

**2012 Organizer**

prepared by:

**Terdle & Company, PC**

51 Robbins Station Road  
North Huntingdon, PA 15642-2012

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2012 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2012 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2011 information is included for your reference. You do not need to make any 2011 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2011 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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## Topic Index

**ORG2**

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General Questions

ORG3

PERSONAL INFORMATION

1 Did your marital status change during 2012? Yes No
If yes, explain
2 Do you want to allow your tax preparer to discuss this year's return with the IRS? Yes No
If no, enter another person (if desired) to be allowed to discuss this return with the IRS.
Caution: Review any transferred information for accuracy.
Designee's Name
Phone Number Personal Identification Number (5 digit PIN)
3 Do you or your spouse plan to retire in 2013? Yes No
4 Were you or your spouse permanently and totally disabled in 2012? Yes No
5 Enter date of death for taxpayer or spouse (if during 2012 or 2013): Taxpayer: Spouse:
6 Were you or your spouse a member of the U.S. Armed Forces during 2012? Yes No

DEPENDENT INFORMATION

7a Do you have dependents who must file? Yes No
b If yes, do you want us to prepare the return(s)? Yes No
8a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$1,900? Yes No
b If yes, do you want to include your child's income on your return? Yes No
9 Are any of your dependents not U.S. citizens or residents? Yes No
10 Did you provide over half the support for any other person during 2012? Yes No
11 Did you incur adoption expenses during 2012? Yes No

IRA, PENSION AND EDUCATION SAVINGS PLANS

12 Did you receive payments from a pension or profit-sharing plan? Yes No
13 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
14a Did you convert all or part of a regular IRA into a Roth IRA? Yes No
b Did you roll over all or part of a qualified plan into a Roth IRA? Yes No
15 Did you contribute to a Coverdell Education Savings Account? Yes No

ITEMS RELATED TO INCOME/LOSSES

16 Did you receive any disability payments in 2012? Yes No
17 Did you receive tip income not reported to your employer? Yes No
18a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2012? (Attach copies of any escrow statements or Forms 1099.) Yes No
b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? Yes No
c Are you planning to purchase a home soon? Yes No
19 Did you incur any casualty or theft losses during 2012? Yes No
20 Did you incur any non-business bad debts? Yes No

PRIOR YEAR TAX RETURNS

21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? Yes No
If yes, enclose agent's report or notice of change.
22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? Yes No

**General Questions (continued)**

**ORG3**

**FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 23 Did you have foreign income or pay any foreign taxes in 2012? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 a At any time during 2012, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2012? Report all interest income on Org 11 . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 Did you at any time during 2012, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**HEALTH AND LIFE INSURANCE**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 27 Did you or your spouse have self-employed health insurance? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? . . . . .      | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 Did you contribute to or receive distributions from a Health Savings Account (HSA)? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |

**MISCELLANEOUS**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 31 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2012? If <b>yes</b> , please attach details . . . . .                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 Did you start paying mortgage insurance premiums in 2012? If <b>yes</b> , please attach details . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 Did you purchase a motor vehicle or boat during 2012? . . . . .<br>If <b>yes</b> , attach documentation showing sales tax paid.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 34 Did you purchase a hybrid or electric vehicle in 2012? . . . . .<br>If <b>yes</b> , enter year, make, model, and date purchased: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 Did you donate a vehicle in 2012? If yes, attach Form 1098C . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 What was the sales tax rate in your locality in 2012? _____ % State ID . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 37 Did you or your spouse make gifts of over \$13,000 to an individual or contribute to a prepaid tuition plan? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 Did you make gifts to a trust? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? . . . . .<br>If <b>yes</b> , please attach details.       | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 Did you or your spouse participate in a medical savings account in 2012? . . . . .<br>If <b>yes</b> , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 41 Did you make a loan at an interest rate below market rate? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 Did you pay any individual for domestic services in 2012? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 Did you pay interest on a student loan for yourself, your spouse, or your dependents? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Did you, your spouse, or your dependents attend post-secondary school in 2012? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 Did a lender cancel any of your debt in 2012? (Attach any Forms 1099-A or 1099-C) . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 Did you receive any income not included in this Tax Organizer? . . . . .<br>If <b>yes</b> , please attach information.   | <input type="checkbox"/> | <input type="checkbox"/> |

**ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND**

- |  | Yes                               | No                               |
|--|-----------------------------------|----------------------------------|
| 47 If your tax return is eligible for Electronic Filing, would you like to file electronically?D . . . . .   | <input type="checkbox"/>          | <input type="checkbox"/>         |
| 48 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? . . . . . | <input type="checkbox"/>          | <input type="checkbox"/>         |
| <b>Caution:</b> Review transferred information for accuracy.   |                                   |                                  |
| 49 If <b>yes</b> , please provide the following information:   |                                   |                                  |
| a Name of your financial institution . . . . .   | _____                             |                                  |
| b Routing Transit Number (must begin with 01 through 12 or 21 through 32) . . . . .  | _____                             |                                  |
| c Account number . . . . .   | _____                             |                                  |
| d What type of account is this? . . . . .  | Checking <input type="checkbox"/> | Savings <input type="checkbox"/> |

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

# Business/Investment Questions

ORG4

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? . . . . . (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2012? . . . . . If <b>yes</b> , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2012? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were <b>not</b> personally 'at risk' (other than sole proprietorship or farm)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2012? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2012? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2012? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you have records, as described below, to support expenses? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: <b>1</b> Amount; <b>2</b> Time and place; <b>3</b> Date; <b>4</b> Business purpose; <b>5</b> Description of gift(s); and <b>6</b> Business relationship of recipient.		
13 Did you purchase special fuels for non-highway use? . . . . . If <b>yes</b> , please list the type of use and the number of gallons for each fuel.	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> <hr/> <hr/> <hr/> <hr/>		
14 Was Form 8903 (Domestic Production Activities Deduction) included in your 2011 federal income tax return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

# Basic Taxpayer Information

ORG6

**PERSONAL INFORMATION**

	TAXPAYER	SPOUSE
Last name . . . . .	_____	_____
First name . . . . .	_____	_____
Middle initial and suffix . . . . .	MI . . . . . _____ Suffix . . . . . _____	MI . . . . . _____ Suffix . . . . . _____
Social security number . . . . .	_____	_____
Occupation . . . . .	_____	_____
Work phone/extension . . . . .	_____	_____
Cell phone . . . . .	_____	_____
E-mail address . . . . .	_____	_____
Birthdate . . . . .	MM/DD/YYYY . . . . . _____	MM/DD/YYYY . . . . . _____
Blind . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address . . . . .	_____	Apartment number . . . . . _____
City . . . . .	_____ State . . . . . _____	ZIP code . . . . . _____
Home phone . . . . .	_____ Foreign country . . . . . _____	_____
Fax . . . . .	_____ Foreign phone . . . . . _____	_____

**FILING STATUS**

**1** Single  
 **2** Married filing jointly  
 **3** Married filing separately  
     Check this box if you **did not** live with spouse at any time during the year . . . . .   
     Check this box if you are eligible to claim spouse's exemption . . . . .   
     Check this box if your spouse itemizes deductions . . . . .   
 **4** Head of household  
     If the qualifying person is a child but not your dependent, enter  
     Child's name . . . . . \_\_\_\_\_ Child's social security number . . . . . \_\_\_\_\_  
 **5** Qualifying widow(er)  
     Check the box for the year the spouse died. . . . .  2010  2011

**DEPENDENT INFORMATION**

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Date of Birth	2012 Child Care Expense
				Relationship
			_____ <input type="checkbox"/>	
			_____ <input type="checkbox"/>	
			_____ <input type="checkbox"/>	
			_____ <input type="checkbox"/>	

**\*\*** For the Dependent Code, enter the following: L = dependent child who lived with you  
 N = dependent child who didn't live with you due to divorce or separation  
 O = other dependent  
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)  
**+** Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.  
**\*** Check this box if dependent child is not a U.S. citizen or resident alien



# Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

## INTEREST INCOME

Attach all copies of your Form 1099-INTs here.

