

PROTAX CONSULTING SERVICES INC
SEVEN PENN PLAZA, SUITE 416
NEW YORK, NY 10001-0025

MAGNUS U BACK & ANNA C ERBACKE
135 WEST 96TH STREET, Apt. 3C
NEW YORK, NY 10025

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NEW YORK, NY 10025

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2013 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2013 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2012 information is included for your reference. You do not need to make any 2012 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2012 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

PROTAX CONSULTING SERVICES INC
SEVEN PENN PLAZA, SUITE 416
NEW YORK, NY 10001-0025
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General Questions

ORG3

PERSONAL INFORMATION		Yes	No
1	Did your marital status change during 2013? If yes , explain	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Do you want to allow your tax preparer to discuss this year's return with the IRS? If no , enter another person (if desired) to be allowed to discuss this return with the IRS. Caution: Review any transferred information for accuracy. Designee's Name ▶ _____ Phone Number ▶ _____ Personal Identification Number (5 digit PIN) ▶ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Do you or your spouse plan to retire in 2014?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Were you or your spouse permanently and totally disabled in 2013?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Enter date of death for taxpayer or spouse (if during 2013 or 2014): Taxpayer: _____ Spouse: _____		
6	Were you or your spouse a member of the U.S. Armed Forces during 2013?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DEPENDENT INFORMATION		Yes	No
7a	Do you have dependents who must file?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If yes , do you want us to prepare the return(s)?	<input type="checkbox"/>	<input type="checkbox"/>
8a	Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,000?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If yes , do you want to include your child's income on your return?	<input type="checkbox"/>	<input type="checkbox"/>
9	Are any of your dependents not U.S. citizens or residents?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Did you provide over half the support for any other person during 2013?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Did you incur adoption expenses during 2013?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IRA, PENSION AND EDUCATION SAVINGS PLANS		Yes	No
12	Did you receive payments from a pension or profit-sharing plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	Did you receive a total distribution from an IRA or 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 checked="" type="checkbox"/>
14a	Did you convert all or part of a regular IRA into a Roth IRA?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Did you roll over all or part of a qualified plan into a Roth IRA?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Did you contribute to a Coverdell Education Savings Account?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ITEMS RELATED TO INCOME/LOSSES		Yes	No
16	Did you receive any disability payments in 2013?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17	Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18a	Did you buy, sell, refinance, or abandon a principal residence or other real property in 2013? (Attach copies of any escrow statements or Forms 1099.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Are you planning to purchase a home soon?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19	Did you incur any casualty or theft losses during 2013?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20	Did you incur any non-business bad debts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PRIOR YEAR TAX RETURNS		Yes	No
21	Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? If yes , enclose agent's report or notice of change.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22	Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

General Questions (continued)

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES		Yes	No
23	Did you have foreign income or pay any foreign taxes in 2013 ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24a	At any time during 2013, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2013 ? Report all interest income on Org 11	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25	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 checked="" type="checkbox"/>
26	Did you at any time during 2013, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

HEALTH AND LIFE INSURANCE		Yes	No
27a	Did you or your spouse have self-employed health insurance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28	Did you have health insurance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29	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 checked="" type="checkbox"/>
30	Did you contribute to or receive distributions from a Health Savings Account (HSA)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

MISCELLANEOUS		Yes	No
31	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2013 ? If yes, please attach details	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32	Did you start paying mortgage insurance premiums in 2013 ? If yes, please attach details	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33	Did you purchase a motor vehicle or boat during 2013 ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If yes, attach documentation showing sales tax paid.		
34	Did you purchase an energy efficient vehicle in 2013 ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If yes, enter year, make, model, and date purchased: _____		
35	Did you donate a vehicle in 2013 ? If yes, attach Form 1098C	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36	What was the sales tax rate in your locality in 2013 ? _____ % State ID		
37	Did you or your spouse make gifts of over \$14,000 to an individual or contribute to a prepaid tuition plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38	Did you make gifts to a trust?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39	If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If yes, please attach details.		
40	Did you or your spouse participate in a medical savings account in 2013 ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If yes, please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)		
41	Did you make a loan at an interest rate below market rate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42	Did you pay any individual for domestic services in 2013 ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43	Did you pay interest on a student loan for yourself, your spouse, or your dependents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
44	Did you, your spouse, or your dependents attend post-secondary school in 2013 ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
45	Did a lender cancel any of your debt in 2013 ? (Attach any Forms 1099-A or 1099-C)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
46	Did you receive any income not included in this Tax Organizer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If yes, please attach information.		

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND		Yes	No
47	If your tax return is eligible for Electronic Filing, would you like to file electronically?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
48	The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Caution: Review transferred information for accuracy.			
49	If yes, please provide the following information:		
a	Name of your financial institution	CHASE	
b	Routing Transit Number (must begin with 01 through 12 or 21 through 32)	021000021	
c	Account number	169603160	
d	What type of account is this?	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
<input checked="" type="checkbox"/>	Please attach a voided check (not a deposit slip) if your bank account information has changed.		

Business/Investment Questions

ORG4

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2013? If yes, attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2013?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2013?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did you sell property or equipment on installment in 2013?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did you have any business related educational expenses?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2013?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 Do you have records, as described below, to support expenses?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient.</p>		
13 Did you purchase special fuels for non-highway use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>If yes, please list the type of use and the number of gallons for each fuel.</p> <hr/> <hr/> <hr/> <hr/>		
14 Was Form 8903 (Domestic Production Activities Deduction) included in your 2012 federal income tax return?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Basic Taxpayer Information

ORG6

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name.....	<u>BACK</u>	<u>ERBACKE</u>
First name	<u>MAGNUS</u>	<u>ANNA</u>
Middle initial and suffix	MI <u>U</u> Suffix	MI <u>C</u> Suffix
Social security number	<u>On File</u>	<u>On File</u>
Occupation.....	<u>SOFTWARE ENGINEER</u>	
Work phone/extension		
Cell phone	<u>+1 917 744 8690, +4670 331 8690</u>	<u>+46 70 622 5705</u>
E-mail address.....	<u>magnus@noun.se</u>	<u>Katarina.erbacke@gmail.com</u>
Birthdate	MM/DD/YYYY <u>07/07/1979</u>	MM/DD/YYYY <u>10/19/1981</u>
Blind	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Contribute to Presidential Election Campaign Fund	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Eligible to be claimed as a dependent on another return	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Street address.....	<u>135 WEST 96TH STREET KARLSGATAN 9</u>	Apartment number <u>3C</u>
City.....	<u>NEW YORK HELSINGBORG</u>	State..... <u>NY</u> ZIP code..... <u>10025 252 24</u>
Home phone.....		Foreign country..... <u>SWEDEN</u>
Fax.....		Foreign phone <u>+46 70 331 8690</u>

FILING STATUS

1 Single
 2 Married filing jointly
 3 Married filing separately
 Check this box if you **did not** live with spouse at any time during the year.....
 Check this box if you are eligible to claim spouse's exemption
 Check this box if your spouse itemizes deductions.....
 4 Head of household
 If the qualifying person is a child but not your dependent, enter
 Child's name..... Child's social security number.....
 5 Qualifying widow(er)
 Check the box for the year the spouse died 2011 2012

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Date of Birth	2013 Child Care Expense
				2012 Child Care Expense
Relationship	+Months in U.S.	*Not Citizen		
			<input type="checkbox"/>	

** For the Dependent Code, enter the following: L = dependent child who lived with you
 N = dependent child who didn't live with you due to divorce or separation
 O = other dependent
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)
 + Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.
 * Check this box if dependent child is not a U.S. citizen or resident alien

W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION

Attach all copies of your W-2 forms here.

Employer's name GOOGLE Check if not applicable for 2013
 Employer's name Check if for spouse
 1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace
 2 Enter any amounts forfeited from a flexible spending account
 3 Check if the income reported is from a foreign source
 4 a Clergy: Enter your designated housing or parsonage allowance
 b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value
 c Check SE tax on: (a) housing or parsonage allowance (b) W-2 wages (c) both

Employer's name Check if not applicable for 2013
 Employer's name Check if for spouse
 1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace
 2 Enter any amounts forfeited from a flexible spending account
 3 Check if the income reported is from a foreign source
 4 a Clergy: Enter your designated housing or parsonage allowance
 b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value
 c Check SE tax on: (a) housing or parsonage allowance (b) W-2 wages (c) both

1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC

Attach all copies of your 1099-R forms here.

