

Accurate Tax Service

Tax & Investment Counseling

Dear New Client,

This letter is to introduce you to Accurate Tax Service. Our philosophy is based on the belief that we are on our client's side, not the I.R.S.'s. Besides preparing your tax return with emphasis on customer service, efficiency and expertise, the following services are included in your fee:

1. **Electronic Filing.** By filing electronically you can speed up your refund and receive it in as little as ten days.
2. **Short Inquiries.** We encourage clients to ask us questions during the year. (We always try to return calls within 48 hours and for short inquiries, there is no charge.) We have found that many clients over pay their taxes, something which could be avoided by a short phone call or visit. When you hear something from a so-called "expert", please call us and get the facts right. We would rather spend the time in off-season (when we have more time) than during the tax appointment when it is already too late. (We have found that the moaning takes longer than doing it right the first time!) If the question requires more time to discuss, calculate or research, we charge a consulting fee.
3. **Computerized Returns.** We use one of the largest and most respected software companies in the U.S. This insures that your tax return is done as quickly and efficiently as possible.
4. **Handling of Letters** from the I.R.S. of Franchise Tax Board (as long as they are presented to us in a timely manner).
5. **Audit Services.** Personal audits are handled **at no charge** for the first four hours of work.
6. **Aspirin** for those rough tax times (limit two per client).

When you come in for your appointment, please bring a copy of last year's tax return as well as all W2's, 1099's, 1098's and any other income-related documents.

Thank you for your interest in **Accurate Tax Service**. We look forward to meeting you. If you have any questions regarding the above, please don't hesitate to contact us.

Sincerely,

Nancy Schwartz, Office Manager

1345 Broadway • Placerville, California 95667 • (530) 622-5546 • Fax (530) 622-8874
e mail: acctax@directcon.net • www.accuratetaxservice.com

2013

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2013, please check the appropriate box and provide additional information if necessary.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | If you would like to schedule an appointment in advance for next year please list three dates with times that would work best for you.
<hr/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? If a child was born during 2013, or you are claiming a child that you did not claim last year, please bring a social security card for the new dependent. |
| <input type="checkbox"/> | <input type="checkbox"/> | If your dependent worked for wages, will they be filing a tax return? If so, make sure they don't claim themselves as a dependent. If they do, your return could get rejected. One solution to this would be to bring your dependent's information to your appointment to ensure it gets done correctly. (Our fees are reduced for your dependents when prepared at the time of your appointment.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell any stocks? If so, please furnish us with your brokerage statement in addition to any cost basis information you have available. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Please furnish your final settlement statement. |
| <input type="checkbox"/> | <input type="checkbox"/> | If you would like to provide your signature pages and tax return copies by e-mail this year please list the e-mail address where you want those items to be sent here:
<hr/> Your password will be the last four digits of the primary taxpayer's social security number. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? Please provide us with information on books, required course materials and the tuition paid by providing the 1098T issued by the school. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any out of state purchases on which you did not pay California sales tax (if you are a California resident)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have foreign assets that exceed \$10,000 in value? |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have a refund coming to you, do you want your refund direct deposited? |
| <input type="checkbox"/> | <input type="checkbox"/> | If you want direct deposit, is your account the same as last year? If you answer no to this question, please provide a copy of the check (not deposit ticket) where you want your funds direct deposited. |

Please review the following pages and update any information that has changed. Be sure to list an e-mail address if you have one.

Accurate Tax Service
 1345 Broadway
 PLACERVILLE, CA 95667
 Telephone number: (530) 622-5546
 Fax number: 530-622-8874
 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)..... 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.....	Filing Status 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)	
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..... ZIP code.....		
			If your address has not changed and you are bringing in last year's tax return you do not need to fill in this section

DEPENDENTS

	Dependent	Dependent
First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Social security number.....		
Relationship.....		
Months lived at home.....		
	Dependent	Dependent
First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Social security number.....		
Relationship.....		
Months lived at home.....		

Please enter all pertinent 2013 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account.....		
1=electronic payment of balance due.....		
1=electronic payment of estimated tax.....		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

Please bring all of your pertinent 2013 documents:

- | | | | |
|----------|--------------------------|-----------|------------------------------|
| W-2 | Wages, Salaries and Tips | 1099-B | Stock Sales |
| 1099-INT | Interest Income | 1099-MISC | Miscellaneous Income |
| 1099-DIV | Dividend Income | 1099-G | State Refund or Unemployment |
| 1099-R | Pension or IRA | 1099-SSA | Social Security |
| W-2G | Gambling Winnings | 1099-S | Real Estate Sales |

Also please bring a copy of your 2012 Tax Return

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

TRADITIONAL IRA CONTRIBUTIONS

2013 Amount

Taxpayer Spouse

IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older)		
Contributions made to date		
1=covered by plan, 2=not covered		
2013 payments from 1/1/14 to 4/15/14		

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older)		
Contributions made to date		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)		
Defined benefit contributions you expect to make		
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)		
Plan contribution rate if not .25 (.xxxx)		
Individual 401k: SE elective deferrals (except Roth) (1=max.)		
Individual 401k: SE designated Roth contributions (1=max.)		
SIMPLE contributions:		
Self-employed SIMPLE contributions you made or expect to make (1=maximum)		
Employer matching rate if not .03 (.xxxx)		
1=nonelective contributions (2%)		
Contributions made to date		

ADJUSTMENTS TO INCOME

Self-employed health insurance:		
Total premiums (excluding long-term care)		
Long-term care premiums		
Student loan interest paid (1098-E, box 1)		
Educator expenses (kindergarten thru grade 12)		
Jury duty pay given to employer		
Expenses from rental of personal property		
Other adjustments to income:		

