected by us, according to its mediation rules. Any ensuing litigation shall be conducted within the County of Mercer, State of New Jersey, according to State of New Jersey law. The results of any such mediation shall be binding only upon agreement of each party to be bound. The costs of any mediation proceeding shall be shared equally by the participating parties.

Any litigation arising out of this engagement, except actions by us to enforce payment of our professional invoices, must be filed within one year from the completion of the engagement, notwithstanding any statutory provision to the contrary. In the event of litigation brought against us, any judgment you obtain shall be limited in amount, and shall not exceed the amount of the fee charged by us, and paid by you, for the services set forth in this engagement letter.

This engagement letter is contractual in nature, and includes all of the relevant terms that will govern the engagement for which it has been prepared. The terms of this letter supersede any prior oral or written representations or commitments by or between the parties. Any material changes or additions to the terms set forth in this letter will only become effective if evidenced by a written amendment to this letter, signed by all of the parties.

If, after full consideration and consultation with counsel, if so desired, you agree to authorize us to prepare your personal income tax returns pursuant to the terms set forth above, please execute this letter on the line(s) below designated for your signature(s), and return the executed letter to this office. You should keep a copy of this fully executed letter for your records. If this firm does not receive from you this letter, in fully executed form, but receives from you a completed copy of the client questionnaire and/or supporting documentation, then such receipt by this office shall be deemed to evidence your acceptance of all of the terms set forth above and we will commence with the tax return preparation process. **HOWEVER, UNDER NO CIRCUMSTANCES SHALL WE SIGN A COMPLETED TAX RETURN OR PREPARE AN EXTENSION UNTIL WE RECEIVE FROM YOU THIS SIGNED ENGAGEMENT LETTER.** If this office receives from you no response to this letter, then this office will not proceed to provide you with any professional services, and will not prepare your income tax returns.

We look forward to providing our services to you in accordance with the terms of the engagement as outlined in this letter. If you have any questions concerning the terms of this engagement, please feel free to ask us. If you agree with the terms of our engagement, please sign below and return it to us. These engagement terms will apply until either you or we cancel them.

Sincerely,

LEAR & PANNEPACKER, LLP

ACCEPTED AND AGREED:

Taxpayer

Date

Spouse (if applicable)

Date

Phone - (609) 452-2200

Fax - (609) 452-1065

www.lp-cpa.com

2012 1040 US Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2012, please check the appropriate box and include all pertinent details. Attach additional schedules if necessary

PERSONAL INFORMATION

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2012? |

DEPENDENTS

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2012? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 on January 1, 2013, or full time student under age 24 with interest and dividend income in excess of \$950, or total investment income in excess of \$1,900? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your employer provide you with any pre-tax dependent care benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any costs for the care of your dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have health care coverage for your dependents? |

ESTIMATED TAXES AND REFUNDS

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make estimated tax payments for 2012? Please provide copies of cancelled checks to ensure accuracy in preparing your return. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you apply an overpayment of 2011 taxes to your 2012 estimated tax (instead of being refunded)? |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have an overpayment of 2012 taxes, do you want the excess applied to your 2013 estimated tax (instead of being refunded)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you expect your 2013 taxable income and withholdings to be different from 2012? |
| <input type="checkbox"/> | <input type="checkbox"/> | If you anticipate a refund, do you want the funds deposited directly into your checking or savings account? If so, please provide your information below if not already printed in the client information of the organizer:
Account number _____ Account type (checking or savings)
Bank name _____ Routing number _____ |

2012	1040	US	Miscellaneous Questions
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INCOME

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any tax-free interest or dividends during the year? Please provide copies of 1099-INT, 1099-DIV and related information provided by your broker. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any foreign income or pay any foreign taxes? |

PURCHASES, SALES AND DEBT

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2013? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? Specify the sale of any collectibles (e.g., artwork, gems, stamps, coins) and any qualified small business stock. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your original mortgage indebtedness exceed one million dollars (\$1,000,000) in aggregate? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your home equity indebtedness exceed one hundred thousand dollars (\$100,000), after excluding amounts withdrawn to directly finance improvements on your residence? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts cancelled or forgiven? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did anyone owe you money which has become uncollectible? |

2012	1040	US	Miscellaneous Questions
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ENERGY EFFICIENT CREDITS

Yes No

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

EDUCATION

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

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

ELECTRONIC FILING INFORMATION

Do you want to electronically file your tax return for tax year 2012?

