

2013	1040	US	Client Information	1
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R.H. Daemicke & Associates, LTD.
7250 W College Dr
Palos Heights, IL 60463
 Telephone number: **(708) 361-2800**
 Fax number:
 E-mail address:

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2013 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)		<p style="text-align: center;">Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse		
	Year spouse died, if qualifying widow(er) (2011 or 2012)		
Taxpayer	First name and initial		
	Last name		
	Title/suffix		
	Social security number		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind			
Spouse	First name and initial		
	Last name		
	Title/suffix		
	Social security number		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind			
Address	In care of		
	Street address		
	Apartment number		
	City		
	State		
Foreign Address	Region		
	Postal code		
	Country		

Please add, change or delete information for 2013.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone		Daytime Phone 1 = Work 2 = Home 3 = Mobile
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		
Spouse Contact Information	Home phone		
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		

Please add, change or delete information for 2013.

DEPENDENTS

	Dependent	Dependent	
First name.....			<p style="text-align:center;">Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only, not a dependent</p>
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	<p style="text-align:center;">Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	<p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			

2013	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2013 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2012 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/13	2012 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE							
		1=spouse							

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld		2012 Winnings
				Federal (Box 4)	State (Box 15)	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	2013 Amount	TS		2012 Amount
Total gambling losses				
Winnings not reported on Form W-2G				

10, 13.1, 13.2

2013	1040	US	Interest & Dividend Income	11, 12
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Please enter all pertinent 2013 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2012 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=tp 2=sp	Dividend Income				Tax-Exempt Interest		Foreign Tax Paid (Box 6)	2012 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

2013	1040	US	State & Local Tax Refunds / Unemployment Compensation	14.2
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Please add, change or delete 2013 information as appropriate.
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2013 1099-G Amount

No. <input style="width: 40px; height: 15px;" type="text"/>	Name of payer		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1)		
	2013 Overpayment repaid		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund		
	Tax year for box 2 if not 2012 (Box 3)		
	Federal income tax withheld (Box 4)		
	RTAA payments (Box 5)		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different		
	Farm amounts:		
Agriculture payments (Box 7)			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9)			
Number of farm			
1=box 2 is trade or business income (Box 8)			
State income tax withheld (Box 11)			

No. <input style="width: 40px; height: 15px;" type="text"/>	Name of payer		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1)		
	2013 Overpayment repaid		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund		
	Tax year for box 2 if not 2012 (Box 3)		
	Federal income tax withheld (Box 4)		
	RTAA payments (Box 5)		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different		
	Farm amounts:		
Agriculture payments (Box 7)			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9)			
Number of farm			
1=box 2 is trade or business income (Box 8)			
State income tax withheld (Box 11)			

Please enter all pertinent 2013 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040.....	
City, if different from Form 1040.....	
State, if different from Form 1040.....	
ZIP code, if different from Form 1040.....	
Employer identification number.....	
Other accounting method.....	

Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		

INCOME

	2013 Amount	2012 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		

Inventory at end of the year.....		

Please enter all pertinent 2013 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2013 Amount	2012 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals and entertainment in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2013 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2013 Amount	TS	2012 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2013 estimates are automatic.)

State income taxes - 1/13 payment on 2012 state estimate			
State income taxes - paid with 2012 state return extension			
State income taxes - paid with 2012 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/13 payment on 2012 city/local estimate			
City/local income taxes - paid with 2012 city/local extension			
City/local income taxes - paid with 2012 city/local return			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)			
Use taxes paid on 2013 purchases			
Use taxes paid with 2012 state return			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

Real estate taxes - principal residence:			

Real estate taxes - property held for investment			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..			
Foreign income taxes			
Other taxes:			

Please enter all pertinent 2013 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2013 Amount

TS

2012 Amount

Home mortgage interest not reported on Form 1098:

Payee's name	_____
Payee's SSN or FEIN ..	_____
Payee's street address ..	_____
Payee's city	_____
Payee's state	_____
Payee's ZIP code	_____

Amount paid		
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Points not reported on Form 1098:

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

Investment interest (Interest on margin accounts):

Passive interest

Certain home mortgage interest included above (6251)

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NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

Number of charitable miles

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

Number of charitable miles

Please enter all pertinent 2013 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

Four horizontal lines for entering 2013 amounts.

Table with 3 columns: 2013 Amount, TS, 2012 Amount. 4 rows.

