

ADVANCED BUSINESS CONSULTANTS

Tax Proforma/Organizer for Tax Year: _____

This Tax Proforma/Organizer package was designed to assist you in collecting the information we need for the preparation of your income tax return.

The following pages contain many of the common income tax items expenses, deductions and credits. You will also be asked to answer certain questions which will help us determine the best way to handle certain items of income or deduction.

Where appropriate, amounts reported on your income tax return are listed in the shaded right-hand column.

Please take time to completely fill out the pages that apply to you and furnish us with any supporting documentation as required. This will enable us to prepare a complete and accurate income tax return. If you need more space, please attach additional schedules.

We will also need the following information:

- Copy of your prior year income tax return (if not in our possession).
- Original Form(s) W-2 and 1099-R received from all employers.
- Copies of other compensation, moving expense reimbursement, or pension documentation.
- Form(s) 1099 or other statements reporting interest and dividend income received.
- Form(s) 1099B and any other closing documentation regarding the sale or purchase of assets.
- Schedule K-1 showing your share of income and deductions from partnerships, S corporations, estates and trusts.
- Form(s) 1098, copies of real estate bills, property tax bills, mortgage statements, etc.
- Any other information or statements that you received or that you may have questions about.
- CP Notice 28 - Taxable IRA from Roth Rollover

We hope this Tax Proforma/Organizer will help make your task easier. It will certainly help us evaluate your income tax situation thoroughly and concentrate our efforts in preparing a complete and accurate income tax return.

QUESTIONNAIRE

Did your filing status change during the tax year? Yes No

Will the address on your Federal return be different from the one shown on your return? Yes No

If YES, enter the New Address:

Street _____ City _____ State _____ Zip Code _____

Were you notified by the Internal Revenue Service or any other taxing authority of changes to a prior year tax return? [If YES, please enclose report notifying you of the change(s).] Yes No

Are you aware of any changes to your income, deductions and credits reported on a prior year return? Yes No

Did you sell and/or purchase a principal residence during the tax year? Yes No

Did you receive any insurance or other reimbursement from a prior year medical, casualty, or theft loss deduction? Yes No

Do you have any dependent children under 18 who received unearned income (interest, dividends, investment income) of over \$1,900.00? Yes No

If "YES," and if your child qualifies, do you elect to report your child's interest and dividends in your income tax return? Yes No

Did you or your spouse receive stock from an employer's stock bonus plan (do not include amounts reported on Form W-2)? Yes No

Did you buy or sell any bonds during this tax year? (If YES, please provide a copy of the broker's report.) Yes No

Did you start a new business during this tax year? Yes No

Did you receive payments from a pension or profit-sharing plan? Yes No

Did you sell business or personal property(-ies) on the installment method, OR did you receive payments from an installment sale? (If YES, please provide details) Yes No

Did you surrender any U.S. savings bonds during this tax year? Yes No

QUESTIONNAIRE CONT'D

- Did you use the proceeds from Series EE U.S. savings bonds purchased after 1989 to pay for higher education expenses? __Yes __No
- Did you receive tip income NOT reported to your employer? __Yes __No
- Did you receive any tax-exempt interest? __Yes __No
- Did you obtain a loan and use the proceeds for an investment? __Yes __No
- If employed, are you covered under a pension, profit-sharing, stock bonus or other retirement plan? __Yes __No
- Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? __Yes __No
- Did you rollover any amount from a Traditional IRA to a Roth IRA during 2009, 2010, or 2011? __Yes __No
- Did you receive any disability payments this year? __Yes __No
- If either you or your spouse are self-employed, are either of you covered under an employer's health plan at another job? __Yes __No
- Did you have foreign income or pay any foreign taxes this tax year? __Yes __No
- Did you sell property or equipment on installment this tax year? __Yes __No
- Did you have any business related educational expenses? __Yes __No
- Did you make gifts of more than \$13,000 to any individual? __Yes __No
- Did you make gifts to a trust? __Yes __No
- Did you suffer an uninsured casualty or theft loss on a non-business property? __Yes __No
- Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are paid to beneficiaries named by you? __Yes __No
- Did you receive any income not included in the Tax Organizer? __Yes __No
- Did you pay any qualifying education expenses for yourself or any dependents? __Yes __No

Notes _____

Please make certain to report all income received in the tax year. If you received income that is not included in this proforma organizer, attach a schedule listing the income received. Also, describe the nature of the income received (type of income, method of payment, etc...)