Alimony paid:	Taxpayer
Recipient's first name	
Recipient's last name	
Recipient's SSN	
Amount paid	

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

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
_____	<input style="width:100%; height:20px;" type="text"/>
_____	<input style="width:100%; height:20px;" type="text"/>
_____	<input style="width:100%; height:20px;" type="text"/>
Home mortgage interest not reported on Form 1098:	
Payee's name.....	<input style="width:100%; height:20px;" type="text"/>
Payee's SSN or FEIN..	<input style="width:100%; height:20px;" type="text"/>
Payee's street address.	<input style="width:100%; height:20px;" type="text"/>
Payee's city.....	<input style="width:100%; height:20px;" type="text"/>
Payee's state.....	<input style="width:100%; height:20px;" type="text"/>
Payee's ZIP code.....	<input style="width:100%; height:20px;" type="text"/>
Amount paid.....	<input style="width:100%; height:20px;" type="text"/>
Points not reported on Form 1098:	
_____	<input style="width:100%; height:20px;" type="text"/>
_____	<input style="width:100%; height:20px;" type="text"/>
Mortgage insurance premiums on post 12/31/06 contracts (Box 4).....	<input style="width:100%; height:20px;" type="text"/>
Investment interest (interest on margin accounts):	
_____	<input style="width:100%; height:20px;" type="text"/>
_____	<input style="width:100%; height:20px;" type="text"/>
Passive interest.....	<input style="width:100%; height:20px;" type="text"/>
Certain home mortgage interest included above (6251).....	<input style="width:100%; height:20px;" type="text"/>

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:

_____	<input style="width:100%; height:20px;" type="text"/>
_____	<input style="width:100%; height:20px;" type="text"/>
_____	<input style="width:100%; height:20px;" type="text"/>
_____	<input style="width:100%; height:20px;" type="text"/>
Volunteer expenses (out-of-pocket).....	<input style="width:100%; height:20px;" type="text"/>
Number of charitable miles.....	<input style="width:100%; height:20px;" type="text"/>

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

Contributions by cash or check:

_____	<input style="width:100%; height:20px;" type="text"/>
_____	<input style="width:100%; height:20px;" type="text"/>
_____	<input style="width:100%; height:20px;" type="text"/>
_____	<input style="width:100%; height:20px;" type="text"/>
Volunteer expenses (out-of-pocket).....	<input style="width:100%; height:20px;" type="text"/>
Number of charitable miles.....	<input style="width:100%; height:20px;" type="text"/>

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):

2013 Amount

30% limitation (see above):

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

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

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

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

Investment expense:

Tax return preparation fee

Safe deposit box rental

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

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

	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2013...	<input type="text"/>	<input type="text"/>
Employer-provided benefits forfeited in 2013.....	<input type="text"/>	<input type="text"/>

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name.....	<input style="width:100%;" type="text"/>	
	Last name.....	<input style="width:100%;" type="text"/>	
	Date of birth (m/d/y).....	<input style="width:100%;" type="text"/>	
	Social security number.....	<input style="width:100%;" type="text"/>	
	Qualified dependent care expenses incurred and paid in 2013.....	<input style="width:100%;" type="text"/>	
	1=disabled.....	<input style="width:100%;" type="text"/>	
1=spouse, 2=joint.....	<input style="width:100%;" type="text"/>		

No. <input style="width:40px;" type="text"/>	First name.....	<input style="width:100%;" type="text"/>	
	Last name.....	<input style="width:100%;" type="text"/>	
	Date of birth (m/d/y).....	<input style="width:100%;" type="text"/>	
	Social security number.....	<input style="width:100%;" type="text"/>	
	Qualified dependent care expenses incurred and paid in 2013.....	<input style="width:100%;" type="text"/>	
	1=disabled.....	<input style="width:100%;" type="text"/>	
1=spouse, 2=joint.....	<input style="width:100%;" type="text"/>		

No. <input style="width:40px;" type="text"/>	First name.....	<input style="width:100%;" type="text"/>	
	Last name.....	<input style="width:100%;" type="text"/>	
	Date of birth (m/d/y).....	<input style="width:100%;" type="text"/>	
	Social security number.....	<input style="width:100%;" type="text"/>	
	Qualified dependent care expenses incurred and paid in 2013.....	<input style="width:100%;" type="text"/>	
	1=disabled.....	<input style="width:100%;" type="text"/>	
1=spouse, 2=joint.....	<input style="width:100%;" type="text"/>		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider.....	<input style="width:100%;" type="text"/>	
	Street address.....	<input style="width:100%;" type="text"/>	
	City, state, ZIP code.....	<input style="width:100%;" type="text"/>	
	Identification number (SSN or EIN).....	<input style="width:100%;" type="text"/>	
	Amount paid to care provider in 2013.....	<input style="width:100%;" type="text"/>	
	1=spouse, 2=joint.....	<input style="width:100%;" type="text"/>	

No. <input style="width:40px;" type="text"/>	Name of provider.....	<input style="width:100%;" type="text"/>	
	Street address.....	<input style="width:100%;" type="text"/>	
	City, state, ZIP code.....	<input style="width:100%;" type="text"/>	
	Identification number (SSN or EIN).....	<input style="width:100%;" type="text"/>	
	Amount paid to care provider in 2013.....	<input style="width:100%;" type="text"/>	
	1=spouse, 2=joint.....	<input style="width:100%;" type="text"/>	

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

Form with shaded areas for student information.

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

Form with shaded areas for educational institution #1.

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

Form with shaded areas for educational institution #2.

QUALIFIED EDUCATION EXPENSES

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 *

Table with 2 columns: 2013 Amount, and an empty column.

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

