



# 2012 TAXPAYER'S CHECKLIST

If mailing in or dropping off tax returns, complete the worksheet.

Please provide documents to substantiate all items of income, deductions and/or credits.

\*\*\* ATTN: NEW CLIENTS \*\*\*

**PLEASE PROVIDE A COPY OF YOUR PRIOR YEAR'S FEDERAL, STATE & LOCAL INCOME TAX RETURNS**

TP: \_\_\_\_\_

SP: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ DOD: \_\_\_\_/\_\_\_\_/\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ DOD: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suite/Apt #: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

(Check all that apply)

- Blind
- Deaf
- Hemiplegic
- Paraplegic
- Quadraplegic
- Total & Permanently Disabled

(Check all that apply)

- Blind
- Deaf
- Hemiplegic
- Paraplegic
- Quadraplegic
- Total & Permanently Disabled

Filing Status (check only one):

- Single
- Married Filing Joint
- Surviving Widow(er) w/ Dependent Child
- Head of Household
- Married Filing Separate

Spouse's Name: \_\_\_\_\_

Spouse's SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

During 2012, were you:

Married

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Divorced/Legally Separated

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Include copy of ENTIRE divorce decree or separation agreement)*

Child(ren) living w/ you and 18 & under OR between ages 19-23 AND a FULL-TIME student at least FIVE months during the taxable year.

NAME	DOB	SSN	RELATIONSHIP	# MO. IN HOME	YR of COLLEGE
1. _____	____/____/____	____ - ____ - ____	_____	_____	_____
2. _____	____/____/____	____ - ____ - ____	_____	_____	_____
3. _____	____/____/____	____ - ____ - ____	_____	_____	_____
4. _____	____/____/____	____ - ____ - ____	_____	_____	_____
5. _____	____/____/____	____ - ____ - ____	_____	_____	_____

a. Are any of the dependent(s) blind, deaf and/or disabled? If so, who? \_\_\_\_\_

b. Could any dependent(s) listed above be the qualifying dependent/relative of another taxpayer? If so, who? \_\_\_\_\_

c. Did any of the dependent(s) earn more than \$3,700 during 2012? If so, who? \_\_\_\_\_

d. Do you have reason to believe your qualifying dependent has already filed a return & claimed an exemption for himself/herself?  Yes  No

e. Are you claiming any of the dependent(s) above in accordance with a divorce decree or separation agreement?  Yes (include documents)  No

## 2012 INCOME

### WAGES (include copies of W-2)

	Name of Company	Tp / Sp
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

### MISC INCOME (include copies of 1099-MISC)

	Name of Company	Tp / Sp
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

### INTEREST (include copies of 1099-INT)

	Payer	Amt
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____

### DIVIDENDS (include copies of 1099-DIV)

	Payer	Ord	Qual	CGD
1.	_____	\$ _____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____	\$ _____
4.	_____	\$ _____	\$ _____	\$ _____
5.	_____	\$ _____	\$ _____	\$ _____

### PENSION/ANNUITY (include copies of 1099-R)

	Payer	Amt	Tp / Sp
1.	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____
4.	_____	\$ _____	_____
5.	_____	\$ _____	_____

### IRA (include copies of 1099-R)

	Payer	Amt	Tp / Sp
1.	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____
4.	_____	\$ _____	_____
5.	_____	\$ _____	_____

### SALE OF STOCK (include copies of 1099-B)

#### SHORT-TERM GAIN(S)/LOSS(ES)

	Security	Proceeds	Cost
1.	_____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____
4.	_____	\$ _____	\$ _____
5.	_____	\$ _____	\$ _____

#### LONG-TERM GAIN(S)/LOSS(ES)

	Security	Proceeds	Cost
1.	_____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____
4.	_____	\$ _____	\$ _____
5.	_____	\$ _____	\$ _____

