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FOR THE TAX YEAR 2012

PLEASE PROVIDE A COPY OF YOUR PRIOR YEARS FEDERAL AND STATE RETURN

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
	ONLY FILL OUT THIS PAGE WITH CHANGES	
Last Name	_____	_____
First Name	_____	_____
Middle Initial and Suffix	MI _____ Suffix _____	MI _____ Suffix _____
Social Security Number	_____	_____
Occupation	_____	_____
Home Phone	_____	_____
Work Phone	_____ Ext. _____	_____ Ext. _____
Birth Date	_____	_____
Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute To Presidential Election Campaign Fund	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Street Address _____	Apartment Number _____
City _____ State _____	Zip Code _____
Fax # _____ E-Mail _____	
Resident Locality _____	
County _____ School District _____	School District Number _____

FILING STATUS

Single
 Married Filing Jointly
 Married Filing Separately
 Head Of Household
 Qualifying Widow(er)
 Date Spouse Died _____

DEPENDENT INFORMATION

DOES NOT INCLUDE YOURSELF OR SPOUSE			Social Security Number	Date Of Birth
First Name	Middle Initial	Last Name	Relationship	Months In Home 2012
			-----	-----
			-----	-----
			-----	-----
			-----	-----
			-----	-----
			-----	-----
			-----	-----

WAGES, SALARIES AND OTHER INCOME

To verify I received everything	Number enclosed
Indicate number of original W-2's and attach all copies _____	
Clergy only: a. Enter your housing or parsonage allowance _____	
b. Enter your unused (taxable) portion of your housing or parsonage allowance _____	
Indicate the number of 1099-R's (Pensions, Annuities, Retirement and IRA plans) and attach all copies _____	
Indicate the number of W-2G's (Gambling or Lottery Winnings) and attach all copies _____	
Indicate the number of 1099 -MISC (Miscellaneous Income) and attach all copies _____	
Indicate the number of SSA-1099 (Social Security Benefit Forms) received and attach copies _____	
Indicate the number of 1099 -MSA (Medical Savings Account) and attach all copies _____	
Indicate the number of 1099-G's (Government Payments) and attach copies _____	
Indicate the number of 1065 K-1's (Partnership Income) and attach copies _____	
Indicate the number of 1220 S K-1's (Sub Chapter S Corporations) and attach copies _____	
Indicate the number of 1041 K-1's (Estate and Trust Income) and attach copies _____	

Nature and Source of Other Income	Taxpayer	Spouse
Alimony Received _____		
Scholarships/Fellowships Received _____		
Tips Not Reported To Employer _____		
Jury Duty Pay _____		
Gambling Winnings _____		
Other Income:		
a. _____		
b. _____		
c. _____		

TAX PAYMENTS

2012 Estimated Tax Payments Paid:						
	Federal		State		Local	
	Date	Amount	Date	Amount	Date	Amount
Quarter 1 Due By 4/17/12						
Quarter 2 Due By 6/15/12						
Quarter 3 Due By 9/17/12						
Quarter 4 Due By 1/15/13						
Other Tax Payments:						
2011 Overpayment Applied To 2012			Federal		State	Local
Balance Due Paid With 2012 Return						
2011 Estimated Tax Paid During 2012						
2011 Extension Payments Paid In 2012						
Other Taxes Paid In 2012 For Prior Years (Include Explanation) <u>All withholding input off of statements</u>						

INTEREST / DIVIDEND INCOME

Include All Original 1099 - INT's, DIV's

If You Have More Transactions, Please Make Copies Of This Form.

Name of Payer	Interest	Dividend	Capital Gain	Foreign Taxes Paid

SALES OF STOCKS AND SECURITIES

Attach Copies Of All Forms 1099-B. It Is Mandatory That All The Information Requested Below Be Provided.

Description Of Property	Date Acquired	Date Sold	Sales Price	Cost Basis

If You Have More Transactions, Please Make Copies Of This Form.

