

20 Income Tax Return Annual Engagement Letter

Dear Client:

We appreciate the opportunity to work with you. To minimize the possibility of a misunderstanding between us, we are setting forth pertinent information about the services we will perform for you.

We will prepare your 20__ Federal and PA income tax returns from information you furnish us. We will not audit or otherwise verify the data you submit although we may ask you to clarify some of the information. We may furnish you with questionnaires to help you gather and organize the necessary information for us, in order to keep our fee to a minimum.

We must receive all information to prepare your return by April 1, 20__, to ensure that your return will be completed by April 15, 20__. If we have not received all of your information by April 1, 20__ and your return is not completed by April 15, 20__, you may be subject to late filing or late payment penalties. We do not file tax extensions for clients unless specifically requested, in writing or by fax/email to do so.

It is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns, including but not limited to the auto, travel, entertainment, and related expenses and the required documents to support charitable contributions. If you have any questions as to the type of records required, please ask us for advice in that regard. It is also your responsibility to carefully examine and approve your completed tax returns before signing and mailing them to the tax authorities. We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest.

We are responsible for preparing only the returns listed above. If there are additional returns you wish us to prepare, such as sales tax, property tax, inheritance, gift or estate tax, other income tax returns for other entities, or other states' or cities tax returns please insert them here: _____
Our fee does not include responding to inquiries or examination by taxing authorities. However, we are available to represent you and our fees for such services are at our standard rates and would be covered under a separate engagement letter. The first hour is free.

We will use our judgment to resolve questions in your favor where a tax law is unclear if there is a reasonable justification for doing so. Whenever we are aware that a possibly applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts), we will explain the possible positions that may be taken on your return. We will follow whatever position you request, so long as it is consistent with the codes and regulations and interpretations that have been promulgated. If the IRS should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such additional penalties or assessments.

In addition, your confidentiality privilege can be inadvertently waived if you discuss the contents of any privileged communication with a third party, such as a lending institution, a friend, or a business associate. We recommend that you contact us before releasing any privileged information to a third party.

If we are asked to disclose any privileged communication, unless we are required to disclose the communication by law, we will not provide such disclosure until you have had an opportunity to argue that the communication is privileged. You agree to pay any and all reasonable expenses that we incur, including legal fees, that are a result of attempts to protect any communication as privileged.

TICE ASSOCIATES, P.C.
1709 W. Market St. York, PA 17404

It is our firm's policy to retain copies of your tax returns for four (4) years, after which they will be destroyed.

Fees for our services will be at our standard rates plus computer charges and out-of-pocket expenses. Payment for service is due when rendered and interim billings may be submitted as work progresses and expenses are incurred. We reserve the right to stop work on any account that is (60) days past due, in accordance with our firm's stated collection policy.

If any dispute arises among the parties, they agree to try first in good faith to settle the dispute by mediation administered by the American Arbitration Association (AAA) under its Commercial Mediation Rules. All unresolved disputes shall then be decided by final and binding arbitration in accordance with the Commercial Arbitration Rules of the AAA. Fees charged by any mediators, arbitrators, or the AAA shall be shared equally by all parties. IN AGREEING TO ARBITRATION, WE BOTH ACKNOWLEDGE THAT IN THE EVENT OF A DISPUTE OVER FEES, EACH OF US IS GIVING UP THE RIGHT TO HAVE THE DISPUTE DECIDED IN A COURT OF LAW BEFORE A JUDGE OR JURY AND INSTEAD WE ARE ACCEPTING THE USE OF ARBITRATION FOR RESOLUTION.

If the above fairly sets forth your understanding, please sign the enclosed copy of this letter and return it to us.

We are pleased to have you as a client and look forward to a long and mutually satisfying relationship.

Sincerely,

TICE ASSOCIATES, P.C.

Accepted:

CLIENT REPRESENTATIVE

CLIENT NAME

Date: _____

TICE ASSOCIATES, P.C.
1709 W. Market St. York, PA 17404

Attached is an organizer provided to you, our client, to assist in gathering the information necessary to prepare your individual income tax return.

The Internal Revenue Service matches information returns with amounts reported on your tax return. The Internal Revenue Service may assess a negligence penalty when income is underreported or when deductions are overstated. Accordingly, all information returns reflecting amounts reported to the Internal Revenue Service should be submitted with this organizer.