### SOCIAL SECURITY: TAXPAYER (include SSA-1099)

Box 3 (Benefits Paid in 2012):	\$ _____
Box 4 (Benefits Repaid in 2012):	\$ _____
Box 6 (Voluntary Federal W/H):	\$ _____
Medicare Premiums Paid:	SEE P3, MEDICAL EXP TYPE: A B C D
Medicare Premiums Paid:	SEE P3, MEDICAL EXP TYPE: A B C D

### SOCIAL SECURITY: SPOUSE (include SSA-1099)

Box 3 (Benefits Paid in 2012):	\$ _____
Box 4 (Benefits Repaid in 2012):	\$ _____
Box 6 (Voluntary Federal W/H):	\$ _____
Medicare Premiums Paid:	SEE P3, MEDICAL EXP TYPE: A B C D
Medicare Premiums Paid:	SEE P3, MEDICAL EXP TYPE: A B C D

### INSTALLMENT SALES

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Interest Paid: \$ \_\_\_\_\_ Principal Paid: \$ \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Interest Paid: \$ \_\_\_\_\_ Principal Paid: \$ \_\_\_\_\_

### OTHER INCOME (include supporting documents)

	TP	SP
State Income Tax Refund	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
- Federal Withholding	\$ _____	\$ _____
- State Withholding	\$ _____	\$ _____
Alimony		
- Received	\$ _____	\$ _____
- Paid (Need Recipient's SSN)	\$ _____	\$ _____
Jury Duty	\$ _____	\$ _____
Election Board Fees	\$ _____	\$ _____
Prizes/Lottery/Gambling		
- Winning(s)	\$ _____	\$ _____
- Loss(es)	\$ _____	\$ _____
Bartering	\$ _____	\$ _____
Farm Income	\$ _____	\$ _____

### NONTAXABLE INCOME

Veterans Pension/Disability:	\$ _____	Cancelled Debt:	\$ _____
Workers' Comp or SDI:	\$ _____	Other:	\$ _____
Child Support:	\$ _____	Other:	\$ _____
Gain on Sale of Residence:	\$ _____	Other:	\$ _____
Gifts over \$300:	\$ _____	Other:	\$ _____

## 2012 DEDUCTIONS

### MEDICAL

*Do not include any amounts paid for/reimbursed by medical insurance or any other type of insurance or amounts paid using funds from a Health Savings or Flexible Spending Account.  
Do not include health insurance premiums paid with pre-tax income (i.e. payroll deduct).*

Prescription Medicine & Drugs	\$
Office Visits	\$
Co-pays	\$
Doctors/Specialists	\$
Hospital/Ambulance	\$
Lab Tests/Therapy/X-Rays	\$
Dental/Orthodontics	\$
Hearing Aid/Glasses/Eye Exams	\$
Other: _____	\$
Medical/Dental/Vision Insurance	TP \$ _____ SP \$ _____
Long-Term Care Insurance	TP \$ _____ SP \$ _____
Medicare Insurance	TP \$ _____ SP \$ _____

### INTEREST

Qualified Mortgage Interest:	
- 1st Home	\$
- 2nd Home	\$
Qualified Home Equity Loan	\$
Land Contract Interest Paid	\$
To Whom Paid:	
Name _____ SSN _____	
Address _____	
City _____ ST _____ ZIP _____	
Boat/Motor Home Interest*	\$
Points Paid on New Home Purchase	\$
Points Paid on Refinance of Current Home	\$
Term of Refinanced Loan	Yrs _____
Qualified Mortgage Insurance Premiums (Form 1098, Box 4)	\$
Investment Interest Paid	\$
<i>*Must have eating, sleeping &amp; toilet facilities</i>	

### MISCELLANEOUS

Unreimbursed Employee Expenses (Required for Work):	
Cell Phone \$ _____	Travel \$ _____
Continuing Education \$ _____	Uniforms/Boots \$ _____
Hotels/Lodging \$ _____	Union Dues \$ _____
Job Search \$ _____	Mileage \$ _____
Meals & Entertainment \$ _____	Total # _____
Small Tools \$ _____	Commuting # _____
Supplies \$ _____	Business # _____
Tax Preparation Fees	\$ _____
Safe Deposit Box	\$ _____
IRA Fees (only if billed separately & paid - NOT paid w/ IRA funds)	\$ _____

