

## Miscellaneous Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Yes No

### General Information

Yes	No	Question
<input type="checkbox"/>	<input type="checkbox"/>	1. Were there any changes to your filing status or number of dependents during 2012?
<input type="checkbox"/>	<input type="checkbox"/>	2. Can you or your spouse be claimed as a dependent by someone else?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur any childcare expenses?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you have a change in residence or job location during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you move during 2012? From where? _____ Date of move _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you reside in more than one state during 2012? If yes, which states? _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.

Yes No

### Income Information

Yes	No	Question
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you received all W-2s from all employers? How many W-2s are attached? _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Did you use your vehicle on the job other than for commuting to work?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you work out of town at any time during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
<input type="checkbox"/>	<input type="checkbox"/>	8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
<input type="checkbox"/>	<input type="checkbox"/>	10. Did you have any income from, or pay taxes to, a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	11. Did you engage in any bartering transactions during 2012?
<input type="checkbox"/>	<input type="checkbox"/>	12. Did you surrender any U.S. Savings Bonds during 2012?
<input type="checkbox"/>	<input type="checkbox"/>	13. Did you receive any state or local income tax refunds from prior years?
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you or your spouse have any IRA accounts?
<input type="checkbox"/>	<input type="checkbox"/>	15. Did you recharacterize any IRAs this year?
<input type="checkbox"/>	<input type="checkbox"/>	16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
<input type="checkbox"/>	<input type="checkbox"/>	19. Did you receive any type of prize, award, or gambling winnings during 2012?
<input type="checkbox"/>	<input type="checkbox"/>	20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	21. Did you receive any income not shown in this organizer? If so, please list. _____
<input type="checkbox"/>	<input type="checkbox"/>	22. Does anyone owe you money that has become uncollectible?

Comments: \_\_\_\_\_  
 \_\_\_\_\_

## Miscellaneous Information

**Name:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Yes No**

### Business Information

		1. Did you start a new business or purchase any rental property during 2012?
		2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
		3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
		4. Did you own rental property? What percentage of time did you spend managing your rentals? _____
		5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

**Yes No**

### Other Information

		1. Were any tuition costs paid during 2012 (even if classes were attended in another year)?
		2. Did anyone in your household attend higher education classes in 2012?
		3. Did you incur a loss due to damaged or stolen property?
		4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008 in which the First-Time Homebuyer Credit was taken on the home?
		5. Did you refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information.
		6. Did you purchase or sell a home that you used as a principal residence? If yes, please provide closing documentation.
		7. If yes to question 6, was the First-Time Homebuyer Credit taken?
		8. Did you make any gifts to any one person in 2012 in excess of \$13,000? If so, are you splitting this gift with your spouse?
		9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?

**To itemize deductions, bring receipts and documentation for these types of expenses:**

	Prescriptions, first-aid
	State/local income taxes
	Mortgage interest
	Tax preparation fees
	Gambling losses (up to amount of winnings)
	Cash donations to charity (provide all receipts)
	Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
	Real estate and personal property taxes paid in 2012
	Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
	Fair market value of property donated to charity
	Purchase price of new goods donated or used in volunteer work

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Miscellaneous Information

Name:

SSN:

### Information to bring to your appointment:

Driver's license and social security card (for identity verification)

Copy of your 2011 income tax return (for comparison and review for all includible information)

Original W-2s and other statements of income received from employers

1099s and other statements reporting interest/dividend/miscellaneous income

Records of other income received (tips, self-employment, SSI, combined bank reporting statements)

Cancelled checking/savings slip (for direct deposit/direct debit information)

Concerns to discuss with preparer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Preparer Notes

#### Miscellaneous Notes

## Personal Data

Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household	
Taxpayer Name	SSN
Spouse Name	SSN
Address	Apt no.
City	State Zip
Foreign State/Province	Foreign Postal Code
Foreign Country	
Taxpayer Date of Birth	Spouse Date of Birth
Occupation	Occupation
Daytime phone: Ext:	Daytime phone: Ext:
Evening phone: Ext:	Evening phone: Ext:
Cell:	Cell:
E-mail	E-mail
<input type="checkbox"/> Full time student <input type="checkbox"/> Blind	<input type="checkbox"/> Full time student <input type="checkbox"/> Blind
Do you want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>	Does your spouse want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>
Date and time of this year's appointment	