Please provide the following information:

- Copy of previous year tax return (if not in our possession)
- W-2 Original Forms
- 1099 INT
- 1099 DIV
- 1099 B
- 1099 MISC
- 1099 (all other)
- Schedules K-1's (All Partnerships, S-Corp's, & Estates Or Trusts)
- Annual Brokerage Statements
- 1098 Mortgage Interest Statements
- Copies of closing statements from sale or purchase of real property
- All other information notices you received, or any items you have questions about.

To meet timely filing requirements, we urge you to collect your information as soon as possible. If you are missing information from "passthrough" entities such as partnerships, S Corporations, and trusts but have assembled all other data, please send us your information, noting which information is missing, and forward us the missing information as soon as it is available.

Upon your acceptance of our tax return engagement letter, we will begin processing your tax return(s).

We look forward to providing services to you.

TICE ASSOCIATES, P.C.
1709 WEST MARKET STREET
YORK, PA 17404
Phone: 717-843-9572 Fax: 717-845-1590
E-mail: tax@ticeassociates.com

TAXPAYER QUESTIONNAIRE

Please answer the following questions and be prepared to submit details for any question answered "Yes":

PERSONAL INFORMATION

- | | Yes | No |
|-----------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Did your marital status change during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Will the address on your current return be different from your prior return? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to allow the preparer to discuss this year's return with the IRS? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you or your spouse plan to retire during the next year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse permanently and totally disabled during the tax year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Enter date of taxpayer or spouse death during the tax year: | _____ | |
| Do you wish to have \$3 (or \$6 on joint return) of your taxes applied to the Presidential Campaign Fund? | <input type="checkbox"/> | <input type="checkbox"/> |

DEPENDENT INFORMATION

- | | | |
|---------------------------------------------------------------------------------|--------------------------|--------------------------|
| Were there any changes in dependents from a prior year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have dependents who must file? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want us to prepare your dependents tax returns? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have children under age 18 with investment income greater than \$1,900? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to include your child's income on your return? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any of your dependents NOT U.S. citizens or residents? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you provide over half the support for any other person during the tax year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur adoption expenses during the tax year? | <input type="checkbox"/> | <input type="checkbox"/> |

IRA AND PENSION PLAN

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Did you receive payments from a pension or profit-sharing plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a total distribution from an IRA or any other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you convert all or part of a regular IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you contribute to a Coverdell Education Savings Account? | <input type="checkbox"/> | <input type="checkbox"/> |

ITEMS RELATED TO INCOME/LOSS

- | | | |
|-----------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Do you expect a large fluctuation in your income, deductions, or withholding next year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive tax-exempt interest or dividends? | <input type="checkbox"/> | <input type="checkbox"/> |

ITEMS RELATED TO INCOME/LOSS (continued)

	Yes	No
Did you receive any disability payments during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income NOT reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell or purchase a principal residence during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any installment sale amounts from relatives?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any casualty or theft losses during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive income from any legal proceedings, cancellation of student loans or other indebtedness during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Were a resident of, or did you have income in, more than one state during the year?	<input type="checkbox"/>	<input type="checkbox"/>

PRIOR YEAR TAX RETURNS

Were you notified by the IRS or state taxing authority of changes to a prior year's tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Were there changes to a prior year's income, deductions, credits, etc. which would require filing an amended return?	<input type="checkbox"/>	<input type="checkbox"/>

FOREIGN BANK ACCOUNTS AND TAXES

Did you have foreign income or pay any foreign taxes during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
At any time during the tax year did you have an interest in or a signature authority over a bank account or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

HEALTH AND LIFE INSURANCE

Did you or your spouse have self-employed health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Are either you or your spouse eligible to participate in an employer's health plan at a job other than self-employment?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

MISCELLANEOUS

Did you make energy-efficient improvements to your home or purchase any energy-saving property during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a motor vehicle or boat during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a hybrid vehicle during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle during the tax year? (Attach Form 1098-C)	<input type="checkbox"/>	<input type="checkbox"/>

MISCELLANEOUS (continued)

Yes No

- | | | |
|------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 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"/> |
| Did you make gifts to a trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were any portion of dues paid non-deductible due to political lobbying? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse participate in a medical savings account? (Attach 1099-SA) | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make a loan at an interest rate below market rate? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any individual for domestic services during the tax year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay interest on a student loan for yourself, your spouse, or your dependents? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you, your spouse, or your dependents attend post-secondary school during the tax year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you granted or did you exercise any stock options? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you surrender any U.S. savings bonds? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you use the proceeds from Series EE savings bonds purchased after 1989 to pay for higher education expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a will or trust that has been updated within the last three years? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any income not included in this Organizer? | <input type="checkbox"/> | <input type="checkbox"/> |