**\*\*Type of Interest**

blank = Regular taxable interest  
 ME1 = ME bond interest in federal income  
 MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest  
 NH1 = NH nontaxable interest — taxable federal  
 NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest  
 TN1 = TN nontaxable interest — taxable federal  
 WV1 = WV bond interest in federal income

TSJ	X*	Payer Name	2012 Box 1 Interest	Type of Interest**	2012 Box 3 US/Treasury Interest	2012 Box 8 Tax Exempt	State	2011 Box 1 + 3

X\* Check if you did not receive income from this account in 2012.

## DIVIDEND INCOME

Attach all copies of your Form 1099-DIVs here.

TSJ	X*	Payer Name	2012 Box 1a Ordinary Dividends	2012 Box 1b Qualified Dividends	2012 Box 2a Capital Gains	State	2011 Box 1a + 2a

X\* Check if you did not receive income from this account in 2012.

## Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2012	2011
1 Prescription medications . . . . .		
2 Health insurance premiums (enter Medicare B on ORG10) . . . . .		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums . . . . .		
b Spouse's gross long-term care premiums . . . . .		
c Dependent's gross long-term care premiums . . . . .		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity . . . . .		
5 Insurance reimbursement . . . . .		
6 Doctors, dentists, etc . . . . .		
7 Hospitals, clinics, etc . . . . .		
8 Lab and X-ray fees . . . . .		
9 Expenses for qualified long-term care . . . . .		
10 Eyeglasses and contact lenses . . . . .		
11 Medical equipment and supplies . . . . .		
12 Miles driven for medical purposes . . . . .		
13 Ambulance fees and other medical transportation costs . . . . .		
14 Lodging . . . . .		
15 Other medical and dental expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
f _____		
g _____		
h _____		
i _____		
j _____		
TAXES	2012	2011
Enter state and local income taxes on <b>ORG7, ORG8, ORG10, and ORG40.</b>		
16 Real estate taxes paid on principal residence . . . . .		
17 Real estate taxes paid on additional homes or land . . . . .		
18 Auto registration fees based on the value of the vehicle . . . . .		
19 Other personal property taxes . . . . .		
20 Other taxes:		
_____		
_____		

**Interest Paid and Cash Contributions**

ORG14

HOME MORTGAGE INTEREST PAID				
Lender's Name	Check if NOT on Form 1098		2012	2011
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME			
Lender's Name	Check if NOT on Form 1098		2012
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address
		-----
		-----

OTHER PERSON RECEIVING FORM 1098	
Form 1098 Recipient's Name	Address
	-----
	-----

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2011 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

INVESTMENT INTEREST		
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc) . . . . .	2012	2011

## Interest Paid and Cash Contributions (continued)

ORG14

### LIMITED HOME MORTGAGE DEDUCTION

If your mortgage balance exceeded \$1 million (\$500,000 for married filing separately) or your home equity debt exceeded \$100,000 (\$50,000 for married filing separately) during 2012 complete the following:

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
<b>1</b> Interest paid in 2012 . . . . .					
Points paid in 2012 . . . . .					
Months loan outstanding . . . . .					
Principal pd on loan in 2012 . . . . .					
<b>2</b> Home acquisition debt:					
Beginning of year balance . . . . .					
Additional borrowed in 2012 . . . . .					
<b>3</b> Home equity debt:					
Beginning of year balance . . . . .					
Additional borrowed in 2012 . . . . .					
<b>4</b> Grandfathered debt: (before 10/14/1987)					
Beginning of year balance . . . . .					
Additional borrowed in 2012 . . . . .					
<b>5</b> Fair market value of homes on date debt was last secured by home . . . . .					
<b>6</b> Home acquisition and grandfathered debt on date last secured by home . . . . .					

