SYLVIA A EHRENREICH CPA, PC
106 KENRICK PLAZA
SAINT LOUIS, MO 63119-4416
314-961-3053

Tax Client
,

Dear Tax Client:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2012 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled 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.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

The filing deadline for the tax returns is April 15, 2013. In order to meet this filing deadline, the information needed to complete the returns should be received in this office no later than April 1, 2013.

If an extension of the time is required, any tax due with these returns must be paid with that extension. Any amounts not paid by the filing deadline may be subject to interest and late payment penalties.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

You understand that your income tax returns will be electronically filed through a secured third party filing service. You may opt out of electronic filing if you so choose.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

The engagement does not include any services not specifically stated in this letter. However, we would be pleased to consult with you regarding other income tax matters, such as proposed or completed transactions, income tax projections, and for research in connection with such matters. We will render additional invoices for such services at our standard billing rates.

You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that your expenses for meals, entertainment, travel, business gifts, charitable contributions, dues and memberships, and vehicle use are supported by records as required by law. We will not verify the information you give us. However, we may ask you for clarification of some of the information.

We reserve the right to withdraw from this engagement without completing the work if you fail to comply with the terms of the engagement letter. If any portion of this agreement is declared invalid or unenforceable, the finding shall not invalidate the remainder of the terms set forth.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

SYLVIA A EHRENREICH CPA, PC

Accepted By: ________________________________

Date: __________________

SYLVIA A EHRENREICH CPA, PC
106 KENRICK PLAZA
SAINT LOUIS, MO 63119-4416
314-961-3053

Tax Client
,

Dear Tax Client:

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2012 personal income tax return. To help you complete the organizer with minimal time and effort, when available, you will find certain information from your 2011 personal income tax return.

In your Tax Organizer, all social security numbers have been replaced with asterisks (***-**-****) to protect your privacy and personal information. If you need to change or update a social security number, please contact this office. Do not indicate the social security number change on your Tax Organizer. When you receive your completed tax return(s), please review all social security numbers for accuracy. Report any discrepancies to this office immediately.

Enter 2012 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

In order to meet the filing deadline for your 2012 income tax return, your completed tax organizer needs to be received by our office no later than April 1, 2013. Any information received after that date may require an extension of time be filed for your return.

Thank you for the opportunity to serve you.

Sincerely,

SYLVIA A EHRENREICH CPA, PC

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	☐	☐
If yes, explain: ____		
Did your address change from last year?	☐	☐
Can you be claimed as a dependent by another taxpayer?	☐	☐
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	☐	☐
Dependent Information		
Were there any changes in dependents from the prior year?	☐	☐
If yes, explain: ____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of $1,900?	☐	☐
Do you have dependents who must file a tax return?	☐	☐
Did you provide over half the support for any other person(s) other than your dependent children during the year?	☐	☐
Did you pay for child care while you worked or looked for work?	☐	☐
Did you pay any expenses related to the adoption of a child during the year?	☐	☐
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	☐	☐
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	☐	☐
Did you acquire a new or additional interest in a partnership or S corporation?	☐	☐
Did you sell, exchange, or purchase any real estate during the year?	☐	☐
Did you purchase or sell a principal residence during the year?	☐	☐
Did you foreclose or abandon a principal residence or real property during the year?	☐	☐
Did you acquire or dispose of any stock during the year?	☐	☐
Did you take out a home equity loan this year?	☐	☐
Did you refinance a principal residence or second home this year?	☐	☐
Did you sell an existing business, rental, or other property this year?	☐	☐
Did you incur any non-business bad debts this year?	☐	☐
Did you have any debts canceled or forgiven this year?	☐	☐
Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?	☐	☐
Did you pay any student loan interest this year?	☐	☐
Income Information		
Did you have any foreign income or pay any foreign taxes during the year?	☐	☐
Did you receive any income from property sold prior to this year?	☐	☐
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	☐	☐
Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401k, or other qualified retirement plan?	☐	☐
Did you make any withdrawals from an education savings or 529 Plan account?	☐	☐
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	☐	☐
Did you receive any Social Security benefits during the year?	☐	☐