BASIC INFORMATION

Name				Phone 1:	
Address				Phone 2:	
				Phone 3:	
	Social Security #	Date of Birth	Occupation	Designate \$3 for Presidential election fund?	Blind?
TAXPAYER	- -	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Y <input type="checkbox"/> N
SPOUSE	- -	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Y <input type="checkbox"/> N

Filing Status: Single Married (Filing Jointly) Married (Filing Separately) Head of Household
 Qualifying Widow(er) with dependent children Check here if you can be claimed on your parents' or someone else's return

EXEMPTION INFORMATION

Dependent(s) (Name: First, M.I., Last)	Date of Birth	Social Security #	Relationship	Did Dependent live with you?	# of months lived in your home/apt. this year
	/ /	- -		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	/ /	- -		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	/ /	- -		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	/ /	- -		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	/ /	- -		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If your child did not live with you but is claimed as your dependent under a pre-1985 agreement check here

W-2 INFORMATION

Taxpayer (T) Or Spouse (S)	Name of Employer	Last Tax Year Gross Wages	This Tax Year Gross Wages	Federal Income Taxes Withheld	SS RR Withheld	State	State Tax Withheld	Local Tax Withheld
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$

Check here if your employer did not reimburse you or over reimbursed you for any expenses as an employee
 Check here if you had employer-paid child care benefits

INTEREST INCOME

T = Taxpayer / S = Spouse / J = Joint

T / S / J	NAME OF PAYER	FEDERAL TAXES WITHHELD	INTEREST INCOME THIS TAX YEAR	INTEREST INCOME LAST TAX YEAR
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J	Seller Financed Mortgage:	\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J	Other Interest Income:	\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J	Tax Exempt Interest (not included above)			

INTEREST INCOME

Paid to T / S / J	NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS	CAPITAL GAINS DISTRIB.	FEDERAL TAXES WITHHELD	NON-TAXABLE DISTRIB.	ORDINARY DIVIDENDS LAST YR.
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J		\$	\$		\$	\$	\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J	Tax Exempt Interest (not included above)						

FOREIGN ACCOUNTS & FOREIGN TRUSTS

At any time during the tax year, did you or your spouse have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country? No Yes (If Yes, please name the country _____)

Were you or your spouse the grantor of, or transferor to, a foreign trust in which existed during the tax year, whether or not you or your spouse have any beneficial interest in? Yes No

1099-MISC INCOME

Box	DESCRIPTION	PAYER 1	PAYER 2	PAYER 3	PAYER 4
	T = Taxpayer				
	S = Spouse				
	Payer's Name				
1	Rents				
2	Royalties				
3	Other Income				
4	Federal Income Taxes Withheld				
7	Nonemployee Compensation				
8	Substitute Payments				
11	State Income Taxes Withheld				

Number of 1099-Misc attached _____

Box	DESCRIPTION	PAYER 5	PAYER 6	PAYER 7	PAYER 8
	T = Taxpayer				
	S = Spouse				
	Payer's Name				
1	Rents				
2	Royalties				
3	Other Income				
4	Federal Income Taxes Withheld				
7	Nonemployee Compensation				
8	Substitute Payments				
11	State Income Taxes Withheld				

Box	DESCRIPTION	PAYER 9	PAYER 10	PAYER 11	PAYER 12
	T = Taxpayer				
	S = Spouse				
	Payer's Name				
1	Rents				
2	Royalties				
3	Other Income				
4	Federal Income Taxes Withheld				
7	Nonemployee Compensation				
8	Substitute Payments				
11	State Income Taxes Withheld				

Box	DESCRIPTION	PAYER 13	PAYER 14	PAYER 15	PAYER 16
	T = Taxpayer				
	S = Spouse				
	Payer's Name				
1	Rents				
2	Royalties				
3	Other Income				
4	Federal Income Taxes Withheld				
7	Nonemployee Compensation				
8	Substitute Payments				
11	State Income Taxes Withheld				

PENSIONS, IRAS, LUMP-SUM DISTRIBUTIONS, GAMBLING

Please enclose copies of all of the previous tax year's 1099R & W2G forms

Taxpayer (T) or Spouse (S)	NAME OF PAYER	Last Year Total	This Year Total	Taxable Amount	Federal Withheld	State	State Taxable	State Withheld	I=IRA D=Disabled P=Pension O=Other
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$	
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$	
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$	
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$	
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$	
<input type="checkbox"/> T / <input type="checkbox"/> S		\$	\$	\$	\$		\$	\$	