Payer's name Check if not applicable for 2013
 Payer's name Check if for spouse
 1 Check if either box applies: Rollover Conversion to Roth IRA
 2 a If a **partial** rollover, enter the amount rolled over
 b If a **partial** conversion to a Roth IRA, enter the amount converted to Roth IRA
 3 Health insurance premiums deductible on Schedule A
 4 a If entire distribution is a Required Minimum Distribution (RMD), check this box
 b If **only part** of distribution is RMD, enter the part that is RMD

Payer's name Check if not applicable for 2013
 Payer's name Check if for spouse
 1 Check if either box applies: Rollover Conversion to Roth IRA
 2 a If a **partial** rollover, enter the amount rolled over
 b If a **partial** conversion to a Roth IRA, enter the amount converted to Roth IRA
 3 Health insurance premiums deductible on Schedule A
 4 a If entire distribution is a Required Minimum Distribution (RMD), check this box
 b If **only part** of distribution is RMD, enter the part that is RMD

W-2G – GAMBLING OR LOTTERY WINNINGS

Attach all copies of your W-2G forms here.

Name of Payer	Check if Spouse	Gross Winnings (Box 1)	Federal Tax Withheld (Box 2)	State Tax Withheld (Box 14)	State Code (Box 13)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

Interest and Dividend Income

T = Taxpayer, S = Spouse, J = Joint

INTEREST INCOME								
<input checked="" type="checkbox"/> Attach all copies of your Form 1099-INTs here.								
**Type of Interest blank = Regular taxable interest ME1 = ME bond interest in federal income MD1 = MD nontaxable interest — taxable federal		MA1 = MA bank interest NH1 = NH nontaxable interest — taxable federal NJ1 = NJ nontaxable interest — taxable federal		OK1 = OK bank interest TN1 = TN nontaxable interest — taxable federal WV1 = WV bond interest in federal income				
TSJ	X*	Payer Name	2013 Box 1 Interest	Type of Interest**	2013 Box 3 US/Treasury Interest	2013 Box 8 Tax Exempt	State	2012 Box 1 + 3
J		ICA-BANKEN	SEK 7.12					SEK 7.12
J		CHASE	0.44					0.44
J		CHASE	9.91					9.91
T		SKANDIABANKEN	SEK 6.21					SEK 6.21
T		VOLVOFINANS	SEK 6943.13					SEK 6943.13
T		SPARBANKEN ÖRESUND	SEK 3102.89					SEK 3102.89
T		SWEDBANK	SEK 5.63					SEK 5.63
S		VOLVOFINANS	SEK 6847.48					SEK 6847.48
S		SKANDIABANKEN	SEK 4.01					SEK 4.01
S		SKANDIABANKEN	SEK 88.28					SEK 88.28

X* Check if you did not receive income from this account in 2013.

DIVIDEND INCOME							
<input checked="" type="checkbox"/> Attach all copies of your Form 1099-DIVs here.							
TSJ	X*	Payer Name	2013 Box 1a Ordinary Dividends	2013 Box 1b Qualified Dividends	2013 Box 2a Capital Gains	State	2012 Box 1a + 2a
T		SPARBANKEN ÖRESUND	SEK 3102.89				SEK 3102.89

X* Check if you did not receive income from this account in 2013.

Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2013	2012
1 Prescription medications.....		
2 Health insurance premiums (enter Medicare B on ORG10).....		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums		
b Spouse's gross long-term care premiums		
c Dependent's gross long-term care premiums		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity.....		
5 Insurance reimbursement.....		
6 Doctors, dentists, etc.....		
7 Hospitals, clinics, etc.....		
8 Lab and X-ray fees.....		
9 Expenses for qualified long-term care.....		
10 Eyeglasses and contact lenses		
11 Medical equipment and supplies		
12 Miles driven for medical purposes.....		
13 Ambulance fees and other medical transportation costs.....		
14 Lodging.....		
15 Other medical and dental expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
f _____		
g _____		
h _____		
i _____		
j _____		
TAXES	2013	2012
Enter state and local income taxes on ORG7, ORG8, ORG10, and ORG40.		
16 Real estate taxes paid on principal residence		
17 Real estate taxes paid on additional homes or land		
18 Auto registration fees based on the value of the vehicle.....		
19 Other personal property taxes		
20 Other taxes:		

Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2013	2012
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2013
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address

OTHER PERSON RECEIVING FORM 1098	
Form 1098 Recipient's Name	Address

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2012 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

INVESTMENT INTEREST		
	2013	2012
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc)		

Interest Paid and Cash Contributions (continued)

LIMITED HOME MORTGAGE DEDUCTION

If your mortgage balance exceeded \$1 million (\$500,000 for married filing separately) or your home equity debt exceeded \$100,000 (\$50,000 for married filing separately) during 2013 complete the following:

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
1 Interest paid in 2013					
Points paid in 2013					
Months loan outstanding					
Principal pd on loan in 2013					
2 Home acquisition debt:					
Beginning of year balance ..					
Additional borrowed in 2013 ..					
3 Home equity debt:					
Beginning of year balance ..					
Additional borrowed in 2013 ..					
4 Grandfathered debt: (before 10/14/1987)					
Beginning of year balance ..					
Additional borrowed in 2013 ..					
5 Fair market value of homes on date debt was last secured by home					
6 Home acquisition and grandfathered debt on date last secured by home					

CASH CONTRIBUTIONS

Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2013	2012
	<input type="checkbox"/>		

Charitable miles driven		
Miles driven to deliver noncash contributions		
Parking fees, tolls, and local transportation		

Noncash Contributions

ORG14A

Copy 1

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More		Fair Market Value	Prior Year Fair Market Value
A				
B				
C				
D				
E				
F				
G				
H				
I				

Note: Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A		
B		
C		
D		
E		
F		
G		
H		
I		

Method for Fair Market Value*	Date of Contribution	Complete these columns only for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A				
B				
C				
D				
E				
F				
G				
H				
I				

- *Methods of determining FMV:**
- Appraisal
 - Capitalization of income
 - Present value
 - Thrift shop
 - Average share
 - Comparative sales
 - Replacement cost
 - Catalog
 - Consignment shop
 - Reproduction cost

- **Type of Donated Property**
- Household/clothing items
 - Business equipment
 - Intellectual property
 - Motor vehicle, boat or airplane
 - Business inventory
 - Real property, conservation property
 - Art, other than self-created
 - Stock, publicly traded
 - Real property, other than conservation
 - Art, self-created
 - Stock, other than publicly traded
 - Other personal property
 - Collectibles
 - Securities, other than stock
 - Other intangible property

*****How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2013	2012
Employee Business Expenses		
Note: If you have any travel, transportation, meals or entertainment expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses.		
1 Union and professional dues		
2 Professional subscriptions		
3 Uniforms and protective clothing		
4 Job search costs		
5 Other unreimbursed employee expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
Other Expenses Subject to the 2% Limitation		
Treat all MACRS assets for this activity as qualified Indian reservation property?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Treat all assets acquired after August 27, 2005 as qualified GO Zone property?	<input type="checkbox"/> Regular	<input type="checkbox"/> Extension <input type="checkbox"/> No
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Was this property located in a Qualified Disaster Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check to code assets as Investment Expense	<input type="checkbox"/>	
Use ORG50 to record dispositions.		
Use ORG51A to enter additional assets.		
Use ORG11a for investment expenses related to interest income.		
Use ORG11b for investment interest related to dividend income.		
6 Tax return preparation fees		
7 Investment counsel and advisory fees		
8 Certain attorney and accounting fees		
9 Safe deposit box rental		
10 IRA custodial fees		
11 Other expenses (list):		
a _____		
b _____		
c _____		
d _____		
e _____		
OTHER MISCELLANEOUS DEDUCTIONS	2013	2012
12 Federal estate tax paid on income in respect of a decedent		
13 Amortizable bond premiums (acquired before 10/23/86)		
14 Gambling losses (to the extent of gambling income)		
15 Claim repayments		
16 Unrecovered investment in annuity		

Employee Business Expenses

ORG17

Occupation in which expenses were incurred

Check box if spouse's employee expenses. If blank, taxpayer assumed.....

Check box if a fee-basis state or local government official

Check box if subject to Department of Transportation (DOT) hours of service limits.....