RETIREMENT PLANS

Did you receive a distribution from a profit-sharing plan, retirement plan, or individual retirement arrangement (including 401(k), Traditional IRA, Roth IRA, SEP, Simple, Qualified Plan or Education Savings Account)?

Did you convert part or all of your Traditional IRA, SEP or Simple IRA to a Roth IRA?

Did you convert a traditional, SEP, or SIMPLE IRA (or other qualified retirement plan) to a Roth IRA in 2010, and defer the taxable amount of the conversion to tax year 2011 and 2012?

Did you contribute to a Traditional IRA, Roth IRA, or Education Savings Account?

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

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

Does any portion of your IRA account represent a balance from a non-deductible contribution? If so, please provide the market value and basis at December 31, 2012.

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US

Miscellaneous Questions

ITEMIZED DEDUCTIONS

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make charitable contributions of appreciated property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you maintain proof of payment for all charitable deductions made in 2012, regardless of the amount? Please provide us with copies of receipts from the organizations or copies of cancelled checks. |
| <input type="checkbox"/> | <input type="checkbox"/> | For non-cash contributions to charity, are all donations of property in "Good Used Condition or Better?" |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you contribute or pay for any medical expenses on behalf of an elderly parent or other relative? If so, please provide us with the detail. |

MISCELLANEOUS

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss this return with the preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have an interest in or signatory control over a bank account held outside the United States that, at any time during the year, held more than \$10,000 USD? If yes, please provide us information needed to file disclosure statements (Form TD F 90-22.1) with the Department of the Treasury. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur any adoption expenses? |

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Miscellaneous Questions

MISCELLANEOUS CONTINUED

Yes

No

Did you engage the services of any household employees?

Did you make contributions to a health savings account (HSA, HRA or FSA) this year?

Were you notified or audited by either the Internal Revenue Service or a state taxing agency?

FINANCIAL PLANNING: ESTATE, INSURANCE AND RETIREMENT

Did you or your spouse make any gifts to an individual that total more than \$13,000, or any gifts to a trust?

Do you have a will?

Has your will been updated within the past three years?

If you have an estate in excess of \$1.0 million dollars, have you updated your estate plan for recent changes in the federal and state estate tax laws?

Do you currently have disability insurance?

Do you currently have long-term care insurance?

Have you reviewed life insurance for sufficiency in the past three years?

Have you had a financial plan prepared in the past three years?

Have you assessed your retirement planning needs in the past three years?

Can we assist you in completing an independent assessment of the adequacy of your planning in the above areas?

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Miscellaneous Questions

NEW JERSEY STATE AND LOCAL TAX INFORMATION

Yes

No

Did you receive a tax notice regarding change of amount applied to 2012 taxes?
If yes, you must attach a copy to avoid receiving a notice of adjustment for 2012.

NEW YORK STATE AND LOCAL TAX INFORMATION

Did you receive wages from an employer located out-of-state, but worked part of the time outside that city or state? If so, please provide the following: Number of Days Worked _____ Number of Days Worked Outside Jurisdiction _____ Days Worked at Home _____ Holidays _____ Sick Days _____ Vacation Days _____ Other Non-Working Days _____

Did you receive a tax notice regarding change of amount applied to 2012 taxes?
If yes, you must attach a copy to avoid receiving a notice of adjustment for 2012.

PENNSYLVANIA STATE AND LOCAL INFORMATION

Are you subject to city, local or municipal earned income or wage taxes? Please provide us with the local form (i.e. Keystone Agency, etc.).

Did you make quarterly local tax payments? If yes, please provide copies of payments made.

Did you receive a tax notice regarding change of amount applied to 2012 taxes?
If yes, you must attach a copy to avoid receiving a notice of adjustment for 2012.

Did you contribute to a 529 Education Savings account?

2012	1040	US	Client Information	1
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Lear & Pannepacker, LLP
 791 Alexander Road
 Princeton, NJ 08540-6325
 Telephone number: (609) 452-2200
 Fax number: (609) 452-1065
 E-mail address: dennis@lp-cpa.com

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2012 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table) 1=married filing separate and lived with spouse Year spouse died, if qualifying widow(er) (2010 or 2011)		<p>Filing Status</p> 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)
Taxpayer	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind		
Spouse	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind		
Address	In care of Street address Apartment number City State ZIP code		
Foreign Address	Region Postal code Country		

2012	1040	US	Client Information (continued)	1 p2
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Please add, change or delete information for 2012.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone		<p>Daytime Phone</p> <p>1 = Work 2 = Home 3 = Mobile</p>
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		
Spouse Contact Information	Home phone		
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		

2012	1040	US	Dependents	2
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Please add, change or delete information for 2012.