Did you receive any unemployment benefits during the year? ☐ ☐
Did you receive any disability income during the year? ☐ ☐
Did you receive tip income not reported to your employer this year? ☐ ☐
Did any of your life insurance policies mature, or did you surrender any policies? ☐ ☐
Did you cash any Series EE or I U.S. Savings bonds issued after 1989? ☐ ☐

Itemized Deduction Information

Did you incur a casualty or theft loss during the year? ☐ ☐
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)? ☐ ☐
Do you have evidence to substantiate charitable contributions? ☐ ☐
Did you make any noncash charitable contributions (clothes, furniture, etc.)? ☐ ☐
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C. ☐ ☐
Did you have an expense account or allowance during the year? ☐ ☐
Did you use your car on the job, for other than commuting? ☐ ☐
Did you work out of town for part of the year? ☐ ☐
Did you have any expenses related to seeking a new job during the year? ☐ ☐
Did you make any major purchases during the year (cars, boats, etc.)? ☐ ☐
Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax? ☐ ☐

Miscellaneous Information

Did you make gifts of more than $13,000 to any individual? ☐ ☐
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? ☐ ☐
Did you make any contributions to an education savings or 529 Plan account? ☐ ☐
Did you make any contributions to a Health savings account (HSA) or Archer MSA? ☐ ☐
Did you pay long-term health care premiums for yourself or your family? ☐ ☐
Did you pay any COBRA health care coverage continuation premiums? ☐ ☐
If you are a business owner, did you pay health insurance premiums for your employees this year? ☐ ☐
Did you utilize an area of your home for business purposes? ☐ ☐
Did you engage in any bartering transactions? ☐ ☐
Are you an active participant in a pension or retirement plan? ☐ ☐
Did you retire or change jobs this year? ☐ ☐
Did you incur moving costs because of a job change? ☐ ☐
Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year? ☐ ☐
Did you pay any individual as a household employee during the year? ☐ ☐
Did you make energy efficient improvements to your main home this year? ☐ ☐
Were you a grantor or transferor for a foreign trust, or do you have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country? ☐ ☐
Did you receive correspondence from the State or the Internal Revenue Service? ☐ ☐
If yes, explain: ____
Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? ☐ ☐
Do you want to designate $3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund. ☐ ☐

Upon completion, would you prefer your return be mailed to you / picked up at our office
(please circle one)

Form ID: INDX

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [ ] numbers are for preparer use only.

Form ID: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) ____[1]
Mark if you were married but living apart all year ____[2]
Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) ____[3]

	Taxpayer	Spouse
Social security number	____[4]	____[5]
First name	Tax Client [6]	____[7]
Last name	____[8]	____[9]
Occupation	____[10]	____[11]
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	____[12]	____[14]
Mark if dependent of another taxpayer	____[15]	____[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	____[17]	
Mark if legally blind	____[20]	____[21]
Date of birth	____[22]	____[24]
Date of death	____[26]	____[27]
Work/daytime telephone number/ext number	____[28] ____[29]	____[30] ____[31]
Home/evening telephone number	____[32]	____[33]
Do you authorize us to discuss your return with the IRS? (Y, N)	____[34]	

Present Mailing Address

Address ____[38]
Apartment number ____[39]
City, state postal code, zip code ____[40] ____[41] ____[42]
Foreign country name ____[44]
In care of addressee ____[47]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

[48]

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months*** in home	Dep Codes *	Dep Codes **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent ____[49]
Social security number of qualifying person ____[50]