Treat all MACRS assets for activity as qualified Indian reservation property?..... Yes No

Treat all assets acquired after August 27, 2005 as qualified GO Zone property?..... Regular Extension No

Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?..... Yes No

Was this activity located in a Qualified Disaster Area..... Yes No

EXPENSES	2013	2012
1 Parking fees, tolls, and local transportation		
2 Travel expenses while away from home (excluding meals/entertainment expenses)		
3 Meals and entertainment expenses		
4 Business gifts		
5 Education		
6 Home office expenses (Preparer Use Only – complete ORG17A)		
7 Trade publications.....		
8 Depreciation expense other than vehicle (Preparer Use Only).....		
9 Carryover of Section 179 expense from prior year		
10 Other:		

EMPLOYER REIMBURSEMENTS	2013	2012
Enter amounts not reported in Box 1 on Form W-2 (include amounts reported under code 'L' in Box 12 of Form W-2).		
11 Reimbursements for other than meals and entertainment		
12 Reimbursements for meals and entertainment		

QUALIFIED PERFORMING ARTIST	2013	2012
13 Did you perform services in the performing arts as an employee for at least two employers during the year, and receive from at least two of those employers wages of \$200 or more per employer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

IMPAIRMENT-RELATED WORK EXPENSES	2013	2012
14 If you are disabled, were any of your expenses for attendant care at your place of employment, or were any of your expenses in connection with your place of employment that enabled you to work?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Employee Business Expenses (continued)

ORG17

GENERAL VEHICLE INFORMATION	Vehicle 1	Vehicle 2
15 Description of vehicle.....		
16 Date placed in service.....		
17 Enter detail on lines 17a and 17b, or total on line 17c:		
a Ending mileage reading.....		
b Beginning mileage reading.....		
c Total miles for the year (line 17a less line 17b).....		
18 Business miles.....		
19 Total commuting miles.....		
20 Average daily commuting miles.....		
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2
21 Do you qualify for standard mileage? (Preparer Use Only).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Is this a leased vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2
23 Gasoline, oil, repairs, insurance, etc.....		
24 Vehicle registration fee (excluding property tax).....		
25 Vehicle lease or rental fee.....		
26 Inclusion amount (Preparer Use Only).....		
27 Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2).....		
28 Depreciation (Preparer Use Only).....		
VEHICLE DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2
29 Cost or basis.....		
30 Is this an electric vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
31 Is this qualified Indian reservation property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32 Type of vehicle (Preparer Use Only).....		
33 Section 179 expense (Preparer Use Only).....		
34 Qualified Property for Economic Stimulus? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Qualified Property for Qualified Disaster Area? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Qualified Property for Kansas Disaster Zone (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Qualified property for GO Zone? (Preparer Use Only).....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
38 Percentage for Special Depreciation Allowance? (Preparer Use).....	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A
39 Elect OUT of Special Depreciation Allowance? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
40 Elect 30% in place of 50% Allowance? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
41 Date sold.....		
42 Date acquired, if different from line 16.....		
43 Sales price.....		
44 Expense of sale.....		
45 Gain/loss basis, if different (Preparer Use Only).....		
46 AMT gain/loss basis, if different (Preparer Use Only).....		
VEHICLE QUESTIONS		
47 Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48 Is another vehicle available for personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49 Do you have evidence to support the business use claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50 If yes, is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Moving Expenses

ORG16

If you sold your principal residence during 2013, also complete Sale of Your Home (ORG22).

FIRST MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply.....

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: _____

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace..... _____

Number of miles from your old home to old workplace..... _____

Are you a member of the armed forces? Yes No

If **Yes**, did you move due to a permanent change of station? Yes No

If **Yes**, enter the allowances or reimbursements received from the government..... _____

If **No**, enter the total amount your employer paid for your move. **Do not enter** amounts already reported in Form W-2 Box 12..... _____

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses	
Storage expenses	
Expenses of moving from old to new home:	
Travel not including meals.....	
Lodging not including meals.....	

SECOND MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply.....

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: _____

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace..... _____

Number of miles from your old home to old workplace..... _____

Are you a member of the armed forces? Yes No

If **Yes**, did you move due to a permanent change of station? Yes No

If **Yes**, enter the allowances or reimbursements received from the government..... _____

If **No**, enter the total amount your employer paid for your move. **Do not enter** amounts already reported in Form W-2 Box 12..... _____

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses	
Storage expenses	
Expenses of moving from old to new home:	
Travel not including meals.....	
Lodging not including meals.....	

Business Income and Expenses

ORG19

GENERAL INFORMATION

1 Check ownership Taxpayer Spouse Joint

2 Business name

3 a Business street address.....

 b 1 City, State and Zip Code, or

 2 Foreign country.....

4 Principal business/profession

5 Employer ID number.....

6 Business code (Preparer Use Only)

7 Was this business fully disposed of in a fully taxable transaction during 2013? Yes No

8 Accounting method:
 Cash Accrual Other (specify)

9 Method used to value closing inventory:
 Cost Lower of Other (explain)

Yes No

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory?
 (If yes, attach explanation)

11 Did you materially participate in the operation of this business during 2013?

12 Did you start or acquire this business during 2013?

13 a Did you make any payments in 2013 that require you to file Forms 1099?

 b If yes, did you or will you file all the required Forms 1099?

14 At-risk determination:
 a Is all of the investment in this activity at risk?

 b Is some of the investment in this activity not at risk?

15 Did you have unallowed passive losses in 2012?

16 a Treat all MACRS assets for this activity as qualified Indian reservation property?

 b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular Extension No

 c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?

 d Was this business located in a Qualified Disaster Area?

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2013	2012
17 Gross receipts or sales.....		
18 Returns and allowances plus other adjustments.....		
19 Other income (include federal/state gas tax credit/refund)		
COST OF GOODS SOLD – IF APPLICABLE	2013	2012
20 Inventory at beginning of year		
21 Purchases.....		
22 Items withdrawn for personal use		
23 Cost of labor (do not include your salary)		
24 Materials and supplies		
25 Other costs		
26 Inventory at end of year.....		

Business Income and Expenses (continued)

ORG19

EXPENSES	2013	2012
Business name _____		
27 Advertising		
28 Car and truck expenses (complete ORG18).....		
29 Commissions and fees.....		
30 Contract labor		
31 Depletion		
32 Depreciation and Section 179 deduction (Preparer Use Only).....		
33 Employee benefit programs:		
a Employee health insurance premiums		
b Other employee benefit programs		
34 Insurance (other than health).....		
35 Self-employed health insurance attributable to this business.....		
36 Interest:		
a Mortgage paid to banks not reported to you on Form 1098.....		
b Other		
37 Legal and professional services		
38 Office expenses		
39 Pension and profit-sharing plans.....		
40 Rent or lease:		
a Machinery and equipment (enter vehicle lease on ORG18)		
b Other business property.....		
41 Repairs and maintenance		
42 Supplies (not included in cost of goods sold)		
43 Taxes and licenses not reported to you on Form 1098.....		
44 Travel, meals, and entertainment:		
a Travel.....		
b Meals and entertainment subject to 50% limit		
c Meals subject to 80% limit.....		
d Meals and entertainment not subject to limit.....		
45 Utilities		
46 Gross wages		
47 Other expenses:		

48 Expenses for business use of your home (Preparer Use Only).....		
Complete ORG20 for Business Use of Home.		
49 Qualified pension plan start-up costs.....		

Sales of Stocks and Securities

Attach all copies of Forms 1099-B and/or 1099-S here.

	Yes	No
1 Did you exchange any securities for other securities or any other property held for investment?	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale?	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you engage in any transactions involving traded options?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you engage in any transactions involving commodity future contracts and straddle positions?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you engage in any transactions involving employee stock options?	<input type="checkbox"/>	<input type="checkbox"/>
6 Schedule D included in the 2012 Federal income tax return?	<input type="checkbox"/>	<input type="checkbox"/>

Do not include installment sales transactions here. Complete information on Installment Sales Income (ORG23) instead. See notes below for entries to be made on lines 1d, 4a, 4b and 5

FORMS 1099-B, 1099-S – SALES OF STOCKS, BONDS, REAL ESTATE, ETC.

Transaction number.....

1a Check if this sale was reported to you on Form 1099-B or substitute statement

b If so, check if Box 6a is marked (i.e., this is the sale of noncovered security).....

c If so, check if Box 6b is marked (i.e., the basis amount was reported to the IRS).....

d If so, select type of gain (loss) indicated in Box 1c *.....

2 Description of property SKANDIA SKALA 3:5, MUTUAL FUND

3a Date acquired UNKNOWN b Date sold 3/27/13

4a Type of transaction *** S b Property ownership ** S

5 Holding period * L

6 Sales price SEK 142278.97

7 Cost or other basis SEK 131694.82

8 Wash sale loss disallowed

9 Federal Tax withheld (if any).....

10a State..... b State identification c State tax withheld

Transaction number.....

1a Check if this sale was reported to you on Form 1099-B or substitute statement

b If so, check if Box 6a is marked (i.e., this is the sale of noncovered security).....

c If so, check if Box 6b is marked (i.e., the basis amount was reported to the IRS).....

d If so, select type of gain (loss) indicated in Box 1c *.....

2 Description of property

3a Date acquired b Date sold

4a Type of transaction *** b Property ownership **

5 Holding period *

6 Sales price

7 Cost or other basis

8 Wash sale loss disallowed

9 Federal Tax withheld (if any).....

10a State..... b State identification c State tax withheld

- | | | | |
|------------------------------------|---|-------------------------------------|--|
| * Type of Holding Period | | *** Type of Transaction | |
| S = Short-term (one year or less) | S = Regular Sale of Stocks, Bonds, etc | O = Worthless Securities | |
| L = Long-term (more than one year) | W = Wash Sale | K = Bankrupt | |
| | M = Collectible (28% Rate) | N = Nonbusiness Bad Debt | |
| ** Type of Ownership | P = Personal Loss on Noninvestment Property | E = Stock sales to ESOP's or EWOC's | |
| T = Taxpayer Ownership | X = Expired (options, etc) | | |
| S = Spouse Ownership | | | |
| J = Joint Ownership | | | |

Sale of Your Home

ORG22

GENERAL INFORMATION

Attach copies of your original purchase and the current sale settlement sheets here.