DEPENDENTS

	Dependent	Dependent	
First name.....			<p>Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only, not a dependent</p>
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	<p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	<p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			

Please enter all pertinent 2012 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account		
1=electronic payment of balance due		
1=electronic payment of estimated tax		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2012 ESTIMATED TAX / 1040-ES (6)

	Amount Paid	Date Paid	TS	2011 Voucher Amount
Federal				
Overpayment applied from 2011				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				

	Amount Paid	Date Paid	TS	2011 Voucher Amount
State				
Overpayment applied from 2011				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	10 = Series I treasury bonds

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2012 information.

APPLICATION OF 2012 OVERPAYMENT (7.1)

If you have an overpayment of 2012 taxes, do you want the excess refunded? or applied to 2013 estimate? ...

Other (please explain): _____

2013 ESTIMATED TAX INFORMATION

Do you expect your 2013 taxable income to be different from 2012? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2013 withholding to be different from 2012? Yes No

If "yes" explain any differences: _____

7.1

2012	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2012 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2011 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/12	2011 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE							
		1=spouse							

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld		2011 Winnings
				Federal (Box 2)	State (Box 14)	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	2012 Amount	T	S	2011 Amount
Total gambling losses				
Winnings not reported on Form W-2G				

10, 13.1, 13.2

2012

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US

Miscellaneous Income

14.1

Please enter all pertinent 2012 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2012 Amount		2011 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
Tier 1 RR retirement benefits (RRB-1099, box 5) ..				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				

Other income (1099-MISC, box 3)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

14.1

2012

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US

State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2012 information as appropriate.
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2012 1099-G Amount

No. <input type="text"/>	Name of payer		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1)		
	2012 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund		
	Tax year for box 2 if not 2011 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	ATAA/RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different.....		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9).....			
Number of farm			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

No. <input type="text"/>	Name of payer		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1)		
	2012 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund		
	Tax year for box 2 if not 2011 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	ATAA/RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different.....		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9).....			
Number of farm			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

14.2

Please enter all pertinent 2012 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession.....	<input style="width:95%;" type="text"/>
Principal business code.....	<input style="width:95%;" type="text"/>
Business name, if different from Form 1040.....	<input style="width:95%;" type="text"/>
Business address, if different from Form 1040....	<input style="width:95%;" type="text"/>
City, if different from Form 1040.....	<input style="width:95%;" type="text"/>
State, if different from Form 1040.....	<input style="width:95%;" type="text"/>
ZIP code, if different from Form 1040.....	<input style="width:95%;" type="text"/>
Employer identification number.....	<input style="width:95%;" type="text"/>
Other accounting method.....	<input style="width:95%;" type="text"/>

Accounting method: 1=cash, 2=accrual.....	<input style="width:95%;" type="text"/>	
Inventory method: 1=cost, 2=lower cost/market, 3=other.....	<input style="width:95%;" type="text"/>	
1=change of inventory method.....	<input style="width:95%;" type="text"/>	
1=spouse, 2=joint.....	<input style="width:95%;" type="text"/>	
1=first Schedule C filed for this business.....	<input style="width:95%;" type="text"/>	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....	<input style="width:95%;" type="text"/>	
1=not subject to self-employment tax.....	<input style="width:95%;" type="text"/>	
1=did not "materially participate".....	<input style="width:95%;" type="text"/>	
1=personal services is not a material income producing factor.....	<input style="width:95%;" type="text"/>	
1=investment.....	<input style="width:95%;" type="text"/>	
1=minister's Schedule C.....	<input style="width:95%;" type="text"/>	
1=single member limited liability company.....	<input style="width:95%;" type="text"/>	

INCOME

	2012 Amount	2011 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Returns and allowances.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Other income:		
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

COST OF GOODS SOLD

Inventory at beginning of the year.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Purchases.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cost of items for personal use.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cost of labor.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Materials and supplies.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Other costs:		
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Inventory at end of the year.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

2012

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US

Business Income (Schedule C) (cont.)

No.

16 p2

Please enter all pertinent 2012 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2012 Amount	2011 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals and entertainment in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

16 p2

Please enter all pertinent 2012 amounts. Last year's amounts are provided for your reference.

RENTAL & ROYALTY INCOME (Schedule E)

	2012 Amount	2011 Amount
Description of property.....		
Street address.....		
City.....		
State.....		
ZIP code.....		
Type of property (see table)....		
Other type of property.....		
Number of days rented.....		