Dependent Codes

***Basic**	**1 = Child who lived with you**	****Other**	**1 = Student (Age 19 - 23)**
	2 = Child who did not live with you		**2 = Disabled dependent**
	3 = Other dependent		**3 = Dependent who is both a student and disabled**
	5 = Qualifying child for Earned Income Credit only		
	6 = Children who lived with you, but do not qualify for Earned Income Credit		
	7 = Children who lived with you, but do not qualify for Child Tax Credit		
	8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit		
*****Months**	**77 = Reported on odd year return**		
	88 = Reported on even year return		
	99 = Not reported on return		

Client Contact Information

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) ____[8]

Taxpayer email address ____________________[9]

Spouse email address ____________________[10]

	Taxpayer	Spouse
Car telephone number	____________[11]	____________[19]
Fax telephone number	____________[12]	____________[20]
Mobile telephone number	____________[13]	____________[21]
Pager number	____________[14]	____________[22]
Other:	____________[15]	____________[23]
Telephone number	____________[16]	____________[24]
Extension	______[17]	______[25]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Car phone	____________[18]	____________[26]

NOTES/QUESTIONS:

Form ID: Bank

Direct Deposit/Electronic Funds Withdrawal Information

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Primary account:

- Financial institution routing transit number ______ [1]
- Name of financial institution ______ [2]
- Your account number ______ [3]
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [4]
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [5]
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [6]
- Enter the maximum dollar amount, or percentage of total refund Dollar ______ [7] **or** Percent (xxx.xx) ______ [8]

Secondary account #1:

- Financial institution routing transit number ______ [23]
- Name of financial institution ______ [24]
- Your account number ______ [25]
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [26]
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [27]
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [28]
- Enter the maximum dollar amount, or percentage of total refund Dollar ______ [9] **or** Percent (xxx.xx) ______ [10]

Secondary account #2:

- Financial institution routing transit number ______ [29]
- Name of financial institution ______ [30]
- Your account number ______ [31]
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [32]
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [33]
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [34]
- Enter the maximum dollar amount, or percentage of total refund Dollar ______ [13] **or** Percent (xxx.xx) ______ [14]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to $5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of $50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to $5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

- Enter either a dollar amount or percent, but not both Dollar ______ [11] **or** Percent (xxx.xx) ______ [12]

Bond information for someone other than taxpayer and spouse, if married filing jointly

- Maximum dollar amount (up to $5,000), or percentage of refund used to purchase bonds Dollar ______ [15] **or** Percent (xxx.xx) ______ [16]
  - Owner's name (First Last) ______ [36] ______ [37]
  - Co-owner or beneficiary (First Last) ______ [38] ______ [39]
  - Mark if the name listed above is a beneficiary __ [40]

Bond information for someone other than taxpayer and spouse, if married filing jointly

- Maximum dollar amount (up to $5,000), or percentage of refund used to purchase bonds Dollar ______ [19] **or** Percent (xxx.xx) ______ [20]
  - Owner's name (First Last) ______ [41] ______ [42]
  - Co-owner or beneficiary (First Last) ______ [43] ______ [44]
  - Mark if the name listed above is a beneficiary __ [45]

Electronic Filing

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing ___[1]

Do you want to receive email notification when your electronic file is accepted by the taxing agency? (1 = Return, 2 = Return & Extension) ___[2]

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account ___[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.
Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) ___________[7]

Spouse self-selected Personal Identification Number (PIN) ___________[8]

NOTES/QUESTIONS:

Estimated Taxes

If you have an overpayment of 2012 taxes, do you want the excess:

Refunded ___[43]

Applied to 2013 estimated tax liability ___[44]

Do you expect a considerable change in your 2013 income? (Y, N) ___[45]

If yes, please explain any differences:

___[46]
___[47]
___[48]
___[49]

Do you expect a considerable change in your deductions for 2013? (Y, N) ___[50]

If yes, please explain any differences:

___[51]
___[52]
___[53]
___[54]

Do you expect a considerable change in the amount of your 2013 withholding? (Y, N) ___[55]