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| If your tax return is eligible for Electronic Filing, would you like to file electronically? | <input type="checkbox"/> | <input type="checkbox"/> |
| The IRS is able to deposit many refunds directly into taxpayer's account. If you receive a refund, would you like direct deposit? (Attach a voided check) | <input type="checkbox"/> | <input type="checkbox"/> |

If YES, please provide the following:

Name of Financial Institution _____

Routing Transit Number

--	--	--	--	--	--	--	--

Account Number _____

Type of Account Checking Savings

- | | | |
|----------------------------------------------------------------------------------------|--------------------------|--------------------------|
| If you receive a refund, do you wish to contribute all or a portion to any state fund? | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------------------------------------------------------------------------|--------------------------|--------------------------|

If YES, indicate which funds:

- | | | |
|------------------------------------------------------------------------------|--------------------------|--------------------------|
| Do you want any overpayment of taxes applied to next year's estimated taxes? | <input type="checkbox"/> | <input type="checkbox"/> |
|------------------------------------------------------------------------------|--------------------------|--------------------------|

TAXPAYER INFORMATION ORGANIZER

Personal Information

	Name	SSN	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					

Home Address _____

City, Town, or Post Office _____ County _____ State _____ Zip Code _____ School District _____

	Taxpayer	Spouse
Home Phone	_____	_____
Home Fax	_____	_____
Cell Phone	_____	_____
E-Mail	_____	_____

Blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contribute To Pres. Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Contribute To Pres. Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is this person able to be eligible to be claimed as a dependent on another return?

Taxpayer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spouse	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Filing Status

Single

Married Filing Jointly

Married Filing Separate

Did you live with your spouse at any time during the year? Yes No

Are you eligilbe to claim spouse's exemption? Yes No

Does your spouse itemize deductions? Yes No

Head of Household

Is the qualifying person a child but not your dependent Yes No

If yes:

Child's Name _____

Child's Social Security Number _____

Qualifying Widow(er)

Date of spouse death _____

Estimated Tax Payments Made

	Federal		State		Local	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment Applied						
1st Quarter						
2nd Quarter						
3rd Quarter						
4th Quarter						

Dependent Information

Name		SSN	Date of Birth	Relationship	Months Lived With You in U.S.
Dependent 1					
		Disabled?	Full Time Student?	Child Care Expenses	

Name		SSN	Date of Birth	Relationship	Months Lived With You in U.S.
Dependent 2					
		Disabled?	Full Time Student?	Child Care Expenses	

Name		SSN	Date of Birth	Relationship	Months Lived With You in U.S.
Dependent 3					
		Disabled?	Full Time Student?	Child Care Expenses	

Name		SSN	Date of Birth	Relationship	Months Lived With You in U.S.
Dependent 4					
		Disabled?	Full Time Student?	Child Care Expenses	

Name		SSN	Date of Birth	Relationship	Months Lived With You in U.S.
Dependent 5					
		Disabled?	Full Time Student?	Child Care Expenses	

WAGES, TIPS, AND OTHER COMPENSATION

[Attach W-2 Copies Here]

Information is for: Taxpayer Spouse

Employer Name: _____
 Employer Address _____

Employer Identification Number (EIN)

Box 1	Wages, Tips, Other Compensation	
Box 2	Federal Income Tax Withheld	
Box 3	Social Security Wages	
Box 4	Social Security Tax Withheld	
Box 5	Medicare Wages and Tips	
Box 6	Medicare Tax Withheld	
Box 7	Social Security Tips	
Box 8	Allocated Tips	
Box 9	Advance EIC payment	
Box 10	Dependent Care Benefits	
Box 11	Nonqualified Plans	

Box 12	Code:		Amount:		Code A: RR Tier 2 Tax
	Code:		Amount:		Code M: RR Tier 2 Tax
	Code:		Amount:		Code R: MSA
	Code:		Amount:		Code G: Not Gov't Employer

Box 13	Statutory employee	YES		NO	
	Retirement Plan	YES		NO	
	Third Party Sick Pay	YES		NO	

Box 14		

Box 15	State Abbreviation:	
	State Abbreviation:	
Box 16	State Wages, Tips, Etc.	
	State Wages, Tips, Etc.	
Box 17	State Income Tax	
	State Income Tax	

Box 20	Locality Name	
	Locality Name	
Box 18	Local Wages, Tips, Etc.	
	Local Wages, Tips, Etc.	
Box 19	Local Income Tax	
	Local Income Tax	