GENERAL INFORMATION

Percentage of ownership if not 100% (.xxxx).....		Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Percentage of tenant occupancy if not 100% (.xxxx).....		
1=spouse, 2=joint.....		
1=qualified joint venture.....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....		
1=nonpassive activity, 2=passive royalty.....		
1=did not actively participate.....		
1=real estate professional.....		
1=rental other than real estate.....		
1=investment.....		
1=single member limited liability company.....		

INCOME

	2012 Amount	2011 Amount
Rents or royalties received.....		

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere).....		
Cleaning and maintenance.....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.).....		
Qualified mortgage insurance premiums.....		
Excess mortgage interest.....		
Other interest (not entered elsewhere).....		
Painting and decorating.....		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2012

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US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

Please enter all pertinent 2012 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

DIRECT EXPENSES (continued)

Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

	2012 Amount	2011 Amount
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		

OIL AND GAS

Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

Number of days personal use		
Number of days owned (if optional method elected)		

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		

2012

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US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p3

Please enter all pertinent 2012 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

INDIRECT EXPENSES (continued)

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

	2012 Amount	2011 Amount
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		

2012	1040	US	Farm Income (Schedule F/Form 4835)	No. <input style="width:40px;" type="text"/>	19
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Please enter all pertinent 2012 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal product	<input style="width:100%;" type="text"/>
Employer ID number	<input style="width:100%;" type="text"/>

Agricultural activity code	<input style="width:100%;" type="text"/>	
Accounting method: 1=cash, 2=accrual	<input style="width:100%;" type="text"/>	
1=spouse, 2=joint	<input style="width:100%;" type="text"/>	
1=farm rental (Form 4835)	<input style="width:100%;" type="text"/>	
1=crop insurance proceeds election	<input style="width:100%;" type="text"/>	
Received applicable subsidy this year: 1=yes, 2=no	<input style="width:100%;" type="text"/>	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no ..	<input style="width:100%;" type="text"/>	
1=did not "materially participate" (Schedule F only)	<input style="width:100%;" type="text"/>	
1=did not actively participate (Form 4835 only)	<input style="width:100%;" type="text"/>	
1=real estate professional (Form 4835 only)	<input style="width:100%;" type="text"/>	
1=single member limited liability company	<input style="width:100%;" type="text"/>	
% of ownership if not 100% (.xxxx) (Form 4835 only)	<input style="width:100%;" type="text"/>	

FARM INCOME

	2012 Amount	2011 Amount
Cash method:		
Sales of livestock and other resale items	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Cost or basis of livestock or other resale items	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Sales of products raised	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Accrual method:		
Sales of livestock, produce, etc.	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Beginning inventory of livestock, etc.	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Cost of livestock, etc. purchased	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Ending inventory of livestock, etc.	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Other farm income:		
Total cooperative distributions	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Taxable cooperative distributions	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Total agricultural program payments (other than CRP)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Taxable agricultural program payments (other than CRP)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Total conservation reserve program payments	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Taxable conservation reserve program payments	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Commodity credit loans reported under election	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Total commodity credit loans forfeited or repaid	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Taxable commodity credit loans forfeited or repaid	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Total crop insurance proceeds received in 2012	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Taxable crop insurance proceeds received in 2012	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Taxable crop insurance proceeds deferred from 2011	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Custom hire (machine work) income not included above	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

2012	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2012 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

20.1,20.2

2012	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2012 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

Please enter all pertinent 2012 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2012 Amount	2011 Amount
Description of vehicle.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=vehicle used primarily by more than 5% owner.....		
Number of months your job required a vehicle (if not 12 months).....		

AUTOMOBILE MILEAGE

Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		

ACTUAL EXPENSES

Parking fees and tolls (business portion only).....		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

Please enter all pertinent 2012 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2012 Amount		2011 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older).....				
Contributions made to date				
1=covered by plan, 2=not covered.....				
2012 payments from 1/1/13 to 4/15/13.....				