30% limitation (see above):

Four horizontal lines for entering 2013 amounts.

Table with 3 columns: 2013 Amount, TS, 2012 Amount. 4 rows.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Four horizontal lines for entering 2013 amounts.

Table with 3 columns: 2013 Amount, TS, 2012 Amount. 4 rows.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Four horizontal lines for entering 2013 amounts.

Table with 3 columns: 2013 Amount, TS, 2012 Amount. 4 rows.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

Table with 3 columns: 2013 Amount, TS, 2012 Amount. 1 row.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Five horizontal lines for entering 2013 amounts.

Table with 3 columns: 2013 Amount, TS, 2012 Amount. 5 rows.

Investment expense:

Five horizontal lines for entering 2013 amounts.

Table with 3 columns: 2013 Amount, TS, 2012 Amount. 5 rows.

Tax return preparation fee

Table with 3 columns: 2013 Amount, TS, 2012 Amount. 1 row.

Safe deposit box rental

Table with 3 columns: 2013 Amount, TS, 2012 Amount. 1 row.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Five horizontal lines for entering 2013 amounts.

Table with 3 columns: 2013 Amount, TS, 2012 Amount. 5 rows.

Please enter all pertinent 2013 amounts. Last year's amounts are provided for your reference.

OTHER MISCELLANEOUS DEDUCTIONS

	2013 Amount	TS	2012 Amount
Estate tax, section 691(c).....			
Other miscellaneous deductions:			

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2013 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
2. Total home acquisition debt exceeded \$1,000,000 at any time during 2013 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2013 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

	2013 Amount	TS	2012 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

LOAN INFORMATION

Loan #1

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2013			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2013			
Grandfather debt balance - beginning of year			

Loan #2

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2013			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2013			
Grandfather debt balance - beginning of year			

Form
 1 = Schedule A (default)
 2 = Business use of home
 3 = Schedule E

2013	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
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Please enter all pertinent 2013 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)	2013 Amount		2012 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2013 . . .				
Employer-provided benefits forfeited in 2013				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2013		2012 amt:
	1=disabled 1=spouse, 2=joint		

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2013		2012 amt:
	1=disabled 1=spouse, 2=joint		

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2013		2012 amt:
	1=disabled 1=spouse, 2=joint		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2013		2012 amt:
	1=spouse, 2=joint		

No. <input style="width:40px;" type="text"/>	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2013		2012 amt:
	1=spouse, 2=joint		

Please complete the information below if you paid qualified education expenses in 2013 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

NOTE: Due to the change to the 1098-T question (reversing the default), we should not print the 2012 entry.

1=taxpayer, 2=spouse	
First name	
Last name	
Social security number	
Number of years hope credit claimed	
Number of years American opportunity credit claimed	
1=student was NOT enrolled at least half-time for at least one academic period that began in 2013 at an eligible institution in a qualified program	
1=student completed first four years of post-secondary education before 2013	
1=student was convicted, before the end of 2013, of a felony for possession or distribution of a controlled substance	

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name	
Street address	
City	
State	
ZIP code	
1=2013 Form 1098-T was NOT received	
1=2012 Form 1098-T received with Box 2 & 7 completed	
Federal ID number from Form 1098-T	

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name	
Street address	
City	
State	
ZIP code	
1=2013 Form 1098-T was NOT received	
1=2012 Form 1098-T received with Box 2 & 7 completed	
Federal ID number from Form 1098-T	

QUALIFIED EDUCATION EXPENSES

	2013 Amount	2012 Amount
Qualified tuition & fees paid in 2013 (net of refund or assistance, & not entered elsewhere) ..		
Books & supplies required to be purchased from institution		
Books & supplies not entered above		
Amount of prior year refund or assistance *		

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

Please enter all pertinent 2013 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

NOTE: If you paid any one household employee cash wages of \$1,800 or more in 2013; withheld federal income tax during 2013 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2012 or 2013 to household employees, please complete the following:

Employer identification number	
1=spouse, 2=joint	

	2013 Amount	2012 Amount
Social security, Medicare and income taxes:		
1=paid any one employee cash wages of \$1,800 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Taxes withheld from state disability payments		

Federal unemployment tax:		
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2012 or 2013		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/14		
1=all wages taxable for FUTA were also taxable for state unemployment		
Name of state		
Contributions paid to state unemployment fund		