ESTIMATED TAX PAYMENTS

T, S, or Joint (J)	Tax Type	Refund \$ Applied to this Year's Taxes	1st PAYMENT		2nd PAYMENT		3rd PAYMENT		4th PAYMENT	
			Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J	Federal	\$		\$		\$		\$		\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J	State	\$		\$		\$		\$		\$
<input type="checkbox"/> T / <input type="checkbox"/> S / <input type="checkbox"/> J	Other	\$		\$		\$		\$		\$

OTHER INCOME	TAXPAYER		SPOUSE	
	Last Tax Year	This Tax Year	Last Tax Year	This Tax Year
State Refund	\$	\$	\$	\$
Unemployment Received	\$	\$	\$	\$
Federal Withheld	\$	\$	\$	\$
State Withheld	\$	\$	\$	\$
Railroad Unemployment Received	\$	\$	\$	\$
Railroad Retirement Tier 1 Received	\$	\$	\$	\$
Social Security Received on SSA-1099 Box 5	\$	\$	\$	\$
Medicare Premiums Withheld	\$	\$	\$	\$
Alimony received	\$	\$	\$	\$
Gambling Winnings	\$	\$	\$	\$
Other Income	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
ADJUSTMENTS TO INCOME	Last Tax Year	This Tax Year	Last Tax Year	This Tax Year
IRA Contribution	\$	\$	\$	\$
Self-employed Health Insurance	\$	\$	\$	\$
Keogh/SEP Contribution	\$	\$	\$	\$
Early Withdrawal Penalty (Interest Forfeiture)	\$	\$	\$	\$
Alimony Paid	\$	\$	\$	\$
Student Loan Interest	\$	\$	\$	\$
Moving Expenses	\$	\$	\$	\$
Gambling Losses	\$	\$	\$	\$
Other Adjustments to Income	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

PROFIT OR LOSS FROM BUSINESS OR PROFESSION

If you operated more than one business, or if you and your spouse had separate businesses, please complete a separate schedule for each business.

Primary Owner of Business: <input type="checkbox"/> T / <input type="checkbox"/> S (T = Taxpayer; S = Spouse)	Business Number (#):	Business Code:			
Was the business acquired after 10/22/86? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employee ID Number (#):				
Principal Business or Profession:					
<u>Business Name & Address:</u>					
Method(s) used to value closing inventory: <input type="checkbox"/> Cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other (Attach Explanation) <input type="checkbox"/> N/A					
Accounting Method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (Specify)					
Was there any change in determining quantities, costs, or valuations between the opening & closing inventory? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please attach explanation)					
Are you deducting expenses for the business use of your home? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Did you materially participate in the operation of the business during this tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you claiming any deduction, loss, credit, other tax benefit, or income from an interest purchased or otherwise Acquired in a tax shelter required to be registered? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this the first schedule filed for this business? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Check the box that describes your investment in this business activity: <input type="checkbox"/> All Investment is at Risk <input type="checkbox"/> Some Investment is not at Risk					
INCOME	This Tax Year	Last Tax Year			
Gross Receipts or Sales	\$	\$			
Sales Returns & Allowances	\$	\$			
Other Income	\$	\$			
COST OF GOODS SOLD	This Tax Year	Last Tax Year			
Inventory at Beginning of Year	\$	\$			
Purchases (less cost of items withdrawn for personal use)	\$	\$			
Cost of Labor	\$	\$			
Materials & Supplies	\$	\$			
Other Costs	\$	\$			
Inventory at End of Year	\$	\$			
DEDUCTIONS	This Tax Year	Last Tax Year	DEDUCTIONS	This Tax Year	Last Tax Year
Advertising	\$	\$	Other Interest	\$	\$
Bad Debt from Sales or Service	\$	\$	Rent on other Business Property	\$	\$
Car & Truck Expenses	\$	\$	Rent on Machinery & Equipment	\$	\$
Commission & Fees	\$	\$	Repairs & Maintenance	\$	\$
Depletion	\$	\$	Supplies (not included in cost of goods sold)	\$	\$
Depreciation & Sec. 179 Deduction (not included in cost of goods sold)	\$	\$		Taxes & Licenses	\$
Employee Benefit Programs	\$	\$	Travel	\$	\$
Freight (not included in cost of goods sold)	\$	\$	Utilities & Telephone	\$	\$
	\$	\$	Wages less Jobs Credit (exclude salary paid to yourself)	\$	\$
Insurance (other than health)	\$	\$	Other Expenses	\$	\$
Legal & Professional Services	\$	\$		\$	\$
Meals & Entertainment	\$	\$		\$	\$
Mortgage Interest (paid to banks, etc...)	\$	\$		\$	\$
	\$	\$		\$	\$
Pension & Profit-sharing Plans	\$	\$		\$	\$
Office Expenses	\$	\$		\$	\$