ROTH IRA CONTRIBUTIONS

	2012 Amount		2011 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older).....				
Contributions made to date				

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2012 Amount		2011 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make.....				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (except Roth) (1=max.) ..				
Individual 401k: SE designated Roth contributions (1=max.) ..				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

	2012 Amount		2011 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Self-employed health insurance:				
Total premiums (excluding long-term care)....				
Long-term care premiums.....				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12) ..				
Jury duty pay given to employer.....				
Expenses from rental of personal property.....				
Other adjustments to income:				

	Taxpayer	Spouse
	Alimony paid:	
Recipient's first name....		
Recipient's last name....		
Recipient's SSN.....		
Amount paid	2011 amt:	2011 amt:

2012

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US

Itemized Deductions

25

Please enter all pertinent 2012 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2012 Amount	TS	2011 Amount
Prescription medicines and drugs.....			
Doctors, dentists and nurses.....			
Hospitals and nursing homes.....			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer.....			
Long-term care premiums - spouse.....			
Insurance reimbursement (enter as a positive number).....			
Lodging and transportation:			
Out-of-pocket expenses.....			
Medical miles driven.....			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2012 estimates are automatic.)

State income taxes - 1/12 payment on 2011 state estimate.....			
State income taxes - paid with 2011 state return extension.....			
State income taxes - paid with 2011 state return.....			
State income taxes - paid for prior years and/or to other state.....			
City/local income taxes - 1/12 payment on 2011 city/local estimate.....			
City/local income taxes - paid with 2011 city/local extension.....			
City/local income taxes - paid with 2011 city/local return.....			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items).....			
Use taxes paid on 2012 purchases.....			
Use taxes paid with 2011 state return.....			
Sales tax on autos not included above.....			
Sales tax on boats, aircraft, other special items.....			

OTHER TAXES PAID

Real estate taxes - principal residence:			

Real estate taxes - property held for investment.....			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..			
Foreign income taxes.....			
Other taxes:			

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US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2012 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2012 Amount

TS

2011 Amount

Table with 3 columns: Description, 2012 Amount, TS, 2011 Amount. Includes rows for home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, city, state, and ZIP code.

Table for amount paid, with columns for 2012 Amount, TS, and 2011 Amount.

Points not reported on Form 1098:

Table for points not reported on Form 1098, with columns for 2012 Amount, TS, and 2011 Amount.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

Table for mortgage insurance premiums, with columns for 2012 Amount, TS, and 2011 Amount.

Investment interest (interest on margin accounts):

Table for investment interest, with columns for 2012 Amount, TS, and 2011 Amount.

Passive interest

Certain home mortgage interest included above (6251)

Table for passive interest and certain home mortgage interest, with columns for 2012 Amount, TS, and 2011 Amount.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Table for cash or check contributions to churches, schools, hospitals, and other charitable organizations, with columns for 2012 Amount, TS, and 2011 Amount.

Volunteer expenses (out-of-pocket)

Number of charitable miles

Table for volunteer expenses and charitable miles, with columns for 2012 Amount, TS, and 2011 Amount.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table for cash or check contributions to veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations, with columns for 2012 Amount, TS, and 2011 Amount.

Volunteer expenses (out-of-pocket)

Number of charitable miles

Table for volunteer expenses and charitable miles, with columns for 2012 Amount, TS, and 2011 Amount.

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US

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2012 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2012 Amount

TS

2011 Amount

Four horizontal lines for entering 2012 amounts.

Table with 3 columns: 2012 Amount, TS, 2011 Amount. 4 rows.

30% limitation (see above):

Four horizontal lines for entering 2012 amounts.

Table with 3 columns: 2012 Amount, TS, 2011 Amount. 4 rows.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Four horizontal lines for entering 2012 amounts.

Table with 3 columns: 2012 Amount, TS, 2011 Amount. 4 rows.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Four horizontal lines for entering 2012 amounts.

Table with 3 columns: 2012 Amount, TS, 2011 Amount. 4 rows.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

Table with 3 columns: 2012 Amount, TS, 2011 Amount. 1 row.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Five horizontal lines for entering 2012 amounts.

Table with 3 columns: 2012 Amount, TS, 2011 Amount. 5 rows.

Investment expense:

Five horizontal lines for entering 2012 amounts.

Table with 3 columns: 2012 Amount, TS, 2011 Amount. 5 rows.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2012 Amount, TS, 2011 Amount. 2 rows.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Five horizontal lines for entering 2012 amounts.

Table with 3 columns: 2012 Amount, TS, 2011 Amount. 5 rows.