Complete if the sale of your home occurred in the current year (2013).

	Yes	No
1 a Was the sale amount of your residence \$250,000 or less (\$500,000 or less if married filing a joint return)?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you acquire this home in a like-kind (Section 1031) exchange and sell it within 5 years of acquiring it?	<input type="checkbox"/>	<input type="checkbox"/>
c Did you use this home partially or completely in a trade or business or hold it for investment AND dispose of it in a like-kind (Section 1031) exchange?	<input type="checkbox"/>	<input type="checkbox"/>
d Did you claim the First-Time Homebuyer Credit when you purchased this home?	<input type="checkbox"/>	<input type="checkbox"/>
2 a Did you live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale?	<input type="checkbox"/>	<input type="checkbox"/>
b If married filing a joint return, did your spouse live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale?	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you receive a Form 1099-S?	<input type="checkbox"/>	<input type="checkbox"/>
4 a Have you sold and excluded gain from another principal residence within 2 years before the sale of this home?	<input type="checkbox"/>	<input type="checkbox"/>
b If married filing a joint return, has your spouse sold and excluded gain from another principal residence within 2 years before the sale of this home?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you sell this home due to a change of health, place of employment or other unforeseen circumstances? (If this is a joint sale, answer both questions the same. Otherwise, answer as applicable.)		
a You	<input type="checkbox"/>	<input type="checkbox"/>
b Your spouse	<input type="checkbox"/>	<input type="checkbox"/>
6 a Did you or your spouse use any part of your residence for business or rental purposes after May 6, 1997?	<input type="checkbox"/>	<input type="checkbox"/>
b Was the home used as investment or rental property after December 31, 2008?	<input type="checkbox"/>	<input type="checkbox"/>
7 a Will you be receiving periodic payments of principal or interest from this sale?	<input type="checkbox"/>	<input type="checkbox"/>
b If Yes , what is the amount of the financial instrument? _____		

8 Address of former home sold _____

9 a Date former home was sold _____

 b Date former home was bought _____

10 Sales price of the home sold _____

COST BASIS OF HOME SOLD

Description	Amount
Original cost of home sold:	
11 a Purchase price of home sold	
b Postponed gain on the sale of your previous home (from Form 2119 for the year this home was bought)	
Additions and increases to basis:	
12 a Settlement fees or closing costs when home was purchased. Do not include amounts previously deducted as moving expenses	
b Cost of capital improvements	
c Additions, including costs of materials and labor	
d Other additions and increases to basis	
Decreases to basis:	
13 a Seller-paid points (for old home bought after 1990)	
b Other decreases to basis	

COMMISSIONS AND OTHER EXPENSES OF SALE

Description	Amount
14 a _____	
b _____	
c _____	
d _____	

Rent and Royalty Income and Expenses

ORG25

BASIC PROPERTY INFORMATION

Property description: 2 BR APARTMENT
 Property type: * 1 If type is other, enter a description: _____
 Location (street address): KARLSGATAN 7 LGH 1205
 City: HELSINGBORG State: _____ Zip: _____
 If a foreign address: Foreign province or state: _____
 Foreign postal code: 252 24 Foreign Country: SWEDEN

- 1 Check property owner Taxpayer Spouse Joint
- | | Yes | No |
|--|-------------------------------------|--|
| 2 a Did you make any payments that would require you to file Form(s) 1099? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If yes, did you or will you file all required Forms(s) 1099? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 a Enter the ownership percentage (if not 100%) | <u>0</u> | |
| b If not 100%, are you reporting 100% of the income and expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Is this a rental property? (If yes, answer questions 5 through 11; if no, skip to question 12.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5 Did you have personal use of this property or rent it for part of the year at less than fair rental value? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 For all rental properties, enter the number of days during 2013 that: | | |
| a The property was rented at fair rental value | <u>365</u> | |
| b The property was used personally or rented at less than fair rental value | <u>0</u> | |
| c You owned the property, if not the entire year | | |
| 7 a Does this rental have multiple living units and you live in one of the units? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If yes, enter percentage of rental use | | |
| 8 Did you actively participate in this property's management during 2013? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Did you materially participate in this property's management during 2013? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Do you want to treat this property as non-passive? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did this property have unallowed passive losses in 2012? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Did you dispose of this property in a fully taxable transaction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Check this box if some of this investment was not at-risk | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 a Treat all MACRS assets for this activity as qualified Indian reservation property? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? | Regular <input type="checkbox"/> | Extension <input type="checkbox"/> No <input type="checkbox"/> |
| c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? | <input type="checkbox"/> | <input type="checkbox"/> |
| d Was this activity located in a Qualified Disaster Area? | <input type="checkbox"/> | <input type="checkbox"/> |

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2013	2012
15 Rents or royalties received	<u>SEK 102238</u>	<u>\$ 12614</u>

- * Property Types:
- | | |
|------------------------------|---------------|
| 1 Single family residence | 5 Land |
| 2 Multi-family residence | 6 Royalties |
| 3 Vacation/short-term rental | 7 Self-rental |
| 4 Commercial | 8 Other |

Rent and Royalty Income and Expenses (continued)

ORG25

EXPENSES	2013	2012
Property location		
16 Advertising		
17a Automobile (complete ORG18 for autos).....		
b Travel.....		
18 Cleaning and maintenance		
19 Commissions.....		
20a Mortgage insurance premiums – qualified		
b Other insurance		
21 Legal and professional fees		
22 Management fees		
23a Mortgage interest paid to banks – qualified.....		
b Mortgage interest paid to banks – other.....		
24 Other interest		
25 Repairs.....		
26 Supplies.....		
27a Real estate taxes.....		
b Other taxes.....		
28 Utilities		
29 Other expenses:		
a <u>RENT PAID TO LANDLORD</u>	SEK 123556	\$ 15604
b		
c		
d		
e		
30a Depreciation and Section 179 deduction (Preparer Use Only).....		
b Depletion (Preparer Use Only).....		

Tax Payments

ORG40

2013 ESTIMATED TAX PAYMENTS								
	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/17/13.....								
2 Qtr 2 due by 06/15/13.....								
3 Qtr 3 due by 09/17/13.....								
4 Qtr 4 due by 01/15/14								
5 a Additional payments ...								
b Additional payments ...								
c Additional payments ...								
d Additional payments ...								

OTHER TAX PAYMENTS			
	Federal	State	Local
6 2012 overpayment applied to 2013			
7 Balance due paid with 2012 return			
8 a 2012 Quarter 4 payments paid in 2013			
b 2012 extension payments paid in 2013			
9 Other taxes paid in 2013 for prior years (include explanation)			

2014 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2014, please enter the increase or decrease below.

Income

10 Wages	Taxpayer	- \$110,000, + SEK 480,000
	Spouse	+ SEK 372,000
11 Self-Employment Income	Taxpayer	
	Spouse	
12 Capital Gains (sale of stock, real estate, etc)		
13 Other Income:		
Description		

Deductions

14 Allowable Itemized Deductions	
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description	
16 Federal Withholding	
17 Number of personal exemptions expected for 2014	

ADDITIONAL INFORMATION

18 Check to use your 2013 tax amount for your 2014 estimate.....	<input type="checkbox"/>
19 If you have an overpayment of 2013 taxes, check the box to indicate how you want your overpayment applied.	
a Apply entire overpayment to next year and refund excess	<input type="checkbox"/>
b Apply entire overpayment to first quarter and refund excess	<input type="checkbox"/>
20 Amount to apply if not entire overpayment	
21 Number of installments for estimated tax (1 - 4)	

State Information Worksheet

ORG60

GENERAL INFORMATION

1 Enter your state of residence Taxpayer NY Spouse NY

2 Check the appropriate box if:

	Taxpayer	Spouse		
a Full year resident.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Date of entry: _____	Date of exit: _____
b Part year resident.....	<input type="checkbox"/>	<input type="checkbox"/>		
c Nonresident.....	<input type="checkbox"/>	<input type="checkbox"/>		

3 Resident locality: NEW YORK

4 County: NEW YORK School district: MANHATTAN School district number: 369

5 Check if disabled..... Taxpayer Spouse

STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

MISCELLANEOUS QUESTIONS

8 Did you file a state return for 2012?..... Yes No

9 Do you want state forms and instructions sent to you next year?..... Yes No

10 Do you want any applicable penalty and interest calculated and added to the return?..... Yes No

11 How do you want your state refund (if any) applied?

a Refunded b Apply to 2014 estimates c Apply to 2014 taxes

12 Additional state information: _____

Taxpayer Information - Nonresident Alien

Filing Status

Indicate **X** for filing status at 12/31:

- Single resident of Canada or Mexico, or a U.S. National 1
- Other single nonresident alien 2
- Married resident of Canada or Mexico, or a U.S. National 3
- Married resident of the Republic of Korea (South) 4
- Other married nonresident alien 7
- Widow(er), as of 2011 or later, with dependent child 8
- Estate or trust 9

Preparer Use Only

- Change the return type from a U.S. nonresident to U.S. resident return next year 10
- If so, enter the filing status of the U.S. resident return 11

~~Nonresident Alien~~

Refund Address

Address to which refund check is to be mailed

KARLSGATAN 9, 252 24 HELSINGBORG, SWEDEN

Organizer | Foreign Information | Nonresident Alien | General Information

Treaty Exemption Statement

Name of foreign employer

SONY MOBILE (T), HELSINGBORGUS STAD (S)

Organizer | Foreign Information | Nonresident Alien | Treaty Exemption

Other Information

Country where you were a citizen or national during tax year

SWEDEN

Country where you claim residence for tax purposes

USA

Indicate X if you ever applied to be a green card holder

Indicate X if you were ever a U.S. citizen

Indicate X if you were ever a green card holder

Indicate visa type on last day of year

H-1B

If you did not have a visa, enter your U.S. immigration status on the last day of the tax year

Indicate X if you ever changed your visa type

If yes, indicate the date and nature of the change

List all dates you entered and left the U.S. during 2013

If you are a resident of Canada or Mexico and commute to work in the U.S., enter your country name but do not complete the table below.

Are you a resident of Canada or Mexico? Enter country name

Date of Entry

Date of Departure

Date of Entry

Date of Departure

Indicate total days physically present in U.S. during: 2011

0

2012

323

2013

365

Indicate X if a U.S. income tax return was filed in any prior year

X

Indicate: Year of your latest return

2012

Form number of latest return

1040

Indicate X if filing for a trust

If yes, did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person?

Organizer | Foreign Information | Nonresident Alien | Other Information

Foreign Financial Asset Information (One Asset/ Account per ORG page)

Ownership

T = Taxpayer S = Spouse J = Joint
 D = Taxpayer Joint Account/Spouse Is not the principal owner
 E = Spouse Joint Account/Taxpayer is not the principal owner

_____ (Indicate Owner Code)

Number of Joint Owners: _____

Description

Type of Asset (Description):

Indicate X for the type of asset.

Bank account _____ Securities account... _____ Other asset(specify)..... _____

Information on Foreign Asset:

Entity/Issuer/ Counterparty Information:

Name: _____

Type (Partnership, Corporation, etc.): _____

Nationality: _____

Asset number or other designation: _____

Mailing address of entity/issuer/counterparty: _____

City _____ State _____ Zip Code _____ Country _____

Asset Details

Asset position:

December 31, 2013 Value of Asset in Functional Currency..... _____

Maximum 2013 Value of Asset in Functional Currency..... _____

Functional currency type..... _____

Associated Asset income:

Type (interest, dividends, etc.)..... _____

Amount in Functional Currency..... _____

Dates Acquired or Opened/ Disposal or Closed dates (MM/DD/YYYY):

If foreign Asset:.....Date Acquired, during 2013: _____ Date Disposed, during 2013: _____

If foreign account:.....Date Opened, during 2013: _____ Date Closed, during 2013: _____

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
 D = Taxpayer Joint Account/Spouse is not the principal owner
 E = Spouse Joint Account/Taxpayer is not the principal owner

T
 (Indicate Owner Code)

Number of Joint Owners . . . _____

Maximum Value of Account during the calendar year in local foreign currency 241436.00
 Name of foreign currency SEK
 December 31, 2013 Value of Account in local foreign currency 241436.00

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____

Indicate X for the type of account: Date account Closed during 2013: _____

Bank _____ Securities Account _____ Other (specify) RETIREMENT

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: AMF

Account number or other designation 2362301000

Mailing address of financial institution KLARA SÖDRA KYRMOGATA 18

City STOCKHOLM State _____ Zip Code 111 52 Country SWEDEN

Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____

First name _____

Middle Initial _____

Tax identifying number _____

Street address _____

City _____ State _____ Zip Code _____ Country _____

Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____

Last Name/Organization name of joint owner _____

Middle Initial of joint owner _____

Taxpayer Identification Number of joint owner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
D = Taxpayer Joint Account/Spouse is not the principal owner
E = Spouse Joint Account/Taxpayer is not the principal owner

5
(Indicate Owner Code)

Number of Joint Owners . . . _____

Maximum Value of Account during the calendar year in local foreign currency 18476.00
Name of foreign currency SEK
December 31, 2013 Value of Account..... in local foreign currency..... 18476.00

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____

Indicate X for the type of account: Date account Closed during 2013: _____

Bank Securities Account Other (specify) _____

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: STOCKHOLMS KOOPERATIVA BOSTADSFÖRENING

Account number or other designation 811019-0165

Mailing address of financial institution Box 850

City STOCKHOLM State _____ Zip Code 161 24 Country SWEDEN

Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____

First name _____

Middle Initial _____

Tax identifying number _____

Street address _____

City _____ State _____ Zip Code _____ Country _____

Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____

Last Name/Organization name of joint owner _____

Middle Initial of joint owner _____

Taxpayer Identification Number of joint owner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
 D = Taxpayer Joint Account/Spouse is not the principal owner
 E = Spouse Joint Account/Taxpayer is not the principal owner

5
 (Indicate Owner Code)

Number of Joint Owners _____

Maximum Value of Account during the calendar year in local foreign currency 0.00
 Name of foreign currency SEK
 December 31, 2013 Value of Account..... in local foreign currency..... 0.00

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____

Indicate X for the type of account: Date account Closed during 2013: _____

Bank _____ Securities Account _____ Other (specify) RETIREMENT

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: LÄNSFÖRSÄKRINGAR

Account number or other designation 50699289

Mailing address of financial institution TEGELUDDSVÄGEN 21

City STOCKHOLM State _____ Zip Code 115 97 Country SWEDEN

Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____

First name _____

Middle Initial _____

Tax identifying number _____

Street address _____

City _____ State _____ Zip Code _____ Country _____

Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____

Last Name/Organization name of joint owner _____

Middle Initial of joint owner _____

Taxpayer Identification Number of joint owner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
D = Taxpayer Joint Account/Spouse is not the principal owner
E = Spouse Joint Account/Taxpayer is not the principal owner

5
(Indicate Owner Code)

Number of Joint Owners . . . _____

Maximum Value of Account during the calendar year in local foreign currency 18880.93
Name of foreign currency SEK
December 31, 2013 Value of Account in local foreign currency 18880.93

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____

Indicate X for the type of account: Date account Closed during 2013: _____

Bank _____ Securities Account _____ Other (specify) RETIREMENT

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: PEABS VINSTANDELSSTIFTELSE

Account number or other designation _____

Mailing address of financial institution PEABS AB

City FÖRSLÖV State _____ Zip Code 260 92 Country SWEDEN

Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____

First name _____

Middle Initial _____

Tax identifying number _____

Street address _____

City _____ State _____ Zip Code _____ Country _____

Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____

Last Name/Organization name of joint owner _____

Middle Initial of joint owner _____

Taxpayer Identification Number of joint owner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
D = Taxpayer Joint Account/Spouse is not the principal owner
E = Spouse Joint Account/Taxpayer is not the principal owner

5
(Indicate Owner Code)

Number of Joint Owners . . . _____

Maximum Value of Account during the calendar year in local foreign currency 39725.00
Name of foreign currency SEK
December 31, 2013 Value of Account in local foreign currency 39725.00

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____

Indicate X for the type of account: Date account Closed during 2013: _____

Bank _____ Securities Account _____ Other (specify) LIFE INSURANCE

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: SKANDIABANKEN

Account number or other designation L177018-9992-02

Mailing address of financial institution KUNGSGATAN 28

City STOCKHOLM State _____ Zip Code 106 55 Country SWEDEN

Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____

First name _____

Middle Initial _____

Tax identifying number _____

Street address _____

City _____ State _____ Zip Code _____ Country _____

Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____

Last Name/Organization name of joint owner _____

Middle Initial of joint owner _____

Taxpayer Identification Number of joint owner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
 D = Taxpayer Joint Account/Spouse is not the principal owner
 E = Spouse Joint Account/Taxpayer is not the principal owner

 5
 (Indicate Owner Code)

Number of Joint Owners . . . _____

Maximum Value of Account during the calendar year in local foreign currency 142,278.97

Name of foreign currency SEK

December 31, 2013 Value of Account in local foreign currency 0.00

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____

Indicate X for the type of account: Date account Closed during 2013: _____

Bank _____ Securities Account _____ Other (specify) MUTUAL FUNDS

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: SKANDIABANKEN

Account number or other designation 9156-348.686-7

Mailing address of financial institution KUNGSPLAN 28

City STOCKHOLM State _____ Zip Code 106 55 Country SWEDEN

Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____

First name _____

Middle Initial _____

Tax identifying number _____

Street address _____

City _____ State _____ Zip Code _____ Country _____

Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____

Last Name/Organization name of joint owner _____

Middle Initial of joint owner _____

Taxpayer Identification Number of joint owner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
D = Taxpayer Joint Account/Spouse is not the principal owner
E = Spouse Joint Account/Taxpayer is not the principal owner

 S
(Indicate Owner Code)

Number of Joint Owners . . . _____

Maximum Value of Account during the calendar year in local foreign currency 9.19
Name of foreign currency SEK
December 31, 2013 Value of Account..... in local foreign currency..... 9.19

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____
Indicate X for the type of account: Date account Closed during 2013: _____
Bank Securities Account Other (specify) _____

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: SKANDIABANKEN
Account number or other designation 9150-708.300-0
Mailing address of financial institution KUNGSGATAN 28
City STOCKHOLM State _____ Zip Code 10655 Country SWEDEN

~~Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)
Type: _____ Passport _____ Other _____
Number _____ Country of Issue _____~~

~~Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)
Type: _____ Passport _____ Other _____
Number _____ Country of Issue _____~~

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

~~Last name or organization name of owner _____
First name _____
Middle Initial _____
Tax identifying number _____
Street address _____
City _____ State _____ Zip Code _____ Country _____
Filer's Title with this Owner _____~~

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

~~First name of joint owner _____
Last Name/Organization name of joint owner _____
Middle Initial of joint owner _____
Taxpayer Identification Number of joint owner _____
Address _____
City _____ State _____ Zip Code _____ Country _____~~

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
 D = Taxpayer Joint Account/Spouse is not the principal owner
 E = Spouse Joint Account/Taxpayer is not the principal owner

 5
 (Indicate Owner Code)

Number of Joint Owners _____

Maximum Value of Account during the calendar year in local foreign currency 149581.24

Name of foreign currency SEK

December 31, 2013 Value of Account in local foreign currency 15480.29

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____

Indicate X for the type of account: Date account Closed during 2013: _____

Bank Securities Account Other (specify) _____

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: SKANDIABANKEN

Account number or other designation 9150-706.249-6

Mailing address of financial institution KUNGSGATAN 28

City STOCKHOLM State _____ Zip Code 106 55 Country SWEDEN

~~Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)~~

~~Type: _____ Passport _____ Other _____~~

~~Number _____ Country of Issue _____~~

~~Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)~~

~~Type: _____ Passport _____ Other _____~~

~~Number _____ Country of Issue _____~~

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____

First name _____

Middle Initial _____

Tax identifying number _____

Street address _____

City _____ State _____ Zip Code _____ Country _____

Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____

Last Name/Organization name of joint owner _____

Middle Initial of joint owner _____

Taxpayer Identification Number of joint owner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
 D = Taxpayer Joint Account/Spouse is not the principal owner
 E = Spouse Joint Account/Taxpayer is not the principal owner

 S
 (Indicate Owner Code)

Number of Joint Owners _____

Maximum Value of Account during the calendar year in local foreign currency 0.23
 Name of foreign currency SEK
 December 31, 2013 Value of Account in local foreign currency 0.23

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____

Indicate X for the type of account: Date account Closed during 2013: _____

Bank Securities Account Other (specify) _____

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: SKANDIABANKEN

Account number or other designation 9150-758.573-1

Mailing address of financial institution KUNINGGATAN 28

City STOCKHOLM State _____ Zip Code 106 55 Country SWEDEN

~~Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)~~

~~Type: _____ Passport _____ Other _____~~

~~Number _____ Country of Issue _____~~

~~Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)~~

~~Type: _____ Passport _____ Other _____~~

~~Number _____ Country of Issue _____~~

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____

First name _____

Middle Initial _____

Tax identifying number _____

Street address _____

City _____ State _____ Zip Code _____ Country _____

Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____

Last Name/Organization name of joint owner _____

Middle Initial of joint owner _____

Taxpayer Identification Number of joint owner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
 D = Taxpayer Joint Account/Spouse is not the principal owner
 E = Spouse Joint Account/Taxpayer is not the principal owner

5
 (Indicate Owner Code)

Number of Joint Owners . . . _____

Maximum Value of Account during the calendar year in local foreign currency 154055.58
 Name of foreign currency SEK
 December 31, 2013 Value of Account in local foreign currency 7105.26

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____

Indicate X for the type of account: Date account Closed during 2013: _____

Bank Securities Account Other (specify) _____

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: 9159-199.156-2 5

Account number or other designation SKANDIABANKEN 2

Mailing address of financial institution KUNGSGATAN 28

City STOCKHOLM State _____ Zip Code 106 55 Country SWEDEN

~~Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)~~

~~Type: _____ Passport _____ Other _____~~

~~Number _____ Country of Issue _____~~

~~Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)~~

~~Type: _____ Passport _____ Other _____~~

~~Number _____ Country of Issue _____~~

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____

First name _____

Middle Initial _____

Tax identifying number _____

Street address _____

City _____ State _____ Zip Code _____ Country _____

Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____

Last Name/Organization name of joint owner _____

Middle Initial of joint owner _____

Taxpayer Identification Number of joint owner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
D = Taxpayer Joint Account/Spouse is not the principal owner
E = Spouse Joint Account/Taxpayer is not the principal owner

T
(Indicate Owner Code)

Number of Joint Owners . . . _____

Maximum Value of Account during the calendar year in local foreign currency 118175.00
Name of foreign currency SEK
December 31, 2013 Value of Account in local foreign currency 117709.00

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____

Indicate X for the type of account: Date account Closed during 2013: _____

Bank ___ Securities Account ___ Other (specify) RETIREMENT

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: PENSIONSMYNDIGHETEN

Account number or other designation 1979 0707 - 8575

Mailing address of financial institution Box 855

City LULEÅ State _____ Zip Code 971 26 Country SWEDEN

Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____

First name _____

Middle Initial _____

Tax identifying number _____

Street address _____

City _____ State _____ Zip Code _____ Country _____

Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____

Last Name/Organization name of joint owner _____

Middle Initial of joint owner _____

Taxpayer Identification Number of joint owner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
D = Taxpayer Joint Account/Spouse is not the principal owner
E = Spouse Joint Account/Taxpayer is not the principal owner

T
(Indicate Owner Code)

Number of Joint Owners . . . _____

Maximum Value of Account during the calendar year in local foreign currency . . . 237127.81

Name of foreign currency . . . SEK

December 31, 2013 Value of Account . . . in local foreign currency . . . 237127.81

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____

Indicate X for the type of account: Date account Closed during 2013: _____

Bank _____ Securities Account _____ Other (specify) RETIREMENT

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: SEB TRYGG LIV

Account number or other designation 5455-59 975 57

Mailing address of financial institution SERGELS TORG 2

City STOCKHOLM State _____ Zip Code 111 57 Country SWEDEN

~~Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)~~

~~Type: _____ Passport _____ Other _____~~

~~Number _____ Country of Issue _____~~

~~Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)~~

~~Type: _____ Passport _____ Other _____~~

~~Number _____ Country of Issue _____~~

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____

First name _____

Middle Initial _____

Tax identifying number _____

Street address _____

City _____ State _____ Zip Code _____ Country _____

Filer's Title with this Owner . . . _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____

Last Name/Organization name of joint owner _____

Middle Initial of joint owner _____

Taxpayer Identification Number of joint owner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
 D = Taxpayer Joint Account/Spouse is not the principal owner
 E = Spouse Joint Account/Taxpayer is not the principal owner

 T
 (Indicate Owner Code)

Number of Joint Owners . . . _____

Maximum Value of Account during the calendar year in local foreign currency 784.49
 Name of foreign currency SEK
 December 31, 2013 Value of Account..... in local foreign currency..... 784.49

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____

Indicate X for the type of account: Date account Closed during 2013: _____

Bank Securities Account Other (specify) _____

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: SWEDBANK

Account number or other designation 8420-2724 358 786-7

Mailing address of financial institution BRUNKEBERGSTORG 8

City STOCKHOLM State _____ Zip Code 105 34 Country SWEDEN

~~Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)~~

~~Type: _____ Passport _____ Other _____
 Number _____ Country of Issue _____~~

~~Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)~~

~~Type: _____ Passport _____ Other _____
 Number _____ Country of Issue _____~~

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____
 First name _____
 Middle Initial _____
 Tax identifying number _____
 Street address _____
 City _____ State _____ Zip Code _____ Country _____
 Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____
 Last Name/Organization name of joint owner _____
 Middle Initial of joint owner _____
 Taxpayer Identification Number of joint owner _____
 Address _____
 City _____ State _____ Zip Code _____ Country _____

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
 D = Taxpayer Joint Account/Spouse is not the principal owner
 E = Spouse Joint Account/Taxpayer is not the principal owner

 T
 (Indicate Owner Code)

Number of Joint Owners . . . _____

Maximum Value of Account during the calendar year in local foreign currency 94015.25
 Name of foreign currency SEK
 December 31, 2013 Value of Account in local foreign currency 94015.25

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____

Indicate X for the type of account: Date account Closed during 2013: _____

Bank _____ Securities Account Other (specify) _____

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: SPARBANKEN ÖRESUND

Account number or other designation 6866 3196

Mailing address of financial institution BOX 466

City MALMÖ State _____ Zip Code 201 24 Country SWEDEN

Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____

First name _____

Middle Initial _____

Tax identifying number _____

Street address _____

City _____ State _____ Zip Code _____ Country _____

Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____

Last Name/Organization name of joint owner _____

Middle Initial of joint owner _____

Taxpayer Identification Number of joint owner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
D = Taxpayer Joint Account/Spouse is not the principal owner
E = Spouse Joint Account/Taxpayer is not the principal owner

T
(Indicate Owner Code)

Number of Joint Owners . . . _____

Maximum Value of Account during the calendar year in local foreign currency 2173.53
Name of foreign currency SEK
December 31, 2013 Value of Account in local foreign currency 0.00

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____

Indicate X for the type of account: Date account Closed during 2013: _____

Bank Securities Account _____ Other (specify) _____

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: SPARBANKEN ÖRESUND

Account number or other designation 314.005.712-0

Mailing address of financial institution Box 466

City MALMÖ State _____ Zip Code 201 24 Country SWEDEN

Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____

First name _____

Middle Initial _____

Tax identifying number _____

Street address _____

City _____ State _____ Zip Code _____ Country _____

Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____

Last Name/Organization name of joint owner _____

Middle Initial of joint owner _____

Taxpayer Identification Number of joint owner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
 D = Taxpayer Joint Account/Spouse is not the principal owner
 E = Spouse Joint Account/Taxpayer is not the principal owner

T
 (Indicate Owner Code)

Number of Joint Owners . . . _____

Maximum Value of Account during the calendar year in local foreign currency 0.00
 Name of foreign currency SEK
 December 31, 2013 Value of Account in local foreign currency 0.00

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____
 Indicate X for the type of account: Date account Closed during 2013: _____
 Bank Securities Account _____ Other (specify) _____

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: SPARBANKEN ÖRESUND
 Account number or other designation 464.004.045-9
 Mailing address of financial institution BOX 466
 City MALMÖ State _____ Zip Code 201 24 Country SWEDEN

~~Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)
 Type: _____ Passport _____ Other _____
 Number _____ Country of Issue _____~~

~~Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)
 Type: _____ Passport _____ Other _____
 Number _____ Country of Issue _____~~

~~"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____~~

~~Enter **only** if no Financial Interest in Accounts~~

~~Last name or organization name of owner _____
 First name _____
 Middle Initial _____
 Tax identifying number _____
 Street address _____
 City _____ State _____ Zip Code _____ Country _____
 Filer's Title with this Owner _____~~

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

~~First name of joint owner _____
 Last Name/Organization name of joint owner _____
 Middle Initial of joint owner _____
 Taxpayer Identification Number of joint owner _____
 Address _____
 City _____ State _____ Zip Code _____ Country _____~~

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
 D = Taxpayer Joint Account/Spouse is not the principal owner
 E = Spouse Joint Account/Taxpayer is not the principal owner

T
 (Indicate Owner Code)

Number of Joint Owners _____

Maximum Value of Account during the calendar year in local foreign currency 313032.37
 Name of foreign currency SEK
 December 31, 2013 Value of Account..... in local foreign currency..... 313032.37

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____

Indicate X for the type of account: Date account Closed during 2013: _____

Bank Securities Account Other (specify) _____

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: VOLVOFINANS

Account number or other designation 4963101

Mailing address of financial institution BOHUSGATAN 15

City GÖTEBORG State _____ Zip Code 401 23 Country SWEDEN

Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____

First name _____

Middle Initial _____

Tax identifying number _____

Street address _____

City _____ State _____ Zip Code _____ Country _____

Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____

Last Name/Organization name of joint owner _____

Middle Initial of joint owner _____

Taxpayer Identification Number of joint owner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
 D = Taxpayer Joint Account/Spouse is not the principal owner
 E = Spouse Joint Account/Taxpayer is not the principal owner

 T
 (Indicate Owner Code)

Number of Joint Owners . . . _____

Maximum Value of Account during the calendar year in local foreign currency 507376.00
 Name of foreign currency SEK
 December 31, 2013 Value of Account in local foreign currency 507376.00

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____

Indicate X for the type of account: Date account Closed during 2013: _____

Bank _____ Securities Account _____ Other (specify) LIFE INSURANCE

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: SKANDIABANKEN

Account number or other designation SI103240-7612-01

Mailing address of financial institution KUNGSGATAN 28

City STOCKHOLM State _____ Zip Code 106 55 Country SWEDEN

~~Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)~~

~~Type: _____ Passport _____ Other _____~~

~~Number _____ Country of Issue _____~~

~~Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)~~

~~Type: _____ Passport _____ Other _____~~

~~Number _____ Country of Issue _____~~

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____

First name _____

Middle Initial _____

Tax identifying number _____

Street address _____

City _____ State _____ Zip Code _____ Country _____

Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____

Last Name/Organization name of joint owner _____

Middle Initial of joint owner _____

Taxpayer Identification Number of joint owner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
 D = Taxpayer Joint Account/Spouse is not the principal owner
 E = Spouse Joint Account/Taxpayer is not the principal owner

 T
 (Indicate Owner Code)

Number of Joint Owners _____

Maximum Value of Account during the calendar year in local foreign currency 79754.91
 Name of foreign currency SEK
 December 31, 2013 Value of Account..... in local foreign currency..... 0.00

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____

Indicate X for the type of account: Date account Closed during 2013: 4/3/13

Bank _____ Securities Account Other (specify) _____

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: SKANDIABANKEN

Account number or other designation 9157-136.278.0

Mailing address of financial institution KUNSGATAN 28

City STOCKHOLM State _____ Zip Code 106 55 Country SWEDEN

~~Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)
 Type: _____ Passport _____ Other _____
 Number _____ Country of Issue _____~~

~~Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)
 Type: _____ Passport _____ Other _____
 Number _____ Country of Issue _____~~

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____
 First name _____
 Middle Initial _____
 Tax identifying number _____
 Street address _____
 City _____ State _____ Zip Code _____ Country _____
 Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____
 Last Name/Organization name of joint owner _____
 Middle Initial of joint owner _____
 Taxpayer Identification Number of joint owner _____
 Address _____
 City _____ State _____ Zip Code _____ Country _____

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
D = Taxpayer Joint Account/Spouse is not the principal owner
E = Spouse Joint Account/Taxpayer is not the principal owner

5
(Indicate Owner Code)

Number of Joint Owners . . . _____

Maximum Value of Account during the calendar year in local foreign currency 84502.00
Name of foreign currency SEK
December 31, 2013 Value of Account in local foreign currency 84502.00

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____

Indicate X for the type of account: Date account Closed during 2013: _____

Bank _____ Securities Account _____ Other (specify) RETIREMENT

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: PENSIONSMYNDIGHETEN

Account number or other designation 19811019-0165

Mailing address of financial institution Box 855

City LULEÅ State _____ Zip Code 971 26 Country SWEDEN

Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____

First name _____

Middle Initial _____

Tax identifying number _____

Street address _____

City _____ State _____ Zip Code _____ Country _____

Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____

Last Name/Organization name of joint owner _____

Middle Initial of joint owner _____

Taxpayer Identification Number of joint owner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
D = Taxpayer Joint Account/Spouse is not the principal owner
E = Spouse Joint Account/Taxpayer is not the principal owner

5
(Indicate Owner Code)

Number of Joint Owners . . . _____

Maximum Value of Account during the calendar year in local foreign currency 0.00
Name of foreign currency SEK
December 31, 2013 Value of Account in local foreign currency 0.00

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____

Indicate X for the type of account: Date account Closed during 2013: _____

Bank Securities Account _____ Other (specify) _____

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: SPARBANKEN ÖRESUND

Account number or other designation 625.002.650-4

Mailing address of financial institution Box 466

City MALMÖ State _____ Zip Code 201 24 Country SWEDEN

Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____

First name _____

Middle Initial _____

Tax identifying number _____

Street address _____

City _____ State _____ Zip Code _____ Country _____

Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____

Last Name/Organization name of joint owner _____

Middle Initial of joint owner _____

Taxpayer Identification Number of joint owner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
D = Taxpayer Joint Account/Spouse is not the principal owner
E = Spouse Joint Account/Taxpayer is not the principal owner

S
(Indicate Owner Code)

Number of Joint Owners . . . _____

Maximum Value of Account during the calendar year in local foreign currency 345729.74
Name of foreign currency SEK
December 31, 2013 Value of Account in local foreign currency 345729.74