EXPENSES FOR BUSINESS USE OF HOME

Area (sq. ft.) Used Exclusively for Business _____ sq. ft.	Total Area (sq. ft.) of Home _____ sq. ft.
Number of Hours/day that Day-care Facility was used: _____ hrs.	Number of Days that Day-care Facility was used: _____ days.

EXPENSES	TYPE	This Tax Year	Last Tax Year
Casualty Losses	Direct	\$	\$
Deductible Mortgage Interest	Direct	\$	\$
Real Estate Taxes	Direct	\$	\$
Utilities	Direct	\$	\$
Maintenance & Repairs	Direct	\$	\$
Rent	Direct	\$	\$
Insurance	Direct	\$	\$
Other Expenses	Direct	\$	\$
Casualty Losses	Indirect	\$	\$
Deductible Mortgage Interest	Indirect	\$	\$
Real Estate Taxes	Indirect	\$	\$
Excess Mortgage Interest	Indirect	\$	\$
Utilities	Indirect	\$	\$
Maintenance & Repairs	Indirect	\$	\$
Rent	Indirect	\$	\$
Insurance	Indirect	\$	\$
Other Expenses	Indirect	\$	\$
Prior Year Operating Expenses Carryover		\$	\$
Prior year Excess Casualty & Depreciation Carryover		\$	\$

DEPRECIATION OF YOUR HOME

Date home first used for business ____/____/____

Smaller of Homes Adjusted Basis or FMV _____

Value of Land included in amount above _____

RENTAL & ROYALTY INCOME

Property Number (#):	
Description & Location:	
Primary Owner of Property:	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Is this a Rental Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," was the property used for personal purposes during the tax year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," please complete the information below:	
1. Number of Days the property was occupied by you, a member of the family, or any Individual not paying rent at the fair market value	_____ days
2. Number of days the property was actually rented at the fair market value	+ _____ days
3. Number of days the property was not occupied	+ _____ days
Total days in the tax year (non-leap year)	= <u> 365 </u> days
Did you actively participate in the operation of the rental property during the tax year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," did you materially participate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the property acquired before 10/22/86?	<input type="checkbox"/> Yes <input type="checkbox"/> No

INCOME	This Tax Year	Last Tax Year
Rents Received	\$	\$
Royalties Received	\$	\$

EXPENSES	This Tax Year	Last Tax Year
Advertising	\$	\$
Auto & Travel	\$	\$
Cleaning & Maintenance	\$	\$
Commissions	\$	\$
Insurance	\$	\$
Legal & Other Professional Fees	\$	\$
Mortgage Interest Paid to Banks	\$	\$
Other Interest	\$	\$
Repairs	\$	\$
Supplies	\$	\$
Taxes	\$	\$
Utilities	\$	\$
Management Fees	\$	\$
Depreciation or Depletion Expense	\$	\$
Other Expenses	\$	\$
	\$	\$
	\$	\$
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FARM INCOME & EXPENSES

Primary Owner of Property: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Principal Product:
Employer ID Number (#):	Agriculture Activity Code:
Accounting Method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	Did you materially participate in the farm operations this tax year? <input type="checkbox"/> Y <input type="checkbox"/> N
Check the box that describes your investment in this farm activity: <input type="checkbox"/> All Investment is at Risk <input type="checkbox"/> Some Investment is not at Risk	