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2012

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US

Itemized Deductions (continued)

25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- Total home equity debt exceeded \$100,000 at any time during 2012 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
- Total home acquisition debt exceeded \$1,000,000 at any time during 2012 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2012 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

	2012 Amount	TS	2011 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

LOAN INFORMATION

Loan #1

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2012			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2012			
Grandfather debt balance - beginning of year			

Loan #2

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2012			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2012			
Grandfather debt balance - beginning of year			

Form
1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

25 p5

2012	1040	US	Business Use of Home (Form 8829)	No. <input style="width:40px;" type="text"/>	29
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**Please enter 2012 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.**

BUSINESS USE OF HOME

	2012 Amount	2011 Amount
Form		
Number of form (e.g., enter 2 for Schedule C number 2)		
Business use area (square footage)		
Total area of home (square footage)		
Total hours facility used (for daycare facilities only)		
Total hours available (if not 8,760)		
% (.xx) or amount of gross income from home if not 100% (-1 if none)		
% (.xx) or amount of expenses from home if not 100% (-1 if none)		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Other indirect expenses:		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Excess casualty losses		
Allowable casualty losses		
Other direct expenses:		

2012

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US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2012 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040.....

Form	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.)	<input type="text"/>	
1=spouse	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input type="text"/>	

EMPLOYEE BUSINESS EXPENSES

	2012 Amount	2011 Amount
Meal and entertainment expenses	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1	<input type="text"/>	<input type="text"/>
1=Department of Transportation (80% meal allowance)	<input type="text"/>	<input type="text"/>
Local transportation (bus, taxi, train, etc.).....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1.....	<input type="text"/>	<input type="text"/>
Other business expenses:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

30

2012

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US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

Please enter all pertinent 2012 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

	2012 Amount	2011 Amount
1=vehicle used primarily by more than 5% owner.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		

VEHICLE 1

Description of vehicle.....		
Date placed in service (m/d/y).....		
Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		
Number of months of vehicle business use (if not 12).....		
Parking fees and tolls (business portion only).....		

Actual expenses:

Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

VEHICLE 2

Description of vehicle.....		
Date placed in service (m/d/y).....		
Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		
Number of months of vehicle business use (if not 12).....		
Parking fees and tolls (business portion only).....		

Actual expenses:

Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E and F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

2012	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
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Please enter all pertinent 2012 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

	2012 Amount		2011 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2012				
Employer-provided benefits forfeited in 2012				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name			
	Last name			
	Date of birth (m/d/y)			
	Social security number			
	Qualified dependent care expenses incurred and paid in 2012		2011 amt:	
	1=disabled 1=spouse, 2=joint			

No. <input style="width:40px;" type="text"/>	First name			
	Last name			
	Date of birth (m/d/y)			
	Social security number			
	Qualified dependent care expenses incurred and paid in 2012		2011 amt:	
	1=disabled 1=spouse, 2=joint			

No. <input style="width:40px;" type="text"/>	First name			
	Last name			
	Date of birth (m/d/y)			
	Social security number			
	Qualified dependent care expenses incurred and paid in 2012		2011 amt:	
	1=disabled 1=spouse, 2=joint			

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider			
	Street address			
	City, state, ZIP code			
	Identification number (SSN or EIN)			
	Amount paid to care provider in 2012		2011 amt:	
	1=spouse, 2=joint			

No. <input style="width:40px;" type="text"/>	Name of provider			
	Street address			
	City, state, ZIP code			
	Identification number (SSN or EIN)			
	Amount paid to care provider in 2012		2011 amt:	
	1=spouse, 2=joint			

Please complete the information below if you paid qualified education expenses in 2012 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse	
First name	
Last name	
Social security number.....	
Number of years hope credit claimed	
Number of years American opportunity credit claimed.....	
<small>1=student was NOT enrolled at least half-time for at least one academic period that began in 2012 at an eligible institution in a qualified program</small>	
<small>1=student completed first four years of post-secondary education before 2012.....</small>	
<small>1=student was convicted, before the end of 2012, of a felony for possession or distribution of a controlled substance.....</small>	

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name	
Street address	
City.....	
State	
ZIP code.....	
1=2012 Form 1098-T received.....	
1=2012 Form 1098-T received with Box 2 & 7 completed.....	
Federal ID number from Form 1089-T.....	

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name	
Street address	
City.....	
State	
ZIP code.....	
1=2012 Form 1098-T received.....	
1=2012 Form 1098-T received with Box 2 & 7 completed.....	
Federal ID number from Form 1089-T.....	

QUALIFIED EDUCATION EXPENSES

	2012 Amount	2011 Amount
Qualified tuition & fees paid in 2012 (net of refund or assistance, & not entered elsewhere) ..		
Books & supplies required to be purchased from institution.....		
Books & supplies not entered above.....		
Amount of prior year refund or assistance *		

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