If yes, please explain any differences:

___[56]
___[57]
___[58]
___[59]

Do you expect a change in the number of dependents claimed for 2013? (Y, N) ___[60]

If yes, please explain any differences:

___[61]
___[62]
___[63]
___[64]

2012 Federal Estimated Tax Payments

2011 overpayment applied to 2012 estimates + ___[1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. ___[4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/17/12	___[5]	+ ___[6]	___
2nd quarter payment	6/15/12	___[7]	+ ___[8]	___
3rd quarter payment	9/17/12	___[9]	+ ___[10]	___
4th quarter payment	1/15/13	___[11]	+ ___[12]	___
Additional payment		___[13]	+ ___[14]	

NOTES/QUESTIONS:

Form ID: St Pmt

2012 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J) __[1]
State postal code ___[2]

Amount paid with 2011 return + __________[3]
2011 overpayment applied to '12 estimates + __________[4]
Treat calculated amounts as paid __[8]

	Date Paid		Amount Paid	Calculated Amount
1st quarter payment	______[9]	+	______[10]	______
2nd quarter payment	______[11]	+	______[12]	______
3rd quarter payment	______[13]	+	______[14]	______
4th quarter payment	______[15]	+	______[16]	______
Additional payment	______[17]	+	______[18]	

2012 City Estimated Tax Payments

City #1

City name __________[28]
Amount paid with 2011 return + __________[31]
2011 overpayment applied to '12 estimates + __________[32]
Treat calculated amounts as paid __[36]

	Date Paid		Amount Paid
1st quarter payment	______[37]	+	______[38]
2nd quarter payment	______[39]	+	______[40]
3rd quarter payment	______[41]	+	______[42]
4th quarter payment	______[43]	+	______[44]

Calculated Amount

1st quarter payment	______
2nd quarter payment	______
3rd quarter payment	______
4th quarter payment	

City #2

City name __________[50]
Amount paid with 2011 return + __________[53]
2011 overpayment applied to '12 estimates + __________[54]
Treat calculated amounts as paid __[58]

	Date Paid		Amount Paid
1st quarter payment	______[59]	+	______[60]
2nd quarter payment	______[61]	+	______[62]
3rd quarter payment	______[63]	+	______[64]
4th quarter payment	______[65]	+	______[66]

Calculated Amount

1st quarter payment	______
2nd quarter payment	______
3rd quarter payment	______
4th quarter payment	

City #3

City name __________[72]
Amount paid with 2011 return + __________[75]
2011 overpayment applied to '12 estimates + __________[76]
Treat calculated amounts as paid __[80]

	Date Paid		Amount Paid
1st quarter payment	______[81]	+	______[82]
2nd quarter payment	______[83]	+	______[84]
3rd quarter payment	______[85]	+	______[86]
4th quarter payment	______[87]	+	______[88]

Calculated Amount

1st quarter payment	______
2nd quarter payment	______
3rd quarter payment	______
4th quarter payment	

City #4

City name __________[94]
Amount paid with 2011 return + __________[97]
2011 overpayment applied to '12 estimates + __________[98]
Treat calculated amounts as paid __[102]

	Date Paid		Amount Paid
1st quarter payment	______[103]	+	______[104]
2nd quarter payment	______[105]	+	______[106]
3rd quarter payment	______[107]	+	______[108]
4th quarter payment	______[109]	+	______[110]

Calculated Amount

1st quarter payment	______
2nd quarter payment	______
3rd quarter payment	______
4th quarter payment	

Form ID: W2

Wages and Salaries #1

Please provide all copies of Form W-2.

		2012 Information		Prior Year Information
Taxpayer/Spouse (T, S)			[1]	
Employer name			[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)			[5]	
Mark if this is your current employer			[6]	
Federal wages and salaries **(Box 1)**	+		[10]	
Federal tax withheld **(Box 2)**	+		[12]	
Social security wages **(Box 3)** (If different than federal wages)	+		[14]	
Social security tax withheld **(Box 4)**	+		[16]	
Medicare wages **(Box 5)** (If different than federal wages)	+		[18]	
Medicare tax withheld **(Box 6)**	+		[20]	
SS tips **(Box 7)**	+		[22]	
Allocated tips **(Box 8)**	+		[24]	
Dependent care benefits **(Box 10)**	+		[26]	
Box 13 -				
Statutory employee			[28]	
Retirement plan			[29]	
Third-party sick pay			[30]	
State postal code **(Box 15)**			[31]	
State wages **(Box 16)** (If different than federal wages)	+		[33]	
State tax withheld **(Box 17)**	+		[35]	
Local wages **(Box 18)**	+		[37]	
Local tax withheld **(Box 19)**			[39]	
Name of locality **(Box 20)**			[42]	

Control Totals +

Wages and Salaries #2

Please provide all copies of Form W-2.

		2012 Information		Prior Year Information
Taxpayer/Spouse (T, S)			[1]	
Employer name			[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)			[5]	
Mark if this your current employer			[6]	
Federal wages and salaries **(Box 1)**	+		[10]	
Federal tax withheld **(Box 2)**	+		[12]	
Social security wages **(Box 3)** (If different than federal wages)	+		[14]	
Social security tax withheld **(Box 4)**	+		[16]	
Medicare wages **(Box 5)** (If different than federal wages)	+		[18]	
Medicare tax withheld **(Box 6)**	+		[20]	
SS tips **(Box 7)**	+		[22]	
Allocated tips **(Box 8)**	+		[24]	
Dependent care benefits **(Box 10)**	+		[26]	
Box 13 -				
Statutory employee			[28]	
Retirement plan			[29]	
Third-party sick pay			[30]	
State postal code **(Box 15)**			[31]	
State wages **(Box 16)** (If different than federal wages)	+		[33]	
State tax withheld **(Box 17)**	+		[35]	
Local wages **(Box 18)**	+		[37]	
Local tax withheld **(Box 19)**			[39]	
Name of locality **(Box 20)**			[42]	

Control Totals +

Form ID: B-1

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

***Whole numbers will be treated as $ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.**

T/S/J	Type Code (**See codes below)			Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* $ or %	Tax Exempt* $ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer							
			Amounts	+						
		2	Payer							
			Amounts	+						
		3	Payer							
			Amounts	+						
		4	Payer							
			Amounts	+						
		5	Payer							
			Amounts	+						
		6	Payer							
			Amounts	+						
		7	Payer							
			Amounts	+						
		8	Payer							
			Amounts	+						
		9	Payer							
			Amounts	+						
		10	Payer							
			Amounts	+						

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Form ID: B-2

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

***Whole numbers will be treated as $ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.**

TSJ	Type Code (**See codes below)	#		Ordinary [1] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* $ or %	Tax Exempt* $ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer											
			Amounts	+										
		2	Payer											
			Amounts	+										
		3	Payer											
			Amounts	+										
		4	Payer											
			Amounts	+										
		5	Payer											
			Amounts	+										
		6	Payer											
			Amounts	+										
		7	Payer											
			Amounts	+										
		8	Payer											
			Amounts	+										
		9	Payer											
			Amounts	+										
		10	Payer											
			Amounts	+										

****Dividend Codes**	
Blank = Other	**3 = Nominee**

Form ID: D

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S

Did you have any securities become worthless during 2012? (Y, N) __[8]

Did you have any debts become uncollectible during 2012? (Y, N) __[9]

Did you have any commodity sales, short sales, or straddles? (Y, N) __[10]

Did you exchange any securities or investments for something other than cash? (Y, N) __[12]

T/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
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	Control Totals+	**Income**	**Form ID: D**

Form ID: SSA-1099

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) __ [1]
State postal code ___ [2]