FARM INCOME (CASH METHOD)	This Tax Year	Last Tax Year
Sales of livestock & other items you bought for resale	\$	\$
Cost or other basis of livestock & other items you bought for resale	\$	\$
Sales of livestock, produce, grains, & other products raised	\$	\$
Total cooperative distributions received (from Form(s) 1099-PATR)	\$	\$
Taxable Amount	\$	\$
Total agricultural program payments	\$	\$
Taxable Amount	\$	\$
Commodity Credit Corporation (CCC) loans reported under election	\$	\$
CCC loans forfeited or repaid with certificates	\$	\$
Taxable Amount	\$	\$
Crop insurance proceeds 7 certain disaster payments received in tax year	\$	\$
Taxable Amount	\$	\$
Custom hire (machine work) income	\$	\$
Other Income (include federal & state gasoline or fuel tax credit or refund)	\$	\$
FARM INCOME (ACCRUAL METHOD)	This Tax Year	Last Tax Year
Sales of livestock & other items you bought for resale	\$	\$
Cost or other basis of livestock & other items you bought for resale	\$	\$
Sales of livestock, produce, grains, & other products raised	\$	\$
Total cooperative distributions received (from Form(s) 1099-PATR)	\$	\$
Taxable Amount	\$	\$
Total agricultural program payments	\$	\$
Taxable Amount	\$	\$
Commodity Credit Corporation (CCC) loans reported under election	\$	\$
CCC loans forfeited or repaid with certificates	\$	\$
Taxable Amount	\$	\$
Crop insurance proceeds 7 certain disaster payments received in tax year	\$	\$
Taxable Amount	\$	\$
Custom hire (machine work) income	\$	\$
Other Income (include federal & state gasoline or fuel tax credit or refund)	\$	\$
Cost of Goods Sold	\$	\$
Beginning inventory of livestock, produce, grains, & other products	\$	\$
Cost of livestock, produce, grains, & other products purchased during tax year	\$	\$
Ending inventory of livestock, produce, grains, & other products	\$	\$
FARM DEDUCTIONS (CASH & ACCRUAL METHOD)	This Tax Year	Last Tax Year
Car & Truck	\$	\$
Chemicals	\$	\$
Conservation Expenses (Form 8645)	\$	\$
Custom hire (machine work)	\$	\$
Depreciation & Section 179 expense deduction not claimed elsewhere	\$	\$
Employee benefit programs (excludes pension & profit-sharing plans)	\$	\$
Feed purchased	\$	\$
Fertilizers & Lime	\$	\$
Freight & Trucking	\$	\$
Gasoline, fuel, oil	\$	\$
Insurance (other than health)	\$	\$
Interest: Describe:	\$	\$
Labor hired (less jobs credit)	\$	\$
Employee pension & profit-sharing plans	\$	\$
Machinery & Equipment rent or lease	\$	\$
Other Rent & Lease (land, animals, etc...)	\$	\$
Repairs & Maintenance	\$	\$
Seeds & Plants purchased	\$	\$
Storage & Warehousing	\$	\$
Supplies purchased	\$	\$
Taxes	\$	\$
Utilities	\$	\$
Veterinary Fees & Medicine	\$	\$
Other Expenses	\$	\$

SCHEDULE A - ITEMIZED DEDUCTIONS

MEDICAL EXPENSES		Last Tax Year	This Tax Year	GIFTS TO CHARITY		Last Tax Year	This Tax Year
Medical Insurance	\$		\$	Cash Contribution	\$		\$
Long Term Care Insurance	\$		\$		\$		\$
Medicare Insurance Premiums	\$		\$	Cash Contribution from K-1	\$		\$
Doctors/Dentists	\$		\$	List Non-cash > \$100.00	\$		\$
Prescriptions	\$		\$		\$		\$
X-rays, Lab work, etc...	\$		\$		\$		\$
Nursing Care	\$		\$		\$		\$
Hospital Care	\$		\$	Non-cash < \$100.00	\$		\$
Alcohol/Drug Rehab	\$		\$	Charitable Miles	miles		miles
Glasses, Hearing Aids, etc...	\$		\$	CASUALTY & THEFTS		Last Tax Year	This Tax Year
Other Medical Expenses	\$		\$		\$		\$
	\$		\$	MISCELLANEOUS		Last Tax Year	This Tax Year
Number of Miles for Medical	\$		\$	Tax Prep	\$		\$
TAXES		Last Tax Year	This Tax Year	Safe Deposit Box	\$		\$
State Tax withheld	\$		\$	Investment Fees	\$		\$
Prior year State Taxes paid	\$		\$	List Other Miscellaneous	\$		\$
State Estimates paid	\$		\$		\$		\$
Real Estate Taxes	\$		\$		\$		\$
Personal Property Taxes	\$		\$	BUSINESS EXPENSES		Last Tax Year	This Tax Year
List Other Taxes	\$		\$	Union Dues	\$		\$
	\$		\$	Job Search Expense	\$		\$
	\$		\$	Uniforms	\$		\$
INTEREST		Last Tax Year	This Tax Year	Small Tools	\$		\$
Home Mortgage Interest on F1098	\$		\$	Job Supplies	\$		\$
Mortgage Interest not on F1098	\$		\$	Other Business (see next page)	\$		\$
Name:					\$		\$
Address				Federal Estate Tax for Decedent	\$		\$
ID Number (#):				Gambling Loss to extent	\$		\$
Points not on From F1098	\$		\$	Gambling Winnings	\$		\$
Investment Interest	\$		\$	List Other	\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$