WAGES, TIPS, AND OTHER COMPENSATION

[Attach W-2 Copies Here]

Information is for: Taxpayer Spouse

Employer Name: _____
Employer Address _____

Employer Identification Number (EIN)

--	--	--	--	--	--	--	--	--	--

Box 1	Wages, Tips, Other Compensation	
Box 2	Federal Income Tax Withheld	
Box 3	Social Security Wages	
Box 4	Social Security Tax Withheld	
Box 5	Medicare Wages and Tips	
Box 6	Medicare Tax Withheld	
Box 7	Social Security Tips	
Box 8	Allocated Tips	
Box 9	Advance EIC payment	
Box 10	Dependent Care Benefits	
Box 11	Nonqualified Plans	

Box 12	Code:		Amount:		Code A: RR Tier 2 Tax
	Code:		Amount:		Code M: RR Tier 2 Tax
	Code:		Amount:		Code R: MSA
	Code:		Amount:		Code G: Not Gov't Employer

Box 13	Statutory employee	YES		NO	
	Retirement Plan	YES		NO	
	Third Party Sick Pay	YES		NO	

Box 14		

Box 15	State Abbreviation:	
	State Abbreviation:	
Box 16	State Wages, Tips, Etc.	
	State Wages, Tips, Etc.	
Box 17	State Income Tax	
	State Income Tax	

Box 20	Locality Name	
	Locality Name	
Box 18	Local Wages, Tips, Etc.	
	Local Wages, Tips, Etc.	
Box 19	Local Income Tax	
	Local Income Tax	

TICE ASSOCIATES, P.C.
1709 W. Market St. York, PA 17404

CERTAIN GAMBLING WINNINGS

[Attach W-2G Copies Here]

Information is for: Taxpayer Spouse

Payer's Name _____
Payer's Address _____

Payer's Federal Identification Number

--	--	--	--	--	--	--	--	--	--

Box 1	Gross Winnings	
Box 2	Federal Income Tax Withheld	
Box 3	Type of Wager	
Box 4	Date Won	
Box 5	Transaction	
Box 6	Race	
Box 7	Winnings From Identical Wagers	
Box 8	Cashier	
Box 9	Winner's Taxpayer Identification Number	
Box 10	Window	
Box 11	First I.D.	
Box 12	Second I.D.	
Box 13	State/Payer's State Identification Number	
Box 14	State Income Tax Withheld	

**DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT SHARING PLANS,
IRAs, INSURANCE CONTRACTS, ETC.**

[Attach 1099-R Copies Here]

Information is for: Taxpayer Spouse

Payer's Name _____
Payer's Address _____

Payer's Federal Identification Number

Box 1	Gross Distribution				
Box 2A	Taxable Amount				
Box 2B	Taxable Amount Not Determined	YES		NO	
	Total Distribution	YES		NO	
Box 3	Capital Gain (Included in Box 2A)				
Box 4	Federal Income Tax Withheld				
Box 5	Employee Contributions or Insurance Premiums				
Box 6	Net Unrealized Appreciation in Employer's Securities				
Box 7	Distribution Code(s)				
	IRA/SEP/SIMPLE	YES		NO	
	Is this a qualified Roth IRA Distribution not using Code Q?	YES		NO	
Box 8	Other Amount / Other %				
Box 9A	Your Percentage of Total Distribution				
Box 9B	Total Employee Contributions				
Box 11	State/Payer's State No.				
	State/Payer's State No.				
Box 12	State Distribution				
	State Distribution				
Box 10	State Tax Withheld				
	State Tax Withheld				
Box 14	Name of Locality				
	Name of Locality				
Box 15	Local Distribution				
	Local Distribution				
Box 13	Local Tax Withheld				
	Local Tax Withheld				

**DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT SHARING PLANS,
IRAs, INSURANCE CONTRACTS, ETC.**

[Attach 1099-R Copies Here]