Capital Loss Carryover From Prior Year _____

ITEMIZED DEDUCTIONS

MEDICAL AND DENTAL EXPENSES

Prescription Medications _____	
Health Insurance Premiums (Include Long Term Care):	
a. Family & Spouse _____	
b. Self - Employed Taxpayer _____	
Doctors, Dentists And Hospitals _____	
Eyeglasses And Medical Equipment _____	
Miles Driven For Medical Purposes _____	
Other Medical And Dental Expenses:	
a. _____	
b. _____	

TAXES

Amount Paid On Balance Due For 2012 State Taxes Paid In 2012 _____	
Real Estate Taxes Paid On Principal Residence _____	
Real Estate Taxes Paid On Additional Homes Or Land (NOT RENTALS) _____	
Auto License Fees _____	
Other Personal Property Taxes _____	
Other Taxes:	
a. _____	
b. _____	

HOME MORTGAGE INTEREST ONLY

RENTAL INTEREST is on Page: 12 OFFICE IN THE HOME INTEREST is on Page: 10

	Check if not on Form 1098	Amount
Home Mortgage Interest:		
a. _____	<input type="checkbox"/>	
b. _____	<input type="checkbox"/>	
c. _____	<input type="checkbox"/>	
Points Paid On Loan To Buy, Build Or Improve Your Home:		
a. _____	<input type="checkbox"/>	
b. _____	<input type="checkbox"/>	
If Interest Is Paid To An Individual, Include Individual's Name, Address And Social Security Number:		

Enter Points Paid On A Home Equity Loan, Refinanced Mortgage Or Loan For A Second Home:		
Points Paid	Date Of Loan	Life Of Loan (Years)
Investment Interest (For Example: Margin Interest, Interest Paid On Loans Used For Property Held For Investment, etc.): _____		

CASH CONTRIBUTIONS

Name Of Charitable Organization:

a. _____	
b. _____	
c. _____	
d. _____	
e. _____	
f. _____	
g. _____	
h. _____	
i. _____	
j. _____	
k. _____	
l. _____	
m. _____	

NON CASH CONTRIBUTIONS

Note: This Sections Must Be Filled In If You Have Non Cash Contributions

Name Of Charitable Organization:	FMV Amount
a. _____	
b. _____	
c. _____	
d. _____	
e. _____	

Note: This Sections Must Be Filled In If You Have Non Cash Contributions

Description Of Donated Property	Address Of Charitable Organization
a. _____	
b. _____	
c. _____	
d. _____	
e. _____	

Note: This Sections Must Be Filled In If You Have Non Cash Contributions

Date Of Contribution	Date Acquired	How Acquired	Your Cost
a. _____			
b. _____			
c. _____			
d. _____			
e. _____			

UNREIMBURSED EMPLOYEE EXPENSES (W-2 INCOME ONLY)

Employee Business Expenses:	Taxpayer	Spouse
Business Gifts _____		
Education To Maintain Employment (C.E.U.) _____		
Meals & Entertainment Expenses _____		
Telephone Used For Employer's Business _____		
Trade Publications _____		
Travel Expenses While Away From Home _____		
Uniforms & Protective Clothing _____		
Union & Professional Dues _____		
Other Unreimbursed Employee Business Expenses: _____		
a. _____		
b. _____		

VEHICLE EXPENSES (UNREIMBURSED EMPLOYEE EXPENSES USE ONLY) (W-2 INCOME ONLY)

If Vehicles Are Used By Both Taxpayer And Spouse Or For More Than One Employer, Make A Copy Of This Form For Each

General Information:	Vehicle 1	Vehicle 2
Description Of Vehicle _____		
Date Placed In Service _____		
Total Miles For The Year _____		
Total Business Miles For The Year _____		
Total Commuting Miles For The Year _____		
Mileage Round Trip Each Day To Work _____		
Actual Expenses:		
Auto Club _____		
Gasoline & Oil _____		
Repairs & Maintenance _____		
Insurance _____		
Interest _____		
License & Registration _____		
Vehicle Lease _____		
Wash & Wax _____		
Tolls and Parking _____		
Other Expenses:		
a. _____		
Cost Of Vehicle _____		
Is Another Vehicle Available For Personal Use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do You Have Evidence To Support The Business Use Claimed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, Is The Evidence Written?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

MISCELLANEOUS DEDUCTIONS

	Taxpayer	Spouse
Tax Prep Fees _____	350	
Safety Deposit Box Fees _____		
IRA Fees _____		
Other Miscellaneous Deductions		
a. _____		
b. _____		
c. _____		

ADJUSTMENTS TO INCOME

	Taxpayer	Spouse
Retirement Accounts:		
Check If You Were Covered By A Retirement Plan At Work _____	<input type="checkbox"/>	<input type="checkbox"/>
Check If You Want To Contribute The Maximum Amount Allowed To Your IRA By The Due Date 04/15/12 _____	<input type="checkbox"/>	<input type="checkbox"/>
Amount Contributed For 2007 IRA _____	\$ <input type="text"/>	\$ <input type="text"/>
Indicate The Type Of Plan You Have:		
Traditional IRA _____	<input type="checkbox"/>	<input type="checkbox"/>
Roth IRA _____	<input type="checkbox"/>	<input type="checkbox"/>
Money Purchase Keogh Plan _____	<input type="checkbox"/>	<input type="checkbox"/>
Profit Sharing Keogh Plan _____	<input type="checkbox"/>	<input type="checkbox"/>
Defined Benefit Keogh Plan _____	<input type="checkbox"/>	<input type="checkbox"/>
SEP Plan _____	<input type="checkbox"/>	<input type="checkbox"/>
Self-Employed SIMPLE Plan _____	<input type="checkbox"/>	<input type="checkbox"/>
Other Adjustments:		
Student Loan Interest _____		
Alimony Paid _____ Recipient's Social Security Number _____		
Penalty On Early Withdrawal Of Savings _____		

DEPENDENT CARE EXPENSES & EDUCATION CREDITS

Enter Below The Persons Or Organizations Who Provided The Child & Dependent Care.			
Name	Address	ID Number	Amount Paid
1.			
2.			
3.			
Education Credits: (HIGHER EDUCATION ONLY)			
Student's Name	Student's Social Security Number	Qualified Expenses (No Books)	First or Second Year of Post-Secondary Education?
1			Yes <input type="checkbox"/> No <input type="checkbox"/>
2			Yes <input type="checkbox"/> No <input type="checkbox"/>
3			Yes <input type="checkbox"/> No <input type="checkbox"/>

BUSINESS INCOME & EXPENSES

(SELF-EMPLOYED INDIVIDUALS or SINGLE MEMBER LLC'S not for partnerships or corporations)

General Information:

If More Than One Business, Make Copies Of The Business & Expense Forms

Check Ownership Taxpayer Spouse Joint (should be done on a partnership return)

Business Name _____

Business Address _____

Principal Business/Profession _____

Employer ID Number _____

Did You Materially Participate In The Operation Of This Business During The Year? Yes No

Did You Start Or Acquire This Business During The Year? Yes No

Amount

Gross Receipts Or Sales From 1099's _____

Gross Receipts Or Sales Other _____

Return & Allowances _____

Other Income (ie: Business Interest) _____

Cost Of Goods Sold (INVENTORY ONLY)

Amount

Inventory At Beginning Of Year _____

Purchases: Less Cost Of Items Withdrawn For Personal Use _____

Cost Of Labor _____

Materials & Supplies _____

Other Costs _____

Inventory At End Of Year _____

Expenses:

Amount

Advertising _____

Car & Truck Expenses **(Complete Vehicle Expense Section On Page 9)** _____

Commissions & Fees _____

Employee Benefit Programs _____

Insurance (Other Than Health) _____

Insurance (Health) _____

Interest:

a. Commercial Mortgage (From Form 1208 Only) _____

b. Other Interest (Explain) _____

Legal & Professional Services _____

Office Expenses _____

Pension & Profit-Sharing Plans _____

Rent Or Lease: **(If A Home Office Complete Section On Page 10)** _____

a. Machinery & Equipment _____

b. Other Business Property _____

Repairs & Maintenance _____

BUSINESS INCOME & EXPENSES (CONTINUED)

Supplies (Not Included In Cost Of Goods Sold) _____	
Taxes & Licenses _____	
Travel _____	
Meals & Entertainment _____	
Telephone & Cellular _____	
Utilities _____	
Wages _____	
Other Expenses:	
a. _____	
b. _____	
c. _____	
d. _____	
e. _____	

VEHICLE EXPENSES (FOR BUSINESS USE ONLY)

If Vehicles Are Used By Both Taxpayer And Spouse Or In More Than One Business, Make A Copy Of This Form For Each

General Information:	Vehicle 1	Vehicle 2
Description Of Vehicle _____		
Date Placed In Service _____		
Total Miles For The Year _____		
Total Business Miles For The Year _____		
Total Commuting Miles For The Year _____		
Mileage Round Trip Each Day To Work _____		
Actual Expenses:		
Auto Club _____		
Gasoline & Oil _____		
Repairs & Maintenance _____		
Insurance _____		
Interest _____		
License & Registration _____		
Vehicle Lease _____		
Wash & Wax _____		
Tolls and Parking _____		
Other Expenses:		
a. _____		
Cost Of Vehicle _____		
Is Another Vehicle Available For Personal Use?	Yes	No
Do You Have Evidence To Support The Business Use Claimed?	Yes	No
If YES, Is The Evidence Written?	Yes	No

HOME OFFICE EXPENSE

(SELF-EMPLOYED INDIVIDUALS or SINGLE MEMBER LLC'S not for partnerships or corporations)

General Information:

Area Used Regularly And Exclusively For Business (Square Footage) _____

Area Used For Day Care (Square Footage) _____

Total Area Of Home (Square Footage) _____

Number Of Hours Used For Day Care In The Year _____

Expenses:

	Direct	Indirect
Mortgage Interest _____		
Real Estate Taxes _____		
Insurance _____		
Repairs & Maintenance _____		
Utilities _____		
Rent _____		

Other Expenses:

a. _____		
b. _____		

Depreciation:

Description	Date Acquired	Cost
Residence _____		
Addition/Improvement _____		
Addition/Improvement _____		
Addition/Improvement _____		
Land Value Included In Cost Of Residence _____		

BUSINESS DEPRECIATION

Please Provide A Detailed Depreciation Schedule For Assets Acquired Before 2012

Business Assets Acquired During The Year 2012

Description	Date Acquired	Cost

RENTAL & ROYALTY INCOME

Description & Address Of Property:

Property 1 _____

Property 2 _____

Property 3 _____

Was Property Used For Personal Purposes For More Than 14 Days or 10% Of The Total Days Rented At Fair Market Value?	Property 1	Property 2	Property 3
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Income:

Rents Received _____			
Royalties Received _____			

Expenses:

Advertising _____			
Automobile (Complete Vehicle Expense Section On Page 9) _____			
Travel _____			
Cleaning & Maintenance _____			
Commissions _____			
Insurance _____			
Legal & Professional Fees _____			
Management Fees _____			

Interest:

a. Mortgage (From Form 1098) _____			
b. Other Interest _____			
Repairs _____			
Supplies _____			

Taxes:

a. Real Estate _____			
b. Other _____			
Utilities _____			
Other Expenses:			
a. _____			
b. _____			
c. _____			
d. _____			

Please Provide A Detailed Depreciation Schedule For Assets Acquired Before 2012

Rental Assets Acquired During The Year 2012:

Property #	Description	Date Acquired	Cost

RENTAL & ROYALTY INCOME (Continue)

Description & Address Of Property:

Property 4 _____
 Property 8 _____
 Property 6 _____

Was Property Used For Personal Purposes For More Than 14 Days or 10% Of The Total Days Rented At Fair Market Value?