### Income Taxes Paid

#### Federal

		2012 estimate date due	2012 est amount	Amount paid	Date paid	Check no.
2011 Refund		April 17, 2012				
2011 Refund applied to 2012		June 15, 2012				
2011 Balance Due		Sept. 15, 2012				
		Jan. 15, 2013				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

#### Resident State

		2012 estimate date due	2012 est amount	Amount paid	Date paid	Check no.
2011 Refund		April 17, 2012				
2011 Refund applied to 2012		June 15, 2012				
2011 Balance Due		Sept. 17, 2012				
		Jan. 15, 2013				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

#### Local

		2012 estimate date due	2012 est amount	Amount paid	Date paid	Check no.
2011 Refund		April 17, 2012				
2011 Refund applied to 2012		June 15, 2012				
2011 Balance Due		Sept. 17, 2012				
		Jan. 15, 2013				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

# Dependents

<b>Name:</b>					<b>SSN:</b>				
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$950?			<input type="checkbox"/>		<b>2012</b>		<b>2011</b>
Child Care Credit - qualifying expenses incurred and paid in 2012									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$950?			<input type="checkbox"/>		<b>2012</b>		<b>2011</b>
Child Care Credit - qualifying expenses incurred and paid in 2012									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$950?			<input type="checkbox"/>		<b>2012</b>		<b>2011</b>
Child Care Credit - qualifying expenses incurred and paid in 2012									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$950?			<input type="checkbox"/>		<b>2012</b>		<b>2011</b>
Child Care Credit - qualifying expenses incurred and paid in 2012									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$950?			<input type="checkbox"/>		<b>2012</b>		<b>2011</b>
Child Care Credit - qualifying expenses incurred and paid in 2012									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$950?			<input type="checkbox"/>		<b>2012</b>		<b>2011</b>
Child Care Credit - qualifying expenses incurred and paid in 2012									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$950?			<input type="checkbox"/>		<b>2012</b>		<b>2011</b>
Child Care Credit - qualifying expenses incurred and paid in 2012									
Child Care Credit - portion of qualifying expenses provided by employer									

## Child and Dependent Care

<b>Name:</b>		<b>SSN:</b>	
Child Care Provider's Information		2012	2011
Social Security Number or Employer ID Number	Amount Paid		
Name			
Street Address			
City		Phone	
<b>U.S. Only</b>	State, ZIP		
<b>Foreign Only</b>	Province/State, Country, Postal Code		
		2012	2011
Social Security Number or Employer ID Number	Amount Paid		
Name			
Street Address			
City		Phone	
<b>U.S. Only</b>	State, ZIP		
<b>Foreign Only</b>	Province/State, Country, Postal Code		
		2012	2011
Social Security Number or Employer ID Number	Amount Paid		
Name			
Street Address			
City		Phone	
<b>U.S. Only</b>	State, ZIP		
<b>Foreign Only</b>	Province/State, Country, Postal Code		
		2012	2011
Social Security Number or Employer ID Number	Amount Paid		
Name			
Street Address			
City		Phone	
<b>U.S. Only</b>	State, ZIP		
<b>Foreign Only</b>	Province/State, Country, Postal Code		

# Wages and Salaries

Please attach all W-2(s).