### ADJUSTMENTS TO AGI

Health Savings Acct Contribution	\$
Moving Expenses	\$
Penalty on Eearly W/D of Savings	\$
Student Loan Interest Paid	\$
Traditional IRA Contribution	TP \$ _____ SP \$ _____
Roth IRA Contribution	TP \$ _____ SP \$ _____

### CHARITABLE CONTRIBUTIONS

**\*\*\*To be deductible, must have acknowledgement from qualified organization\*\*\***

Cash/Check	\$		
Other than Cash/Check	\$		
<i>If over \$500, please provide the following (attached add'l sheets if necessary)</i>			
ITEM(S)	DATE DONATED	COST	FMV
1. _____	/ /	\$	\$
2. _____	/ /	\$	\$
3. _____	/ /	\$	\$
4. _____	/ /	\$	\$
5. _____	/ /	\$	\$
Automobile	/ /	\$	\$
Boat	/ /	\$	\$
Aircraft	/ /	\$	\$

### TAXES

State Income Tax PAID in 2012 for Prior Year's Tax	\$
Local Income Tax PAID in 2012 for Prior Year's Tax	\$
2012 Homestead TAXABLE Value (MI ONLY)	\$
Real Estate Taxes PAID in 2012:	
- Principal Residence	\$
- Second Home/Cottage	\$
- Vacant Land	\$
- Other	\$
Real Estate Taxes PAID @ Closing (Provide Docs)	\$
Real Estate Taxes REIMB @ Closing (Provide Docs)	(\$ _____)
Auto License Tabs	\$
Other Personal Property Taxes	\$
Sales Tax Paid	State _____
- Actual Sales Tax Paid in 2012	\$
- Major Purchase(s) (Vehicle, Aircraft or Boat ONLY)	\$

### 2012 ESTIMATED TAX PAYMENTS

	FEDERAL	STATE
1ST QTR DUE 04/17/2012	\$	\$
2ND QTR DUE 06/15/2012	\$	\$
3RD QTR DUE 09/17/2012	\$	\$
4TH QTR DUE 01/15/2013	\$	\$
2011 OVERPAYMENT APPLIED TO 2012	\$	\$

### NOTES (IF ANY):

## 2012 CREDITS

### HIGHER EDUCATION EXPENSES

Student 1 _____			
School	_____		
Qualified Tuition & Fees Paid in 2012:	\$	_____	
Books & Required Supplies Paid in 2012:	\$	_____	
Student has completed first 4 years of college	Y	N	
Student has been convicted of felony?	Y	N	
Student 2 _____			
School	_____		
Qualified Tuition & Fees Paid in 2012:	\$	_____	
Books & Required Supplies Paid in 2012:	\$	_____	
Student has completed first 4 years of college	Y	N	
Student has been convicted of felony?	Y	N	
Student 3 _____			
School	_____		
Qualified Tuition & Fees Paid in 2012:	\$	_____	
Books & Required Supplies Paid in 2012:	\$	_____	
Student has completed first 4 years of college	Y	N	
Student has been convicted of felony?	Y	N	

### MI PROPERTY TAX CREDIT

No. of Months	_____	Rent per Month	\$	_____
Landlord	_____			
Address	_____			
City	_____	ST	_____	ZIP
No. of Months	_____	Rent per Month	\$	_____
Landlord	_____			
Address	_____			
City	_____	ST	_____	ZIP

### CHILD & DEPENDENT CARE EXPENSES

Child 1	_____	\$	_____
Caretaker	_____		
Address	_____		
City	_____	ST	_____ ZIP
Child 2	_____	\$	_____
Caretaker	_____		
Address	_____		
City	_____	ST	_____ ZIP