Social Security Benefits

		2012 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:			
Net Benefits for 2012 (Box 3 minus Box 4) **(Box 5)**	+	________ [8]	________
Voluntary Federal Income Tax Withheld **(Box 6)**	+	________ [10]	________
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:			
Medicare premiums	+	________ [12]	________
Prescription drug (Part D) premiums	+	________ [14]	

Tier 1 Railroad Benefits

		2012 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:			
Net Social Security Equivalent Benefit:			
Portion of Tier 1 Paid in 2012 **(Box 5)**	+	________ [22]	________
Federal Income Tax Withheld **(Box 10)**	+	________ [25]	________
Medicare Premium Total **(Box 11)**	+	________ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2012 or receive any prior year benefits in 2012. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

________ [38]
________ [39]
________ [40]
________ [41]
________ [42]

NOTES/QUESTIONS:

Other Income

	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds (2012 Information)		+ ______ [1]	______
Alimony received	+ ______ [3]	+ ______ [4]	______
Unemployment compensation	+ ______ [8]	+ ______ [9]	______
Unemployment compensation federal withholding	+ ______ [8]	+ ______ [9]	______
Unemployment compensation state withholding	+ ______ [8]	+ ______ [9]	______
Unemployment compensation repaid	+ ______ [11]	+ ______ [12]	______
Alaska Permanent Fund dividends	+ ______ [17]	+ ______ [18]	______

Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships

T/S/J	Self-Employment Income ? (Y, N)	Description	2012 Information	Prior Year Information
_	_	______	+ ______ [14]	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______
_	_	______	+ ______	______

NOTES/QUESTIONS:

Form ID: IRA

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__[1]	__[2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__[3]	__[4]
Enter the total traditional IRA contributions made for use in 2012	+ ____[5]	+ ____[6]

	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2012	+ ____[11]	+ ____[12]
Enter the nondeductible contribution amount made in 2013 for use in 2012	+ ____[13]	+ ____[14]
Traditional IRA basis	+ ____[15]	+ ____[16]
Value of all your traditional IRA's on December 31, 2012:		
____	+ ____[17]	+ ____[18]
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____

Roth IRA

Please provide copies of any 1998 through 2011 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__[27]	__[28]
Enter the total Roth IRA contributions made for use in 2012	+ ____[29]	+ ____[30]
Enter the total amount of Roth IRA conversion recharacterizations for 2012	+ ____[37]	+ ____[38]
Enter the total contribution Roth IRA basis on December 31, 2011	+ ____[41]	+ ____[42]
Enter the total Roth IRA contribution recharacterizations for 2012	+ ____[43]	+ ____[44]
Enter the Roth conversion IRA basis on December 31, 2011	+ ____[45]	+ ____[46]
Value of all your Roth IRA's on December 31, 2012:		
____	+ ____[47]	+ ____[48]
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____

NOTES/QUESTIONS:

Other Adjustments

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2012 Information	Prior Year Information
			+ [1]	
Address				
			+	
Address				
			+	
Address				

	2012 Information		Prior Year Information
	Taxpayer	**Spouse**	
Educator expenses:			
+	[3]	+ [4]	
+		+	
Self-employed health insurance premiums: (Not entered elsewhere)			
+	[6]	+ [7]	
+		+	
Self-employed long-term care premiums: (Not entered elsewhere)			
+	[9]	+ [10]	
+		+	
Other adjustments:			
+	[14]	+ [15]	
+		+	
+		+	
+		+	
+		+	
+		+	
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+		+	

NOTES/QUESTIONS:

Form ID: A-1

Schedule A - Medical and Dental Expenses

T/S/J		2012 Information	Prior Year Information
	Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received		
[1]		+ [2]	
		+	
		+	
		+	
		+	
		+	
	Medical insurance premiums you paid***: (Do not include pre-tax amounts paid by an employer-sponsored plan)		
[4]		+ [5]	
		+	
		+	
		+	
	Long-term care premiums you paid***: (Do not include pre-tax amounts paid by an employer-sponsored plan)		
[7]		+ [8]	
		+	
	Prescription medicines and drugs:		
[10]		+ [11]	
		+	
		+	
[13]	Miles driven for medical items	[14]	