### CASH CONTRIBUTIONS

Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2012	2011
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Charitable miles driven . . . . .		
Miles driven to deliver noncash contributions . . . . .		
Parking fees, tolls, and local transportation . . . . .		

# Noncash Contributions

ORG14A

Copy 1

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Fair Market Value
A _____			
B _____			
C _____			
D _____			
E _____			
F _____			
G _____			
H _____			
I _____			

**Note:** Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

* Method for Fair Market Value	Date of Contribution	Complete these columns <b>only</b> for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

**\* Methods of determining FMV:**

- |               |                          |                   |
|---------------|--------------------------|-------------------|
| Appraisal     | Capitalization of income | Present value     |
| Average share | Comparative sales        | Replacement cost  |
| Catalog       | Consignment shop         | Reproduction cost |
|               |                          | Thrift shop       |

**\*\* Type of Donated Property**

- |                                 |                                   |  |
|---------------------------------|-----------------------------------|--|
| Household/clothing items        | Business equipment                | Intellectual property                  |
| Motor vehicle, boat or airplane | Business inventory                | Real property, conservation property   |
| Art, other than self-created    | Stock, publicly traded            | Real property, other than conservation |
| Art, self-created               | Stock, other than publicly traded | Other personal property                |
| Collectibles                    | Securities, other than stock      | Other intangible property              |

\*\*\*How Property was Acquired: Purchase, Gift, Inheritance, Exchange

## Miscellaneous Itemized Deductions

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2012	2011
<b>Employee Business Expenses</b>		
<b>Note:</b> If you have any travel, transportation, meals or entertainment expenses or your employer reimbursed you for <b>any</b> of your job-related expenses, complete <b>ORG17</b> for <b>all</b> your employee expenses.		
1 Union and professional dues . . . . .		
2 Professional subscriptions . . . . .		
3 Uniforms and protective clothing . . . . .		
4 Job search costs . . . . .		
5 Other unreimbursed employee expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
<b>Other Expenses Subject to the 2% Limitation</b>		
Treat all MACRS assets for this activity as qualified Indian reservation property? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . . . .	<input type="checkbox"/> Regular	<input type="checkbox"/> Extension
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this property located in a Qualified Disaster Area? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check to code assets as Investment Expense. . . . .	<input type="checkbox"/>	
Use <b>ORG50</b> to record dispositions.		
Use <b>ORG51A</b> to enter additional assets.		
Use <b>ORG11a</b> for investment expenses related to interest income.		
Use <b>ORG11b</b> for investment interest related to dividend income.		
6 Tax return preparation fees . . . . .		
7 Investment counsel and advisory fees. . . . .		
8 Certain attorney and accounting fees . . . . .		
9 Safe deposit box rental . . . . .		
10 IRA custodial fees . . . . .		
11 Other expenses (list):		
a _____		
b _____		
c _____		
d _____		
e _____		
OTHER MISCELLANEOUS DEDUCTIONS	2012	2011
12 Federal estate tax paid on income in respect of a decedent . . . . .		
13 Amortizable bond premiums (acquired before 10/23/86) . . . . .		
14 Gambling losses (to the extent of gambling income) . . . . .		
15 Unrecovered investment in annuity . . . . .		
16 Other miscellaneous deductions:		
_____		

# State Information Worksheet

ORG60

## GENERAL INFORMATION

	<b>Taxpayer</b>	<b>Spouse</b>
1 Enter your state of residence . . . . .		
2 Check the appropriate box if:	<b>Taxpayer</b>	<b>Spouse</b>
a Full year resident . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____ School district: _____ School district number: _____		
	<b>Taxpayer</b>	<b>Spouse</b>
5 Check if disabled . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

## STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

## VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

## MISCELLANEOUS QUESTIONS

		<b>Yes</b>	<b>No</b>
8 Did you file a state return for 2011? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?			
a Refunded . . . . . <input type="checkbox"/>	b Apply to 2013 estimates . . . . . <input type="checkbox"/>	c Apply to 2013 taxes . . . . . <input type="checkbox"/>	
12 Additional state information: _____			
_____			
_____			