**Name:**

**SSN:**

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2012	2011	Federal tax
					2012
					2011
		State wages	2012	2011	State tax
					2012
					2011
		Locality	2012	2011	Local tax
					2012
					2011

  

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2012	2011	Federal tax
					2012
					2011
		State wages	2012	2011	State tax
					2012
					2011
		Locality	2012	2011	Local tax
					2012
					2011

  

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2012	2011	Federal tax
					2012
					2011
		State wages	2012	2011	State tax
					2012
					2011
		Locality	2012	2011	Local tax
					2012
					2011

  

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2012	2011	Federal tax
					2012
					2011
		State wages	2012	2011	State tax
					2012
					2011
		Locality	2012	2011	Local tax
					2012
					2011





## Profit or Loss From Business Schedule C

<b>Name:</b>		<b>SSN:</b>			
TS		Principal business or profession	Business code		
Business name		Employer I.D. number			
Business address					
City					
<b>U.S. Only</b>		State, ZIP			
<b>Foreign Only</b>		Province/State, Country, Postal Code			
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other					
Activity type				Some investment is NOT at risk <input type="checkbox"/>	
You started or acquired this business during 2012 <input type="checkbox"/>			You disposed of this property during 2012 <input type="checkbox"/>		
Did you make any payments in 2012 that would require you to file Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If, Yes, did you or will you file all required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Income</b>		<b>2012</b>	<b>2011</b>	<b>2012</b>	<b>2011</b>
Gross receipts or sales				Other income	
Returns and allowances					
<b>Expenses</b>		<b>2012</b>	<b>2011</b>	<b>2012</b>	<b>2011</b>
Advertising				Taxes and licenses	
Car and truck expenses				Travel	
Commissions and fees				Total meals and entertainment	
Contract labor				Utilities	
Depletion				Wages	
Employee benefit programs				Other expenses (list):	
Insurance (other than health)					
Mortgage interest (paid to banks, etc.)					
Other interest					
Legal professional services					
Office expenses					
Pension and profit sharing plans					
Rent or lease (vehicles, machinery, and equipment)					
Rent (other business property)					
Repairs and maintenance				Other (Detail)	
Supplies				Family Health Coverage	
<b>Cost of goods sold</b>		<b>2012</b>	<b>2011</b>	<b>2012</b>	<b>2011</b>
Inventory at beginning of the year				Materials and supplies	
Purchases (less cost of items withdrawn for personal use)				Other costs	
Cost of labor				Inventory at end of year	
Inventory method, if not Cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other <input type="checkbox"/> There was a change of inventory method <input type="checkbox"/>					



## Sale of Home

<b>Name:</b>		<b>SSN:</b>	
Enter the date you purchased the home		Enter the date you sold the home	
Enter the purchase price of your old home		Seller-paid points for old home if bought after 1990	
Enter the selling price of the old home		Enter any expenses from the sale of the old home	
<b>Settlement fees or closing costs for old home.</b>			
Abstract and recording fees			
Legal fees			
Surveys			
Title insurance			
Transfer or stamp taxes			
Amounts the seller owed that you agreed to pay			
Other fees or closing cost			
Cost of capital improvements to old home			
Special tax assessments paid on old home for local improvements, such as streets			
<b>Other increases to basis:</b>			
Describe:			
If home was used for business, enter any depreciation claimed			
<b>Other decreases to basis:</b>			
Describe:			
<b>Information on time lived in the home sold</b>		<b>You</b>	<b>Spouse</b>
Enter the date that you first used the property as a main home			
Enter the date that you first owned the property as a main home			
Have you excluded gain from the sale of another home during the 2-year period ending on the date of this sale?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, answer the following: Enter date of most recent sale of another home on which you excluded the gain			
<b>First-Time Homebuyer Credit repayment information.</b>			
Year the home was purchased		Amount of First-Time Homebuyer Credit taken	
Amount of credit repaid in prior years			
Mark the box below that applies if there was a change in the use of the main home or disposition of the home other than a sale to an unrelated party.			
Date home ceased to be a main home if not sold			
<input type="checkbox"/> I sold the home to a related person			
<input type="checkbox"/> I converted the home to a rental or business OR I still own the home but it is no longer my main home			
<input type="checkbox"/> I transferred the home to spouse (or ex-spouse as part of my divorce settlement) Ex-spouse's Name _____			
<input type="checkbox"/> My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years			
<input type="checkbox"/> My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years			
<input type="checkbox"/> The taxpayer who claimed the credit died in 2012			
<b>Please bring the contract for the sale of the home to your appointment.</b>			

## Casualties and Thefts

<b>Name:</b>	<b>SSN:</b>
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Description of property			
Location of property			
Was property	<input type="checkbox"/> Personal	<input type="checkbox"/> Business	<input type="checkbox"/> Income-producing <input type="checkbox"/> Employee income-producing
Date acquired		Fair market value before incident	
Cost or other basis		Fair market value after incident	
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident	

**Appendix A Information for Ponzi losses**

<b>Part II Computation of Deduction</b>			
Initial investment		Percentage of qualified investment	
Subsequent investments		Actual recovery	
Income reported in prior years		Potential insurance / SIPC recovery	
Withdrawals			

**Part III Required Statements and Declarations**

Name of person or entity that conducted fraudulent arrangements			
Name		SSN/EIN	
Street Address			
City	State	Zip	

Description of property			
Location of property			
Was property	<input type="checkbox"/> Personal	<input type="checkbox"/> Business	<input type="checkbox"/> Income-producing <input type="checkbox"/> Employee income-producing
Date acquired		Fair market value before incident	
Cost or other basis		Fair market value after incident	
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident	

**Appendix A Information for Ponzi losses**

<b>Part II Computation of Deduction</b>			
Initial investment		Percentage of qualified investment	
Subsequent investments		Actual recovery	
Income reported in prior years		Potential insurance / SIPC recovery	
Withdrawals			

**Part III Required Statements and Declarations**

Name of person or entity that conducted fraudulent arrangements			
Name		SSN/EIN	
Street Address			
City	State	Zip	



## Noncash Charitable Contributions

<b>Name:</b>		<b>SSN:</b>	
TSJ		Donee I.D.	
Name of donee organization			
Address of donee organization			
City			
<b>U.S. Only</b>		State, ZIP	
<b>Foreign Only</b>		Province/State, Country, Postal Code	
Description of donated property		Date contributed	
Physical condition of donated property		Donor's cost or adjusted basis	
Valuation method used		Fair market value	
How was it acquired?		Bargain sale price	
Date acquired		Average security price	
<b>Property Type (if over \$5,000)</b>			
<input type="checkbox"/>	Art valued more than \$20,000	<input type="checkbox"/>	Equipment
<input type="checkbox"/>	Qualified conservation contribution	<input type="checkbox"/>	Art valued less than \$20,000
<input type="checkbox"/>	Non-qualified conservation contribution	<input type="checkbox"/>	Other real estate
<input type="checkbox"/>		<input type="checkbox"/>	Securities
<input type="checkbox"/>		<input type="checkbox"/>	Collectibles
<input type="checkbox"/>		<input type="checkbox"/>	Intellectual Property
<input type="checkbox"/>		<input type="checkbox"/>	Vehicles
<input type="checkbox"/>		<input type="checkbox"/>	Other

  

TSJ		Donee I.D.	
Name of donee organization			
Address of donee organization			
City			
<b>U.S. Only</b>		State, ZIP	
<b>Foreign Only</b>		Province/State, Country, Postal Code	
Description of donated property		Date contributed	
Physical condition of donated property		Donor's cost or adjusted basis	
Valuation method used		Fair market value	
How was it acquired?		Bargain sale price	
Date acquired		Average security price	
<b>Property Type (if over \$5,000)</b>			
<input type="checkbox"/>	Art valued more than \$20,000	<input type="checkbox"/>	Equipment
<input type="checkbox"/>	Qualified conservation contribution	<input type="checkbox"/>	Art valued less than \$20,000
<input type="checkbox"/>	Non-qualified conservation contribution	<input type="checkbox"/>	Other real estate
<input type="checkbox"/>		<input type="checkbox"/>	Securities
<input type="checkbox"/>		<input type="checkbox"/>	Collectibles
<input type="checkbox"/>		<input type="checkbox"/>	Intellectual Property
<input type="checkbox"/>		<input type="checkbox"/>	Vehicles
<input type="checkbox"/>		<input type="checkbox"/>	Other