### ADOPTION CREDIT

Child 1 _____				Child 2 _____			
Was the child: <input type="checkbox"/> Disabled <input type="checkbox"/> Special Needs <input type="checkbox"/> Foreign Child				Was the child: <input type="checkbox"/> Disabled <input type="checkbox"/> Special Needs <input type="checkbox"/> Foreign Child			
Was the adoption final in 2012 or earlier? <input type="checkbox"/> Yes <input type="checkbox"/> No				Was the adoption final in 2012 or earlier? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Qualified Adoption Expenses				Qualified Adoption Expenses			
Adoption Fees	\$	_____		Adoption Fees	\$	_____	
Attorney(s) Fees	\$	_____		Attorney(s) Fees	\$	_____	
Court Costs	\$	_____		Court Costs	\$	_____	
Travel Expenses (incl. Meals & Lodging)	\$	_____		Travel Expenses (incl. Meals & Lodging)	\$	_____	
Re-adoption Expenses re: Foreign Child	\$	_____		Re-adoption Expenses re: Foreign Child	\$	_____	
Did you receive employer-provided benefits received	\$	_____		Did you receive employer-provided benefits received	\$	_____	

### QUALIFIED PLUG-IN ELECTRIC VEHICLE CREDIT (IRC SEC. 30D)

Did you purchase any of the following Electric Vehicles AFTER 12/31/2009?

	Date Purchased		Date Purchased
<input type="checkbox"/> 2012 AMP CGE	- -	<input type="checkbox"/> 2012 Ford Focus Electric	- -
<input type="checkbox"/> 2012 AMP MLE	- -	<input type="checkbox"/> 2011/2012/2013 Chevrolet Volt	- -
<input type="checkbox"/> 2011/2012 Azure Dynamics Transit Connect	- -	<input type="checkbox"/> 2012 Mitsubishi i-MiEV	- -
<input type="checkbox"/> 2010/2012 CODA Sedan	- -	<input type="checkbox"/> 2011/2012 Nissan Leaf	- -
<input type="checkbox"/> 2011/2012 EVI-MD (Medium Duty) Truck	- -	<input type="checkbox"/> 2011 smart fortwo Electric Drive Vehicle	- -
<input type="checkbox"/> 2011/2012 EVI_WI (Walk-In) Electric Truck	- -	<input type="checkbox"/> 2008/2009/2010/2011 Tesla Roadster	- -
<input type="checkbox"/> 2011/2012 EVI-MD (Medium Duty) Electric Truck	- -	<input type="checkbox"/> 2012 Tesla Model S Vehicle	- -
<input type="checkbox"/> 2010 EMC Model E36 7 Passenger Wagon	- -	<input type="checkbox"/> 2011 Think City EV	- -
<input type="checkbox"/> 2010 EMC Model E36t Pick-Up Truck	- -	<input type="checkbox"/> 2012 Toyota Prius Plug-in EV	- -
<input type="checkbox"/> EMC Model E36v Utility Van	- -	<input type="checkbox"/> 2012 Toyota RAV4 EV	- -
<input type="checkbox"/> 2012 Fisker Karma Sedan	- -	<input type="checkbox"/> 2011 Wheego Life EV	- -

### NOTES (IF ANY):

# 2012 SCHEDULE C INCOME & EXPENSES

BUSINESS 1

BUSINESS 2

BUSINESS 3

Business Name			
Address			
City/State/Zip			
Business Activity			
Product or Service			

Were payments made in 2012 that would require Form(s) 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you file all required Form(s) 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Gross Receipts	\$ _____	\$ _____	\$ _____
Returns & Allowances	\$ _____	\$ _____	\$ _____
Other Income	\$ _____	\$ _____	\$ _____

Cost of Goods Sold			
Beginning Inventory as of 01/01/12 (At Cost)	\$ _____	\$ _____	\$ _____
Purchases	\$ _____	\$ _____	\$ _____
Cost of Labor	\$ _____	\$ _____	\$ _____
Materials & Supplies	\$ _____	\$ _____	\$ _____
Other Costs	\$ _____	\$ _____	\$ _____
Ending Inventory as of 12/31/12 (At Cost)	\$ _____	\$ _____	\$ _____

Advertising	\$ _____	\$ _____	\$ _____
Bank Charges	\$ _____	\$ _____	\$ _____
Commissions & Fees	\$ _____	\$ _____	\$ _____
Dues & Publications	\$ _____	\$ _____	\$ _____
Insurance - Health	\$ _____	\$ _____	\$ _____
Insurance - Other	\$ _____	\$ _____	\$ _____
Interest	\$ _____	\$ _____	\$ _____
Licenses	\$ _____	\$ _____	\$ _____
Legal & Professional	\$ _____	\$ _____	\$ _____
Meals & Entertainment	\$ _____	\$ _____	\$ _____
Office Expense	\$ _____	\$ _____	\$ _____
Postage & Freight	\$ _____	\$ _____	\$ _____
Rent	\$ _____	\$ _____	\$ _____
Repairs & Maintenance	\$ _____	\$ _____	\$ _____
Taxes	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____
Wages	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____

## AUTO

Auto (Mileage):			
- Total Miles	# _____	# _____	# _____
- Business Miles	# _____	# _____	# _____

Auto (Actual Expenses):			
Base Price-Trade In+Sales Tax	\$ _____	\$ _____	\$ _____
Car Wash	\$ _____	\$ _____	\$ _____
Gasoline	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Interest	\$ _____	\$ _____	\$ _____
Lease Vehicle Payments	\$ _____	\$ _____	\$ _____
Oil Changes	\$ _____	\$ _____	\$ _____
Parking Fees/Tools	\$ _____	\$ _____	\$ _____
Registration	\$ _____	\$ _____	\$ _____
Repairs & Maintenance	\$ _____	\$ _____	\$ _____
Tires	\$ _____	\$ _____	\$ _____

## 2012 RENTAL/ROYALTY INCOME & EXPENSES

PROPERTY 1

PROPERTY 2

PROPERTY 3

Property Type (Circle One)

1 2 3 4 5 6 7 8

1 2 3 4 5 6 7 8

1 2 3 4 5 6 7 8

1=Single Family Residence

2=Multi Family Residence

3=Vacation/Short-Term

4=Commercial

5=Land

6=Royalties

7=Self-Rental

8=Other

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Did you actively participate in rental?  Yes  No

Yes  No

Yes  No

Yes  No

Did more than 1/2 of the personal services performed in all trades/businesses involve real property trades/business which you materially participated?  Yes  No

Yes  No

Did you perform more than 750 hours of services in real property trades/business in which you materially participated?  Yes  No

Yes  No

# Days Rented @ Fair Rental Value \_\_\_\_\_

# Days Used Personally \_\_\_\_\_

Gross Rents \$ \_\_\_\_\_

Gross Royalties \$ \_\_\_\_\_

Advertising \$ \_\_\_\_\_

Association Fees \$ \_\_\_\_\_

Cleaning & Maintenance \$ \_\_\_\_\_

Commissions \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Legal & Professional \$ \_\_\_\_\_

Management Fees \$ \_\_\_\_\_

Mortgage Interest \$ \_\_\_\_\_

- Form 1098 \$ \_\_\_\_\_

- Other \$ \_\_\_\_\_

Painting & Decorating \$ \_\_\_\_\_

Repairs (Minor) \$ \_\_\_\_\_

Supplies \$ \_\_\_\_\_

Taxes \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Major Improvements: \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Date Placed in Service \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Date Placed in Service \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

### AUTO

Auto (Mileage):

- Total Miles # \_\_\_\_\_

- Business Miles # \_\_\_\_\_

Auto (Actual Expenses):

Base Price-Trade In+Sales Tax \$ \_\_\_\_\_

Car Wash \$ \_\_\_\_\_

Gasoline \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Interest \$ \_\_\_\_\_

Lease Payments \$ \_\_\_\_\_

Oil Changes \$ \_\_\_\_\_

Parking Fees/Tools \$ \_\_\_\_\_

Registration \$ \_\_\_\_\_

Repairs & Maintenance \$ \_\_\_\_\_

Tires \$ \_\_\_\_\_