Information is for: Taxpayer Spouse

Payer's Name _____
Payer's Address _____

Payer's Federal Identification Number

Box 1	Gross Distribution				
Box 2A	Taxable Amount				
Box 2B	Taxable Amount Not Determined	YES		NO	
	Total Distribution	YES		NO	
Box 3	Capital Gain (Included in Box 2A)				
Box 4	Federal Income Tax Withheld				
Box 5	Employee Contributions or Insurance Premiums				
Box 6	Net Unrealized Appreciation in Employer's Securities				
Box 7	Distribution Code(s)				
	IRA/SEP/SIMPLE	YES		NO	
	Is this a qualified Roth IRA Distribution not using Code Q?	YES		NO	
Box 8	Other Amount / Other %				
Box 9A	Your Percentage of Total Distribution				
Box 9B	Total Employee Contributions				
Box 11	State/Payer's State No.				
	State/Payer's State No.				
Box 12	State Distribution				
	State Distribution				
Box 10	State Tax Withheld				
	State Tax Withheld				
Box 14	Name of Locality				
	Name of Locality				
Box 15	Local Distribution				
	Local Distribution				
Box 13	Local Tax Withheld				
	Local Tax Withheld				

MISCELLANEOUS INCOME
 [Attach 1099-MISC Copies Here]

Information is for: Taxpayer Spouse

Payer's Name _____
 Payer's Address _____

Payer's Federal Identification Number

Box 1	Rents	
Box 2	Royalties	
Box 3	Other Income	
Box 4	Federal Income Tax Withheld	
Box 5	Fishing Boat Proceeds	
Box 6	Medical and Health Care Payments	
Box 7	Nonemployee Compensation	
Box 8	Substitute Payments in lieu of Dividends or Interest	
Box 9	Payer made direct sales of >\$5000 to a buyer for resale	YES <input type="checkbox"/> NO <input type="checkbox"/>
Box 10	Crop Insurance Proceeds	
Box 11		
Box 12		
Box 13	Excess Golden Parachute Payments	
Box 14	Gross Proceeds Paid to an Attorney	
Box 15A	Section 409A Deferrals	
Box 15B	Section 409A Income	
Box 17	State/Payer's State No.	
	State/Payer's State No.	
Box 18	State Income	
	State Income	
Box 16	State Tax Withheld	
	State Tax Withheld	

MISCELLANEOUS INCOME
 [Attach 1099-MISC Copies Here]

Information is for: Taxpayer Spouse

Payer's Name _____
 Payer's Address _____

Payer's Federal Identification Number

Box 1	Rents	
Box 2	Royalties	
Box 3	Other Income	
Box 4	Federal Income Tax Withheld	
Box 5	Fishing Boat Proceeds	
Box 6	Medical and Health Care Payments	
Box 7	Nonemployee Compensation	
Box 8	Substitute Payments in lieu of Dividends or Interest	
Box 9	Payer made direct sales of >\$5000 to a buyer for resale	YES <input type="checkbox"/> NO <input type="checkbox"/>
Box 10	Crop Insurance Proceeds	
Box 11		
Box 12		
Box 13	Excess Golden Parachute Payments	
Box 14	Gross Proceeds Paid to an Attorney	
Box 15A	Section 409A Deferrals	
Box 15B	Section 409A Income	
Box 17	State/Payer's State No.	
	State/Payer's State No.	
Box 18	State Income	
	State Income	
Box 16	State Tax Withheld	
	State Tax Withheld	

CERTAIN GOVERNMENT PAYMENTS

[Attach 1099-G Copies Here]

Information is for: Taxpayer Spouse

Payer's Name _____
 Payer's Address _____

Payer's Federal Identification Number

Box 1	Unemployment Compensation	
Box 2	State or Local Income Tax Refunds, Credits, or Offsets	
Box 3	Box 2 is for tax year	
Box 4	Federal Income Tax Withheld	
Box 5	ATAA Payments	
Box 6	Taxable Grants	
Box 7	Agriculture Payments	
Box 8	Box 2 is a Trade or Business Income	YES <input type="checkbox"/> NO <input type="checkbox"/>

SOCIAL SECURITY BENEFITS

[Attach SSA and RRB Copies Here]

	Taxpayer	Spouse
Total Social Security Benefits from all Forms SSA-1099	<input type="text"/>	<input type="text"/>
Total Railroad Retirement Benefits from all Forms RRB-1099	<input type="text"/>	<input type="text"/>
Federal Income Tax Withheld	<input type="text"/>	<input type="text"/>
Medicare B Premiums Withheld	<input type="text"/>	<input type="text"/>
Federal Income Tax Withheld from all Forms RRB-1099	<input type="text"/>	<input type="text"/>
Medicare B Premiums Withheld from all Forms RRB-1099	<input type="text"/>	<input type="text"/>

OTHER INCOME

	Taxpayer	Spouse
Alimony Received		
Scholarship/Fellowship Income Not on Form W-2		
Unreported tip income <\$20 per month		
Unreported tip income >\$20 per month		
Recovery of Bad Debts previously deducted		
Jury Duty Pay		
Bartering Income not reported elsewhere		
Income From the Rental of Personal Property		
Other Income Items:		