## Itemized Deductions

<b>Name:</b>		<b>SSN:</b>			
<b>MEDICAL and DENTAL</b>	<b>2012</b>	<b>2011</b>	<b>GIFTS TO CHARITY</b> (attach receipts)	<b>2012</b>	<b>2011</b>
Health insurance premiums			Total gifts by cash or check		
Long term care premiums			30% limitation		
Number of medical miles			Charitable miles		
Other medical and dental expenses (list):			Other than by cash or check		
			Carryover from prior year subject to:		
			QCC - qualified farmer or rancher		
			QCC - non-qualified farmer or rancher		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
			20% limitation		
<b>TAXES YOU PAID</b>			<b>JOB EXPENSES</b> (list):		
State and local income taxes			Unreimbursed employee expenses		
Sales tax					
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
Personal property taxes					
Other taxes (list):					
<b>INTEREST YOU PAID</b>					
Home mortgage interest and points on Form 1098					
Home mortgage interest not on Form 1098			Tax preparation fees		
SSN/EIN:			Other Expense (list):		
Name:					
Street:					
City:					
<b>U.S. Only</b> State, ZIP					
<b>Foreign Only</b> Province/State, Country, Postal Code			<b>MISCELLANEOUS DEDUCTIONS</b>		
			Other deductions not subject to 2% limit		
Portion of amount above that is home equity interest					
Points not reported on Form 1098					
Qualified mortgage insurance premiums					
Investment interest					

## Expenses for Business Use of Your Home

Name:

SSN:

TSJ  For

### Business Use of Home

2012

2011

Square feet of home used exclusively for business

Total square feet of home

### Use of Home for Daycare

2012

2011

Area used part time for business

Total hours used for daycare

Total hours available

Did you live in the home all year?  Yes  No

### Expenses

Expenses directly related to business use **only**

Total Household expenses

Did you claim office in home expenses last year?  Yes  No

2012

2011

2012

2011

Deductible mortgage interest

Real estate taxes

Excess mortgage interest

Insurance

Rent

Repairs and maintenance

Utilities

Other expenses

### Cost of Home

2012

2011

Enter the **smaller** of your home's adjusted basis or its fair market value

Does this include the value of the land?  Yes  No

Value of land

Date placed in service

Date taken out of service

## Employee Business Expense

Name:

SSN:

TS  Occupation

### Part I - Employee Business Expense and Reimbursements

2012

2011

Rural mail carrier

Parking fees, tolls, and local transportation, including train, bus, etc.

Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do Not** include meals and entertainment

Other business expenses

Meals and entertainment expenses

DOT meals

Enter reimbursements received from your employer that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for

Other business expenses

Meals and entertainment expenses

Portion of total expenses that is for impairment-related work expenses of disabled employee

Portion of total expenses that is for Armed Forces reservist

Qualifying performing artist     Fee-based state or local government official     Pastor

## Business Vehicle Expenses

### Vehicle Description

#### Vehicle 1

#### Vehicle 2

2012

2011

2012

2011

Enter the date vehicle was placed in service

Total miles vehicle was driven during 2012

Business miles

Average daily roundtrip commuting distance

Commuting miles included in total miles above

Taxes

Gasoline, oil, repairs, vehicle insurance, etc.

Vehicle rentals

Inclusion amount

Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)

Enter cost or other basis

Enter section 179 deduction

Enter depreciation method and percentage

If an employer provided vehicle, was personal use during off duty hours permitted?     Yes     No

Do you or your spouse have another vehicle available for personal use?     Yes     No

Do you have evidence to support your deduction?     Yes     No

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

# Auto Expense Worksheet

**Name:**

**SSN:**

For

Business name and Profession/Product

Description

Date placed in service

Do you or your spouse have another vehicle available for personal use?  Yes  No

Was your vehicle available for use during off-duty hours?  Yes  No

Do you have evidence to support your deduction?  Yes  No

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

Enter the number of miles your vehicle was used for:

**2012**

**2011**

**a** Business miles

**b** Commuting

**c** Other

**Expenses:**

**2012**

**2011**

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %