

Form ID: 1040

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:

Prior Year Information

Taxpayer/Spouse(T, S)		[1]
Payer name		[3]
State postal code		[4]
Mark if professional gambler		[9]
Gross winnings (Box 1)	+	[11]
Federal withholding(Box 2)	+	[13]
Type of wager(Box 3)		[15]
Date won (Box 4)		[17]
Transaction (Box 5)		[19]
Race (Box 6)		[21]
Identical wager winnings(Box 7)	+	[23]
Cashier (Box 8)		[25]
Taxpayer identification number(Box 9)		[27]
Window (Box 10)		[28]
First ID (Box 11)		[30]
Second ID (Box 12)		[31]
Payer's state ID no.(Box 13)		[32]
State withholding(Box 14)	+	[33]
Name of locality		[36]
Local withholding		[37]

Control Totals+

Gambling Winnings #2

Prior Year Information

Taxpayer/Spouse(T, S)		[1]
Payer name		[3]
State postal code		[4]
Mark if professional gambler		[9]
Gross winnings (Box 1)	+	[11]
Federal withholding(Box 2)	+	[13]
Type of wager(Box 3)		[15]
Date won (Box 4)		[17]
Transaction (Box 5)		[19]
Race (Box 6)		[21]
Identical wager winnings(Box 7)	+	[23]
Cashier (Box 8)		[25]
Taxpayer identification number(Box 9)		[27]
Window (Box 10)		[28]
First ID (Box 11)		[30]
Second ID (Box 12)		[31]
Payer's state ID no. (Box 13)		[32]
State withholding(Box 14)	+	[33]
Name of locality		[36]
Local withholding		[37]

Control Totals+

NOTES/QUESTIONS:

Preparer use only**2012 Information****Prior Year Information**

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Business name _____ [5]
 Principal business/profession _____ [6]
 Business code _____ [11]
 Business address, if different from home address on Organizer Form ID: 1040
 Address _____ [14]
 City/State/Zip _____ [15] _____ [16] _____ [17]
 Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____ [18]
 If other: _____ [20]
 Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____ [21]
 If other enter explanation: _____ [23]
 _____ [23]
 Enter an explanation if there was a change in determining your inventory: _____ [24]
 _____ [24]
 Did you "materially participate" in this business? (Y, N) _____ [25]
 If not, number of hours you did significantly participate _____ [27]
 Mark if you began or acquired this business in 2012 _____ [29]
 Did you make any payments in 2012 that require you to file Form(s) 1099? (Y, N) _____ [30]
 If "Yes", did you or will you file all required Forms 1099? (Y, N) _____ [32]
 Mark if this business is considered related to qualified services as a minister or religious worker _____ [34]
 Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____ [36]
 Medical insurance premiums paid by this activity + _____ [39]
 Long-term care premiums paid by this activity + _____ [41]
 Amount of wages received as a statutory employee + _____ [44]

Business Income**2012 Information****Prior Year Information**

Gross receipts and sales
 _____ + _____ [49]
 _____ + _____
 _____ + _____
 _____ + _____
 Returns and allowances + _____ [52]
 Other income:
 _____ + _____ [54]
 _____ + _____
 _____ + _____
 _____ + _____

Cost of Goods Sold**2012 Information****Prior Year Information**

Beginning inventory + _____ [56]
 Purchases + _____ [58]
 Labor:
 _____ + _____ [60]
 _____ + _____
 Materials + _____ [62]
 Other costs:
 _____ + _____ [64]
 _____ + _____
 _____ + _____
 _____ + _____
 Ending inventory + _____ [66]

Control Totals +**Business****Form ID: C-1**

Preparer use only

Principal business or profession _____

2012 Information**Prior Year Information**

Advertising	+ _____ [6]
Car and truck expenses	+ _____ [8]
Commissions and fees	+ _____ [10]
Contract labor	+ _____ [12]
Depletion	+ _____ [14]
Depreciation	+ _____ [16]
Employee benefit programs (Include Small Employer Health Insurance Premiums credit):	
_____	+ _____ [18]
_____	+ _____
Insurance (Other than health):	
_____	+ _____ [20]
_____	+ _____
Interest:	
Mortgage (Paid to banks, etc.)	
_____	+ _____ [22]
_____	+ _____
_____	+ _____
Other:	
_____	+ _____ [24]
_____	+ _____
Legal and professional services	+ _____ [26]
Office expense	+ _____ [29]
Pension and profit sharing:	
_____	+ _____ [31]
_____	+ _____
Rent or lease:	
Vehicles, machinery, and equipment	+ _____ [33]
Other business property	+ _____ [35]
Repairs and maintenance	+ _____ [37]
Supplies	+ _____ [39]
Taxes and licenses:	
_____	+ _____ [41]
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
Travel, meals, and entertainment:	
Travel	+ _____ [43]
Meals and entertainment	+ _____ [45]
Meals (Enter 100% subject to DOT 80% limit)	+ _____ [47]
Utilities	+ _____ [51]
Wages (Less employment credit):	
_____	+ _____ [53]
_____	+ _____
Other expenses:	
_____	+ _____ [55]
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____

Control Totals +**Form ID: C-2**

Preparer use only

Principal business or profession _____

Preparer use only Carryovers	Regular		AMT	
Operating	+	[11]	+	[12]
Short-term capital	+	[13]	+	[14]
Long-term capital	+	[15]	+	[16]
28% rate capital	+	[17]	+	[18]
Section 1231 loss	+	[19]	+	[20]
Ordinary business gain/loss	+	[21]	+	[22]
Section 179	+	[23]	+	[24]

NOTES/QUESTIONS:

Preparer use only

2012 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____ [3]
 State postal code _____ [4]
 Description _____ [2]
 Physical address: Street _____ [5]
 City, state, zip code _____ [6] _____ [7] _____ [8]
 Foreign country _____ [10]
 Foreign province/county _____ [11]
 Foreign postal code _____ [12]
 Type (1 = Single-family, 2 = Multi-family, 3 = Vacation/short-term, 4 = Commercial, 5 = Land, 6 = Royalties, 7 = Self-rental, 8 = Other) _____ [13]
 Description of other type (Type code #8) _____ [14]
 Did you make any payments in 2012 that require you to file Form(s) 1099? (Y, N) _____ [15]
 If "Yes", did you or will you file all required Forms 1099? (Y, N) _____ [17]
 Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____ [19]
 Percentage of ownership if not 100% _____ [21]
 Business use percentage, if not 100% (Not vacation home percentage) _____ [23]

Rent and Royalty Income

2012 Information

Prior Year Information

Rents and royalties + _____ [32]

Rent and Royalty Expenses

2012 Information

Percent if not 100%

Prior Year Information

Advertising + _____ [34] _____ [35]
 Auto + _____ [37] _____ [38]
 Travel + _____ [40] _____ [41]
 Cleaning and maintenance + _____ [43] _____ [44]
 Commissions:
 _____ + _____ [46] _____ [48]
 _____ + _____
 Insurance:
 _____ + _____ [49] _____ [51]
 _____ + _____
 Legal and professional fees + _____ [53] _____ [54]
 Management fees:
 _____ + _____ [56] _____ [58]
 _____ + _____
 Mortgage interest paid to banks, etc (Form 1098) + _____ [59] _____ [61]
 Other mortgage interest + _____ [62] _____ [64]
 Qualified mortgage insurance premiums + _____ [65] _____ [66]
 Other interest:
 _____ + _____ [68] _____ [70]
 _____ + _____
 Repairs + _____ [71] _____ [72]
 Supplies + _____ [74] _____ [75]
 Taxes:
 _____ + _____ [77] _____ [79]
 _____ + _____
 Utilities + _____ [80] _____ [81]
 Depreciation + _____ [83] _____ [84]
 Depletion + _____ [86] _____ [87]
 Other expenses:
 _____ + _____ [89] _____
 _____ + _____
 _____ + _____

Control Totals +

Rent & Royalty

Form ID: Rent