EMPLOYEE BUSINESS EXPENSES

Complete this form only if you are claiming job expenses for travel, transportation, meals, and entertainment. If both you and your spouse are reporting expenses attributable to your jobs, complete a separate schedule for yourself and your spouse.

If you are claiming job expenses that are not for travel, meals, and entertainment, and you were not reimbursed for these expenses by your employer, list the expenses under Miscellaneous Deductions. Examples of these expenses are:

- Educational expenses •Uniforms •Union dues •Home office

Employee business expenses for Taxpayer or Spouse? Taxpayer Spouse

Occupation in which expenses were incurred: _____

Tax laws allow for a deduction for expenses for travel, meals, lodging, entertainment and certain business gifts. These expenses must be related to your trade or business and must be supported by adequate records. Your records must include the following information:

1.) Amount; 2.) Time and place of travel; 3.) Date and description of gift; 4.) Business purpose; 5.) Business relationship to the person being entertained or receiving the gift.

Do you have records as described above for business expenses to be deducted? Yes No

BUSINESS EXPENSES	This Tax Year	Last Tax Year
Travel expenses that did not involve overnight travel	\$	\$
Parking fees, Tolls, Local transportation (bus, taxi, train, etc.)	\$	\$
Travel expenses while away from home (exclude meals & entertainment)	\$	\$
Meals & Entertainment expenses	\$	\$
Other Business expenses	\$	\$
Reimbursements by your employer on your W-2 (Box 13, Code L)	\$	\$
For other than Meals & Entertainment	\$	\$
For Meals & Entertainment	\$	\$
Reimbursements by your employer not reported on your W-2	\$	\$
For other than Meals & Entertainment	\$	\$
For Meals & Entertainment	\$	\$

Did you dispose of a vehicle used for business during? Yes No

Did you or your spouse have another vehicle available for personal purposes? Yes No

If your employer provided you with a vehicle, is personal use during off duty hours permitted? Yes No

Do you have evidence to support your vehicle expenses? Yes No

If "YES," is the evidence written ? Yes No

VEHICLE(S) DESCRIPTION		
GENERAL INFORMATION	Vehicle 1	Vehicle 2
Date you first started using your car	/ /	/ /
Total mile driven during this tax year	miles	miles
Total mile driven for business during this tax year (exclude commuting miles)	miles	miles
Average daily round trip commuting distance	miles	miles
Total commuting miles to and from work during this tax year	miles	miles
VEHICLE EXPENSES	Vehicle 1	Vehicle 2
Auto expenses:	\$	\$
Gasoline, oil, repairs, insurance, etc...	\$	\$
Vehicle rentals	\$	\$
VALUE OF EMPLOYER-PROVIDED VEHICLE (if included on W-2)	Vehicle 1	Vehicle 2
Depreciation		
Cost or other basis	\$	\$
Depreciation method		
Depreciation deduction	\$	\$
Section 179 deduction	\$	\$

CHILD & DEPENDENT CARE EXPENSES

Complete this form only if:

- You paid someone to care for a child under 13 or a disabled spouse or dependent so that you are able to go to or look for work, and/or
- You received dependent care benefits from an employer-paid dependent care assistance program.

Did you pay \$1400 or more in a calendar year to an individual for dependent care services performed in your home? Yes No

If "YES," please provide a copy of Form W-2.

Did you receive a reimbursement for dependent care expenses from your employer's dependent care assistance program? Yes No

If "YES", enter the amount(s):

1.) Received from your employer \$ _____ 2.) Received from your spouse's employer \$ _____

PERSON(S) OR ORGANIZATION(S) WHO PROVIDED THE CARE			
NAME	ADDRESS	ID NUMBER, SSN, OR EIN	AMOUNT PAID
			\$
			\$
			\$
			\$
CHILD & DEPENDENT CARE EXPENSES		This Tax Year	Last Tax Year
Number of qualifying persons cared for			
Child & Dependent care expenses incurred and actually paid during this tax year.		\$	\$
Child & Dependent care expenses incurred last tax year but actually paid during this tax year.		\$	\$

EDUCATION TAX CREDIT & EDUCATION IRAS

Complete this form only if:

- You paid qualified tuition and related expenses and fees required for enrollment or attendance at an eligible education institution.

Did you receive a reimbursement for educational expenses from your employers? Yes No

If "YES", enter the amount(s):

1.) Received from your employer \$ _____ 2.) Received from your spouse's employer \$ _____

NAME OF STUDENT	SOCIAL SECURITY NUMBER	PREPAID EXPENSES	AMOUNT PAID
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

SALES & EXCHANGES

Did you exchange any securities for other securities or any investment property for property of a like kind? Yes No

Have you acquired stock or securities substantially identical to stock or securities sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale? Yes No

Did you engage in any transactions involving traded options? Yes No

Did you engage in transactions involving commodity future contracts and straddle positions? Yes No

Please attach all Forms 1099-B and 1099-S or equivalent statements reporting the sales of stocks, bonds, etc. during this tax year.

ASSETS HELD FOR LESS THAN ONE YEAR				
[List sales of stocks, bonds, & other securities (Form 1099-B transactions)]				
Property Description	Date Acquired	Date Sold	Sales Price	Cost or Basis
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
ASSETS HELD FOR LESS THAN ONE YEAR				
List other Transactions (include Real Estate transactions from Form 1099-S)				
Property Description	Date Acquired	Date Sold	Sales Price	Cost or Basis
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$

ASSETS HELD FOR MORE THAN ONE YEAR				
[List sales of stocks, bonds, & other securities (Form 1099-B transactions)]				
Property Description	Date Acquired	Date Sold	Sales Price	Cost or Basis
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
ASSETS HELD FOR MORE THAN ONE YEAR				
List other Transactions (include Real Estate transactions from Form 1099-S)				
Property Description	Date Acquired	Date Sold	Sales Price	Cost or Basis
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$

INSTALLMENT SALE INCOME

Property description: _____

Date acquired: ____/____/____

Date sold: ____/____/____

Gross Sales Price: \$ _____

Cost or Other Basis: _____

Depreciation allowed or allowable: \$ _____

Commissions and expenses of sale: \$ _____

Gross Profit Percentage (from prior year sale only): \$ _____

Payments received during this tax year

Principal: Received before 05/05/04: \$ _____

Received after 05/05/04: \$ _____

Interest: \$ _____

Total: \$ _____

Was this property sold to a related party?

Yes No

Property description: _____

Date acquired: ____/____/____

Date sold: ____/____/____

Gross Sales Price: \$ _____

Cost or Other Basis: _____

Depreciation allowed or allowable: \$ _____

Commissions and expenses of sale: \$ _____

Gross Profit Percentage (from prior year sale only): \$ _____

Payments received during this tax year

Principal: Received before 05/05/04: \$ _____

Received after 05/05/04: \$ _____

Interest: \$ _____

Total: \$ _____

Was this property sold to a related party?

Yes No

Property description: _____

Date acquired: ____/____/____

Date sold: ____/____/____

Gross Sales Price: \$ _____

Cost or Other Basis: _____

Depreciation allowed or allowable: \$ _____

Commissions and expenses of sale: \$ _____

Gross Profit Percentage (from prior year sale only): \$ _____

Payments received during this tax year

Principal: Received before 05/05/04: \$ _____

Received after 05/05/04: \$ _____

Interest: \$ _____

Total: \$ _____

Was this property sold to a related party?

Yes No

ASSETS ACQUIRED OR SOLD DURING THIS TAX YEAR

Description of Asset	Date Acquired	Cost	Date Sold	Sales Price	Related Schedule
	/ /	\$	/ /	\$	
	/ /	\$	/ /	\$	
	/ /	\$	/ /	\$	
	/ /	\$	/ /	\$	
	/ /	\$	/ /	\$	
	/ /	\$	/ /	\$	
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