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____

Indicate X for the type of account: Date account Closed during 2013: _____

Bank Securities Account _____ Other (specify) _____

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: VOLVOFINANS

Account number or other designation 4959952

Mailing address of financial institution BOHUSGATAN 15

City GÖTEBORG State _____ Zip Code 401 23 Country SWEDEN

~~Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)~~

~~Type: _____ Passport _____ Other _____~~

~~Number _____ Country of Issue _____~~

~~Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)~~

~~Type: _____ Passport _____ Other _____~~

~~Number _____ Country of Issue _____~~

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____

First name _____

Middle Initial _____

Tax identifying number _____

Street address _____

City _____ State _____ Zip Code _____ Country _____

Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____

Last Name/Organization name of joint owner _____

Middle Initial of joint owner _____

Taxpayer Identification Number of joint owner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
 D = Taxpayer Joint Account/Spouse is not the principal owner
 E = Spouse Joint Account/Taxpayer is not the principal owner

 T
 (Indicate Owner Code)

Number of Joint Owners . . . _____

Maximum Value of Account during the calendar year in local foreign currency 25636.00
 Name of foreign currency SEK
 December 31, 2013 Value of Account in local foreign currency 25636.00

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____

Indicate X for the type of account: Date account Closed during 2013: _____

Bank _____ Securities Account _____ Other (specify) RETIREMENT

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: SKANDIABANKEN

Account number or other designation 5103240-7612-01

Mailing address of financial institution KUNGSGATAN 28

City STOCKHOLM State _____ Zip Code 106 55 Country SWEDEN

~~Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)~~

~~Type: _____ Passport _____ Other _____~~

~~Number _____ Country of Issue _____~~

~~Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)~~

~~Type: _____ Passport _____ Other _____~~

~~Number _____ Country of Issue _____~~

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____

First name _____

Middle Initial _____

Tax identifying number _____

Street address _____

City _____ State _____ Zip Code _____ Country _____

Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____

Last Name/Organization name of joint owner _____

Middle Initial of joint owner _____

Taxpayer Identification Number of joint owner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
 D = Taxpayer Joint Account/Spouse is not the principal owner
 E = Spouse Joint Account/Taxpayer is not the principal owner

T
 (Indicate Owner Code)

Number of Joint Owners . . . _____

Maximum Value of Account during the calendar year in local foreign currency 0.01
 Name of foreign currency SEK
 December 31, 2013 Value of Account in local foreign currency 0.01

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____

Indicate X for the type of account: Date account Closed during 2013: _____

Bank Securities Account Other (specify) _____

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: SKANDIABANKEN

Account number or other designation 9159-349.192-3

Mailing address of financial institution KUNGSATAN 28

City STOCKHOLM State _____ Zip Code 106 55 Country SWEDEN

Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Other _____

Number _____ Country of Issue _____

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____

First name _____

Middle Initial _____

Tax identifying number _____

Street address _____

City _____ State _____ Zip Code _____ Country _____

Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____

Last Name/Organization name of joint owner _____

Middle Initial of joint owner _____

Taxpayer Identification Number of joint owner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
D = Taxpayer Joint Account/Spouse is not the principal owner
E = Spouse Joint Account/Taxpayer is not the principal owner

T
(Indicate Owner Code)

Number of Joint Owners . . . _____

Maximum Value of Account during the calendar year in local foreign currency . . . 58998.41

Name of foreign currency . . . SEK

December 31, 2013 Value of Account in local foreign currency . . . 8666.21

Type of Account Date (MM/DD/YYYY) account Opened during 2013: _____

Indicate X for the type of account: Date account Closed during 2013: _____

Bank Securities Account Other (specify) _____

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: SKANDIABANKEN

Account number or other designation 9150-283.917-4

Mailing address of financial institution KUNGSATAN 28

City STOCKHOLM State _____ Zip Code 10655 Country SWEDEN

~~Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)~~

~~Type: _____ Passport _____ Other _____~~

~~Number _____ Country of Issue _____~~

~~Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)~~

~~Type: _____ Passport _____ Other _____~~

~~Number _____ Country of Issue _____~~

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____

First name _____

Middle Initial _____

Tax identifying number _____

Street address _____

City _____ State _____ Zip Code _____ Country _____

Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____

Last Name/Organization name of joint owner _____

Middle Initial of joint owner _____

Taxpayer Identification Number of joint owner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Continuation Sheet

Page
Reference

- 3 #21: FILED LATE FOR 2012. HAVE NOT HEARD ANYTHING FROM IRS.
- 21 #1B-D: NOT SURE HOW TO INTERPRET ATTACHED 1099-B. I'M SURE YOU DO.
- 25 WE RENT THE APARTMENT; WE DON'T OWN IT.
- 25 MANY QUESTIONS THAT I DON'T UNDERSTAND. PLEASE ASK. NOT SURE THEY EVEN APPLY SINCE WE DON'T OWN THE PROPERTY.
- 3 #44: SPOUSE TOOK ONLINE UNIVERSITY CLASS AND NYC PHOTOGRAPHY CLASS.
- 17 I DON'T HAVE ANYTHING REPORTED UNDER 'L' ON MY W-2, BUT I HAVE BEEN REIMBURSED FOR MY HOME INTERNET (\$735).
- 21 MANY FIELDS DON'T APPLY FOR THE SWEDISH MUTUAL FUND SALE
- 40 #18-21: I HAVE NO IDEA.
- 25 GIVING THE 2012 FIGURES IN USD AS THEY WERE REPORTED IN THE 2012 RETURN BUT OTHERWISE STICKING TO LOCAL CURRENCY (SEK).

2012

JAN							FEB							MAR							APR							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
1	2	3	4	5	6	7	1	2	3	4				1	2	3		4	5	6	7	1	2	3	4	5	6	7
8	9	10	11	12	13	14	5	6	7	8	9	10	11	4	5	6	7	8	9	10	8	9	10	11	12	13	14	
15	16	17	18	19	20	21	12	13	14	15	16	17	18	11	12	13	14	15	16	17	15	16	17	18	19	20	21	
22	23	24	25	26	27	28	19	20	21	22	23	24	25	18	19	20	21	22	23	24	22	23	24	25	26	27	28	
29	30	31					26	27	28	29				25	26	27	28	29	30	31	29	30						

MAY							JUN							JUL							AUG						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
		1	2	3	4	5					1	2		1	2	3	4	5	6	7			1	2	3	4	
6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11
13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18
20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25
27	28	29	30	31			24	25	26	27	28	29	30	29	30	31					26	27	28	29	30	31	

SEP							OCT							NOV							DEC							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
						1			1	2	3	4	5	6					1	2	3							1
2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8	
9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15	
16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22	
23	24	25	26	27	28	29	28	29	30	31				25	26	27	28	29	30	23	24	25	26	27	28	29		
30																					30	31						

2013

JAN							FEB							MAR							APR							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
		1	2	3	4	5						1	2						1	2			1	2	3	4	5	6
6	7	8	9	10	11	12	3	4	5	6	7	8	9	3	4	5	6	7	8	9	7	8	9	10	11	12	13	
13	14	15	16	17	18	19	10	11	12	13	14	15	16	10	11	12	13	14	15	16	14	15	16	17	18	19	20	
20	21	22	23	24	25	26	17	18	19	20	21	22	23	17	18	19	20	21	22	23	21	22	23	24	25	26	27	
27	28	29	30	31			24	25	26	27	28			24	25	26	27	28	29	30	28	29	30					

MAY							JUN							JUL							AUG						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
		1	2	3	4							1		1	2	3	4	5	6					1	2	3	
5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10
12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17
19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24
26	27	28	29	30	31		23	24	25	26	27	28	29	28	29	30	31				25	26	27	28	29	30	31

SEP							OCT							NOV							DEC						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7			1	2	3	4	5						1	2	1	2	3	4	5	6	7
8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14
15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21
22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28
29	30						27	28	29	30	31			24	25	26	27	28	29	30	29	30	31				

2014

JAN							FEB							MAR							APR						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
		1	2	3	4							1							1				1	2	3	4	5
5	6	7	8	9	10	11	2	3	4	5	6	7	8	2	3	4	5	6	7	8	6	7	8	9	10	11	12
12	13	14	15	16	17	18	9	10	11	12	13	14	15	9	10	11	12	13	14	15	13	14	15	16	17	18	19
19	20	21	22	23	24	25	16	17	18	19	20	21	22	16	17	18	19	20	21	22	20	21	22	23	24	25	26
26	27	28	29	30	31		23	24	25	26	27	28		23	24	25	26	27	28	29	27	28	29	30			

MAY							JUN							JUL							AUG						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3						1		1	2	3	4	5	6					1	2	3	
4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9
11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16
18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23
25	26	27	28	29	30	31	29	30						27	28	29	30	31			24	25	26	27	28	29	30

SEP							OCT							NOV							DEC						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6				1	2	3	4						1		1	2	3	4	5	6		
7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13
14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20
21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27
28	29	30					26	27	28	29	30	31		23	24	25	26	27	28	29	28	29	30	31			