Property 4	Property 8	Property 6
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Income:

Rents Received _____

Royalties Received _____

Expenses:

Advertising _____

Automobile (Complete Vehicle Expense Section On Page 9) _____

Travel _____

Cleaning & Maintenance _____

Commissions _____

Insurance _____

Legal & Professional Fees _____

Management Fees _____

Interest:

a. Mortgage (From Form 1098) _____

b. Other Interest _____

Repairs _____

Supplies _____

Taxes:

a. Real Estate _____

b. Other _____

Utilities _____

Other Expenses:

a. _____

b. _____

c. _____

d. _____

Please Provide A Detailed Depreciation Schedule For Assets Acquired Before 2012

Rental Assets Acquired During The Year 2012:

Property #	Description	Date Acquired	Cost

FARM INCOME & EXPENSES

General Information:

If More Than One Farm, Make Copies Of The Farm Income & Expense Forms

Check Ownership

Taxpayer

Spouse

Joint

Farm Name _____

Principal Product _____

Employer ID Number _____

Accounting method

Cash

Accrual

Did You Materially Participate In The Operation Of This Business During The Year?

Yes

No

Amount

Sales of livestock and other items bought for resale _____

Cost or other basis of items listed above _____

Sales of livestock and other items you raised _____

Agricultural program payments _____

Other Income (ie: fuel credits or refunds) _____

Expenses:

Amount

Car & Truck Expenses **(Complete Vehicle Expense Section On Page 14)**

Chemicals _____

Conservation Expenses _____

Custom Hire _____

Employee Benefit Programs _____

Feed Purchased _____

Fertilizers and Lime _____

Freight and Trucking _____

Fuels _____

Insurance (Other Than Health) _____

Interest:

a. Farm Mortgage **(From Form 1098 Only)** _____

b. Other Interest (Explain) _____

Labor Hired _____

Pension & Profit-Sharing Plans _____

Rent Or Lease: **(If A Home Office Complete Section On Page 10)** _____

a. Machinery & Equipment _____

b. Other Business Property _____

Repairs & Maintenance _____

Seeds and Plants Purchased _____

Storage and Warehouse _____

Supplies _____

Taxes _____

Utilities _____

Veterinary, breeding and medicine _____

Other Expenses:

a. _____

b. _____

VEHICLE EXPENSES (FOR FARM USE ONLY)

If Vehicles Are Used By Both Taxpayer And Spouse Or In More Than One Business, Make A Copy Of This Form For Each

General Information:

	Vehicle 1	Vehicle 2
Description Of Vehicle _____		
Date Placed In Service _____		
Total Miles For The Year _____		
Total Business Miles For The Year _____		
Total Commuting Miles For The Year _____		
Mileage Round Trip Each Day To Work _____		

Actual Expenses:

Auto Club _____		
Gasoline & Oil _____		
Repairs & Maintenance _____		
Insurance _____		
Interest _____		
License & Registration _____		
Vehicle Lease _____		
Wash & Wax _____		
Tolls and Parking _____		

Other Expenses:

a. _____		
Cost Of Vehicle _____		

Is Another Vehicle Available For Personal Use?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do You Have Evidence To Support The Business Use Claimed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES, Is The Evidence Written?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

FARM DEPRECIATION

Please Provide A Detailed Depreciation Schedule For Assets Acquired Before 2012

Business Assets Acquired During The Year 2012

Description	Date Acquired	Cost