***Not entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

Schedule A - Tax Expenses

T/S/J		2012 Information	Prior Year Information
	State/local income taxes paid:		
[18]		+ [19]	
		+	
		+	
		+	
		+	
	2011 state and local income taxes paid in 2012:		
[21]		+ [22]	
		+	
		+	
	Real estate taxes paid:		
[24]		+ [25]	
		+	
		+	
	Personal property taxes:		
[27]		+ [28]	
		+	
	Other taxes, such as: foreign taxes and State disability taxes		
[30]		+ [31]	
		+	
		+	
	Sales tax paid on major purchases:		
[36]		+ [37]	
		+	
	Sales tax paid on actual expenses:		
[39]		+ [40]	
		+	
		+	

Form ID: A-2

Interest Expenses

T/S/J Home mortgage interest: From Form 1098	2012 Interest Paid [2]	2012 Points Paid	Type*	2012 Mortgage Ins. Premiums Paid	Prior Year Information
[1]	+	+		+	
	+	+		+	
	+	+		+	
	+	+		+	
	+	+		+	
	+	+		+	
	+	+		+	
	+	+		+	
	+	+		+	

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home
1 = Not used to buy, build, improve home or investment
2 = Used to pay off previous mortgage
3 = Used to pay off previous mortgage, excess proceeds invested
4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Payee's Name Other, such as: Home mortgage interest paid to individuals	SSN or EIN	2012 Information	Prior Year Information
[4]			+ [5]	
Address				
City, state and zip code				
			+	
Address				
City, state and zip code				

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

Payer's/Borrower's name [7]
Street Address
City/State/Zip code

Refinancing Points paid in 2012 -

Taxpayer/Spouse/Joint (T, S, J) [11]
Recipient/Lender name
Total points paid at time of refinance
Percentage of principal exceeding original mortgage (For AMT adjustment)
Points deemed as paid in 2012 **(Preparer use only)** + [12]
Date of refinance
Term of new loan (in months)
Reported on Form 1098 in 2012
Taxpayer/Spouse/Joint (T, S, J)
Recipient/Lender name
Total points paid at time of refinance
Percentage of principal exceeding original mortgage (For AMT adjustment)
Points deemed as paid in 2012 **(Preparer use only)** +
Date of refinance
Term of new loan (in months)
Reported on Form 1098 in 2012

T/S/J	Investment interest expense, other than on Schedule(s) K-1:	2012 Information	Prior Year Information
[15]		+ [16]	
		+	
		+	
		+	
		+	
		+	
		+	
		+	

Control Totals +

Charitable Contributions

T/S/J **2012 Information** **Prior Year Information**

Contributions made by cash or check (including out-of-pocket expenses)

__ [2] ________ + ________ [3] ________

__ [5] Volunteer miles driven ________ [6] ________

Noncash items, such as: Goodwill/Salvation Army/Other clothing or household goods

__ [8] ________ + ________ [9] ________

Miscellaneous Deductions

T/S/J **2012 Information** **Prior Year Information**

Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses

__ [11] ________ + ________ [12] ________

Union dues:

__ [14] ________ + ________ [15] ________

__ [17] Tax preparation fees + ________ [18] ________

Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, custodial fees

__ [20] ________ + ________ [21] ________

__ [23] Safe deposit box rental + ________ [24] ________

Investment expenses, other than on Schedule(s) K-1:

__ [26] ________ + ________ [27] ________

Other expenses, not subject to the 2% AGI limitation:

__ [30] ________ + ________ [31] ________

Gambling losses: (Enter only if you have gambling income)

__ [33] ________ + ________ [34] ________