INTEREST INCOME

[Attach 1099-INT Copies Here]

		Payer Name	Payer Name	Payer Name	Payer Name
Taxpayer, Spouse, or Joint					
Box 1	Interest				
Box 2	Penalty				
Box 3	U.S. Interest				
Box 4	Federal W/H				
Box 5	Investment Expenses				
Box 6	Foreign Tax Paid				
Box 7	Foreign Country				

DIVIDEND INCOME

[Attach 1099-DIV Copies Here]

		Payer Name	Payer Name	Payer Name	Payer Name
Taxpayer, Spouse, or Joint					
Box 1A	Ordinary Dividend				
Box 1B	Qualified Dividend				
Box 2A	Total Cap. Gain Dist.				
Box 2B	Unrecap. Sect 1250				
Box 2C	Sect. 1202 Gain				
Box 2D	Collectible (28% Gn)				
Box 3	Non-Dividend Dist.				
Box 4	Federal W/H				
Box 5	Investment Expenses				
Box 6	Foreign Tax Paid				
Box 7	Foreign Country				
Box 8	Cash Liquid. Dist.				
Box 9	Non-Cash Liquid Dist.				

MEDICAL EXPENSES

Prescription Medications	
Health Insurance Premiums	
Qualified Long-Term Care Premiums:	
Taxpayer's Gross Long-Term Care Premiums	
Spouse's Gross Long-Term Care Premiums	
Dependent's Gross Long-Term Care Premiums	
Self-Employed Health Insurance Premiums	
Insurance Reimbursement	
Medical (MSA) or Health (HSA) Savings Account Distributions	
Doctors, Dentists, Etc.	
Hospitals, Clinics, Etc.	
Lab and X-Ray Fees	
Expenses for Qualified Long-Term Care	
Eyeglasses and Contact Lenses	
Medical Equipment and Medical Supplies	
Miles Driven for Medical Purposes	
Ambulance Fees and Other Medical Transportation Costs	
Lodging	
Other Medical Expenses	

TAXES

Real Estate Taxes paid on Principal Residence	
Real Estate Taxes paid on Additional Homes or Land	
Auto Registration Fees based on the value of the vehicle	
Other Personal Property Taxes	
Other Taxes:	

INTEREST PAID

[Attach 1098 Copies Here]

Home Mortgage Interest Paid	
Lender:	

Points paid on loan to buy, build, or improve main residence	
Lender:	

Seller Financed Mortgage		
Individual Name:	Identification Number	Address:

Other Points			
Lender	Points Paid	Date of Loan	Loan Length in Years

Investment Interest	

CONTRIBUTIONS

[Attach Statements for Gifts Here]

Name of Donor Organization	

Charitable Miles Driven	
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MISCELLANEOUS DEDUCTIONS

Unreimbursed Employee Business Expenses	
Union and Profession Dues	
Name of Union	
Professional Subscriptions	
Job Search Costs	
Other Unreimbursed Employee Business Expenses	

Other Expenses	
Tax Return Preparation Fees	
Investment Counsel and Advisory Fees	
Certain Attorney and Accounting Fees	
Safe Deposit Box Rental	
IRA Custodial Fees	
Other Expenses	

Other Miscellaneous Deductions	
Amortizable Bond Premiums	
Gambling Losses - To Extent of Gambling Winnings	
Other Miscellaneous Deductions	

EMPLOYEE BUSINESS VEHICLE EXPENSES

Information is for: Taxpayer Spouse

Occupation: _____

Travel Expenses While Away From Home	
Transportations Costs	
Lodging	
Other Employer Business Expenses	

Automobile Expenses

Vehicle Description		Total Business Miles	
Date Placed In Service		Total Commuting Miles	
Cost/Fair Market Value		Total Other Personal Miles	
Lease Term, If Applicable		Total Miles This Year	-
		Average Daily Round Trip	

Actual Expenses

Gas, Oil		Taxes	
Repairs		Tags & Licenses	
Tires, Supplies		Interest	
Insurance		Lease Payments	
Parking		Other	

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------|
| Did you acquire, lease or dispose of a vehicle for business during the year?
(If yes, enclose purchase and sales contract or lease agreement) | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| Did you use the above vehicle in this business less than 12 months?
(If yes, enter the number of months here: _____) | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have another vehicle available for personal purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have evidence to support your deduction? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |