

## Personal Data

Filing Status: <input type="checkbox"/> Single		<input type="checkbox"/> Married Filing Joint		<input type="checkbox"/> Married Filing Separate		<input type="checkbox"/> Head of Household	
Qualifying Widow(er)							SSN
Taxpayer Name							SSN
Spouse Name							SSN
Address no.							Apt
City						State	Zip
Foreign State/Province				Foreign Postal Code			
Foreign Country							
Taxpayer Date of Birth				Spouse Date of Birth			
Occupation				Occupation			
Daytime phone:		Ext:		Daytime phone:		Ext:	
Evening phone:		Ext:		Evening phone:		Ext:	
Cell:				Cell:			
E-mail				E-mail			
Full time student <input type="checkbox"/>   Blind <input type="checkbox"/>				Full time student <input type="checkbox"/>   Blind <input type="checkbox"/>			
Do you want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>   <input type="checkbox"/>				Does your spouse want \$3 to go to the Presidential Election 1—1 Camp Fund? <input type="checkbox"/>   <input type="checkbox"/>			
Date and time of this years appointment							

### IRS

		2014 estimate <b>Federal</b>			
date due	2014 estimated amount	Amount paid	Date paid	Check no.	
2013 Refund		April 17, 2014			
2013 Refund applied to 2014		June 15, 2014			
2013 Balance Due		Sept. 15, 2014			
		Jan. 15, 2015			
		Check Date paid	no.	Amount paid	Check Date paid
Additional payments made		Date paid	no.	Amount paid	no.

		2014 estimate <b>Resident State</b>			
date due	2014 estimated amount	Amount paid	Date paid	Check no.	
2013 Refund		April 17, 2014			
2013 Refund applied to 2014		June 15, 2014			
2013 Balance Due		Sept. 17, 2014			
		Jan. 15, 2015			
		Check Date paid	no.	Amount paid	Check Date paid
Additional payments made		Date paid	no.	Amount paid	no.

		2014 estimate <b>Local</b>			
date due	2014 estimated amount	Amount paid	Date paid	Check no.	
2013 Refund		April 17, 2014			
2013 Refund applied to 2014		June 15, 2014			
2013 Balance Due		Sept. 17, 2014			
		Jan. 15, 2015			
		Check Date paid	no.	Amount paid	Check Date paid
Additional payments made		Date paid	no.	Amount paid	no.

## Dependents

Name:  
SSN:

First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over \$1000?		<b>2014</b>	
Is this dependent required to file a tax return?     If yes, what is their AGI?					
Child Care Credit - qualifying expenses incurred and paid in 2014					
Child Care Credit - portion of qualifying expenses provided by employer					
First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over \$1000?		<b>2014</b>	<i>mmmm^mmm</i>
Is this dependent required to file a tax return?     If yes, what is their AGI?					
Child Care Credit - qualifying expenses incurred and paid in 2014					
Child Care Credit - portion of qualifying expenses provided by employer					
First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over \$1000?		<b>2014</b>	<i>iiii!::siii::iii:;\$</i>
Is this dependent required to file a tax return?     If yes, what is their AGI?					
Child Care Credit - qualifying expenses incurred and paid in 2014					
Child Care Credit - portion of qualifying expenses provided by employer					
First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over \$1000?		<b>2014</b>	<i>mmmmmmm</i>
Is this dependent required to file a tax return?     If yes, what is their AGI?					
Child Care Credit - qualifying expenses incurred and paid in 2014					
Child Care Credit - portion of qualifying expenses provided by employer					
First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over \$1000?		<b>2014</b>	<i>mm^MSmmm</i>
Is this dependent required to file a tax return?     If yes, what is their AGI?					
Child Care Credit - qualifying expenses incurred and paid in 2014					
Child Care Credit - portion of qualifying expenses provided by employer					

## Miscellaneous Information

Name: \_\_\_\_\_

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

Yes  
No

### Business Information

1. Did you start a new business or purchase any rental property during 2014?
2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
4. Did you own rental property? What percentage of time did you spend managing your rentals? \_\_\_\_\_
5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use? \_\_\_\_\_

### Yes No **Other Information**

1. Were any tuition costs paid during 2014 (even if classes were attended in another year)?
2. Did anyone in your household attend higher education classes in 2014?
3. Did you incur a loss due to damaged or stolen property?
4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008 in which the First-Time Homebuyer Credit was taken on the home?
5. Did you refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information.
6. Did you purchase or sell a home that you used as a principal residence? If yes, please provide closing documentation.
7. If yes to question 6, was the First-Time Homebuyer Credit taken?
8. Did you make any gifts to any one person in 2014 in excess of \$14,000? If so, are you splitting this gift with your spouse?
9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?
- 10a. Did you have health care coverage for yourself and everyone claimed on the tax return for the entire year?
- 10b. If yes, where did you purchase the health care coverage?  
 Employer     Medicaid     Medicare     Marketplace (Exchange)     Other

### **To itemize deductions, bring receipts and documentation for these types of expenses:**

- Prescriptions, first-aid
- State/local income taxes
- Mortgage interest
- Tax preparation fees
- Gambling losses (up to amount of winnings)
- Cash donations to charity (provide all receipts)
- Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
- Real estate and personal property taxes paid in 2014
- Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
- Fair market value of property donated to charity
- Purchase price of new goods donated or used in volunteer work

Comments:

## Miscellaneous Information

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Information to bring to your appointment:**

- \_\_\_ Driver's license and social security card (for identity verification)
- \_\_\_ Copy of your 2013 income tax return (for comparison and review for all includible information)
- \_\_\_ Original W-2s and other statements of income received from employers
- \_\_\_ 1099s and other statements reporting interest/dividend/miscellaneous income
- \_\_\_ Records of other income received (tips, self-employment, SSI, combined bank reporting statements)
- \_\_\_ Cancelled checking/savings slip (for direct deposit/direct debit information)

1095-A, 1095-B, 1095-C \_\_\_\_\_

Concerns to discuss with preparer: \_\_\_\_\_

**Preparer Notes**

**Miscellaneous Notes**

## Health Care Coverage Questionnaire

Name:  
SSN:

Had health care coverage:	For the. BT#r&year	For part of the year (Less than 12 months)	No health card coverage at all

YES Q NO | Did anyone besides taxpayer or spouse pay for health care coverage for anyone listed above?

YES Q] NO | Did you pay for health care coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:

Answer YES if it applies to any member of the household

YES Q NO | Was your previous insurance policy cancelled in 2014?

YES Q NO | Do you have an Exemption from the Marketplace (also called the Exchange)?

YES Q] NO | Was coverage offered by taxpayer's or spouse's employer?

YES Q NO | Are you a member of a federally-recognized Indian tribe?

YES Q NO | Are you eligible for services through an Indian health care provider?

YES Q NO | Are you a member of a health care sharing ministry?

YES Q] NO | Did you live in the United States the entire year?

YES Q NO | Are you enrolled in TRICARE?

YES Q NO | Did you apply for CHIP coverage?

YES Q NO | Do any of the following apply to you? Do NOT indicate which one.

- Became homeless
- Evicted in the past six months, or facing eviction or foreclosure
- Received a shut-off notice from a utility company
- Recently experienced domestic violence
- Recently experienced the death of a close family member
- Recently experienced a fire, flood, or other natural or human-caused disaster **that resulted in substantial damage to your property**
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

# Wages and Salaries

Please attach all W-2(s).

**Name:**  
**SSN:**

TS		Federal I.D. No.		Company Name					
		State I.D. No.							
Federal wages		<b>2014</b>		<b>2013</b>		Federal tax	<b>2014</b>		<b>2013</b>
State wages		<b>2014</b>		<b>2013</b>		State tax	<b>2014</b>		<b>2013</b>
Local wages		<b>2014</b>		<b>2013</b>		Local tax	<b>2014</b>		<b>2013</b>

TS		Federal I.D. No.		Company Name					
		State I.D. No.							
Federal wages		<b>2014</b>		<b>2013</b>		Federal tax	<b>2014</b>		<b>2013</b>
State wages		<b>2014</b>		<b>2013</b>		State tax	<b>2014</b>		<b>2013</b>
Local wages		<b>2014</b>		<b>2013</b>		Local tax	<b>2014</b>		<b>2013</b>

TS		Federal I.D. No.		Company Name					
		State I.D. No.							
Federal wages		<b>2014</b>		<b>2013</b>		Federal tax	<b>2014</b>		<b>2013</b>
State wages		<b>2014</b>		<b>2013</b>		State tax	<b>2014</b>		<b>2013</b>
Local wages		<b>2014</b>		<b>2013</b>		Local tax	<b>2014</b>		<b>2013</b>

TS		Federal I.D. No.		Company Name					
		State I.D. No.							
Federal wages		<b>2014</b>		<b>2013</b>		Federal tax	<b>2014</b>		<b>2013</b>
State wages		<b>2014</b>		<b>2013</b>		State tax	<b>2014</b>		<b>2013</b>
Local wages		<b>2014</b>		<b>2013</b>		Local tax	<b>2014</b>		<b>2013</b>

TS		Federal I.D. No.		Company Name					
		State I.D. No.							
Federal wages		<b>2014</b>		<b>2013</b>		Federal tax	<b>2014</b>		<b>2013</b>
State wages		<b>2014</b>		<b>2013</b>		State tax	<b>2014</b>		<b>2013</b>
Local wages		<b>2014</b>		<b>2013</b>		Local tax	<b>2014</b>		<b>2013</b>

TS		Federal I.D. No.		Company Name					
		State I.D. No.							
Federal wages		<b>2014</b>		<b>2013</b>		Federal tax	<b>2014</b>		<b>2013</b>
State wages		<b>2014</b>		<b>2013</b>		State tax	<b>2014</b>		<b>2013</b>
Local wages		<b>2014</b>		<b>2013</b>		Local tax	<b>2014</b>		<b>2013</b>

**Interest Income**

Please attach all 1099(s) relating to interest income.

Name:  
SSN:

TSJ	Name of payer (If seller financed mortgage enter SSN and address of payer)	Interest Income	Federal Income Tax Withheld	Foreign Tax Paid	Tax Exempt Interest	Amount of Resident State Municipal Interest	Nominee Interest

Did you have a financial interest in or signature authority over a financial account located in a foreign country? Q Yes D No

# Dividend Income

Please attach all 1099(s) relating to dividend income.

Name:  
SSN:

TSSJ	Name of payer	Ordinary	Qualified	Capital Gains	Federal Income Tax Withheld	Foreign Tax Paid	Other	
							Description	Amount

Did you have a financial interest in or signature authority over a financial account located in a foreign country? D Yes    D No



## Profit or Loss From Business

Schedule C

**Name:**  
**SSN:**

TS  Principal business or profession  
Business code

Employer I.D.

Business name

Business address

City

**U.S. Only** State, ZIP

**Foreign Only** Province/State, Country, Postal Code

Accounting method, if not cash  Accrual  Other

Activity type  Some investment is NOT at risk

You started or acquired this business during 2014  f | You disposed of this property during 2014  |

Did you make any payments in 2014 that would require you to file Form(s) 1099?  Yes  No

If "Yes," did you or will you file all required Forms 1099?  Yes  No

	2014	2013	2013
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Gross receipts or sales		Other income	
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Returns and allowances			
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	2014 ■■	2013	2013
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Advertising		Taxes and licenses	
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Car and truck expenses		Travel	
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Commissions and fees		Total meals and entertainment	
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Contract labor		Utilities	
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Depletion		Wages	
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Employee benefit programs		Other expenses (list):	
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Insurance (other than health)			
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Mortgage interest (paid to banks, etc.)			
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Other interest			
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Legal & professional services			
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Office expenses			
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Pension and profit sharing plans			
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Rent or lease (vehicles, machinery, and equipment)			
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Rent (other business property)			
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Repairs and maintenance		Other (Detail)	
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Supplies		Family Health Coverage	
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	2014	2013	2013
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Inventory method, if not Cost method	<input type="checkbox"/> Lower of Cost or Market	<input type="checkbox"/> Other	There was a change of inventory <input type="checkbox"/>
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Inventory at beginning of the year		Materials and supplies	
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Purchases (less cost of items withdrawn for personal use)		Other costs	
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Cost of labor		Inventory at end of year	
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# Profit or Loss From Business

## Schedule C General Information

Name: \_\_\_\_\_

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

TS Principal business or profession

Business code

Employer I.D. number

Business name

Business address

City

**U.S. Only** State, ZIP

**Foreign Only** Province/State, Country, Postal Code

Accounting method, if not cash \_\_\_\_\_ | \_\_\_\_\_ | Accrual \_\_\_\_\_ | \_\_\_\_\_ | Other

Inventory method, if not cost \_\_\_\_\_ | \_\_\_\_\_ | Lower of Cost or Market \_\_\_\_\_ | \_\_\_\_\_ | Other \_\_\_\_\_ Change of inventory method \_\_\_\_\_ | Yes \_\_\_\_\_ | No \_\_\_\_\_

Activity type

Some investment is NOT at risk

**n**  
**n**

You started or acquired this business during 2014 \_\_\_\_\_ | \_\_\_\_\_

You disposed of this property during 2014

Did you make any payments in 2014 that would require you to file Form(s) 1099?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," did you or will you file all required Forms 1099?

Yes \_\_\_\_\_ f1

### Other Information

2014 **No** 2013

Family Health Coverage

### Income

2014 | 2013

Gross receipts or sales

Returns and allowances

Other income

### Cost of Goods Sold

2014 | 2013

Inventory at beginning of the year

Purchases (less cost of items withdrawn for personal use)

Cost of labor

Materials and supplies

Other costs (list on detail worksheet)

Inventory at end of year



### Profit or Loss From Business

#### Schedule C General Information

Page 2

<b>Name:</b>	
<b>SSN:</b>	

<b>TS</b>	Business name	Profession or product
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<b>Expenses</b>	III	2014	2013
Advertising			
Car and truck expenses			
Commissions and fees			
Contract labor			
Depletion			
Employee benefit programs			
Insurance (other than health)			
Mortgage interest (paid to banks, etc.)			
Other interest			
Legal and professional services			
Office expense			
Pension and profit sharing plans			
Rent or lease (vehicles, machinery, and equipment)			
Rent (other business property)			
Repairs and maintenance			
Supplies			
Taxes and licenses (including real estate taxes)			
Travel			
Total meals and entertainment			
Utilities			
Wages			
Other expenses (list):			
Other (Detail)			

### Sale of Capital Assets (Stocks, Bonds, etc.)

Name:  
SSN:

Description	Cost	Date	Date	Sales TSJ	
price			purchased	sold	

## Supplemental Income and Loss

### Part Income or Loss From Rental Real Estate and Royalties

Name: \_\_\_\_\_

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

<b>TSJ</b>	<u>Property description</u>	<u>Activity Type</u>
Did you make any payments in 2014 that would require you to file Form(s) 1099?		[~] Yes [~] <b>No</b>
If "Yes," did you or will you file all required Forms 1099?		[~] Yes [~] <b>No</b>

Property Address

City

**U.S. Only** State, ZIP

**Foreign Only** Province/State, Country, Postal Code

<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Vacation / Short Term Rental Land	<input type="checkbox"/> Self-Rental
<input type="checkbox"/> Multi-Family Residence Commercial	<input type="checkbox"/> Royalties	<input type="checkbox"/> Other
<u>Fair Rental Days</u>	<u>Personal use days</u>	<u>Qualified Joint Venture</u>

If multi-dwelling unit and the taxpayer occupies part, enter the percentage occupied by the taxpayer

This is your main home  Some investment is NOT at risk  Property was 100% disposed of in 2014  Property is a Single Member LLC

**income;** 2014                      2013

Rent Income

Royalties from oil, gas, mineral, copyright or patent

**Expenses:**

**Of ref Expense**  
2014                      2013

**Indirect expense**  
2014                      2013

Advertising

Auto and travel

Cleaning and maintenance

Commissions

Insurance

Legal and professional fees

Management fees

Interest - mortgage

Interest - other

Repairs

Supplies

Taxes

Utilities

Other: (list)



# Form 1099-G Unemployment Compensation

Name:  
SSN:

TSJ      Payer's Federal I.D. Number:

Payer's name:

Payer's address:

City:

U.S. Only      State, ZIP:

Foreign Only      Province/State, Country, Postal Code:

Payer's phone:      Account number:

	2014	2013		2014	2013
Unemployment compensation			I   Trade/business		
Unemployment compensation repaid in current year			Market gain		
State/local tax refunds/credits			State		State I.D.
Tax year			State unemployment		
Federal tax withheld			State withholding		
RTAA payments			Unemployment benefits are from railroad		
Taxable grants					
Agriculture					

TSJ      Payer's Federal I.D. Number:

Payer's name:

Payer's address:

City, State, Zip:

U.S. Only      State, ZIP:

Foreign Only      Province/State, Country, Postal Code:

Payer's phone:      Account number:

	2014	: 2013		2014	2013
Unemployment compensation			I   Trade/business		
Unemployment compensation repaid in current year			Market gain		
State/local tax refunds/credits			State		State I.D.
Tax year			State unemployment		
Federal tax withheld			State withholding		
RTAA payments			Unemployment benefits are from railroad		
Taxable grants					
Agriculture					



## Child and Dependent Care

Name: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

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

Child Care Provider's Information		2014		2013
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<u>Social Security Number or Employer ID Number</u>		Amount Paid		
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Name

Street Address

City

Phone

**U.S. Only**      State, ZIP

**Foreign Only**      Province/State,  
Country, Postal Code

<u>Social Security Number or Employer ID Number</u>		Amount Paid		2014		2013
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<u>Social Security Number or Employer ID Number</u>		Amount Paid				
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Name

Street Address

City

Phone

**U.S. Only**      State, ZIP

**Only**      Province/State, **Foreign**  
Country, Postal Code

<u>Social Security Number or Employer ID Number</u>		Amount Paid		2014		.2013
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<u>Social Security Number or Employer ID Number</u>		Amount Paid				
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Name

Street Address

City

Phone

**U.S. Only**      State, ZIP

**Only**      Province/State, **Foreign**  
Country, Postal Code

<u>Social Security Number or Employer ID Number</u>		Amount Paid		2014		2013
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<u>Social Security Number or Employer ID Number</u>		Amount Paid				
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Name

Street Address

City

Phone

**U.S. Only**      State, ZIP

**Foreign Only**      Province/State, ^  
Country, Postal Code . n

# Form 1099-MISC

Please attach all 1099-M(s)

Name:  
SSN:

TS For Payer's Federal ID number:

Payer's name:

Address:

City:

U.S. Only State, ZIP:

Foreign Only Province/State, Country, Postal Code:

	2014	2013			2014	2013
Rents			State	State I.D.		
Royalties			State tax withheld			
Other income			State income			
Description			Name of locality			
Federal tax withheld			Local tax withheld			
Fishing boat proceeds			Local income			
Medical and health care payments			State	State I.D.		
Non-employee compensation			State tax withheld			
Substitute payments			State income			
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Name of locality			
Crop insurance proceeds			Local tax withheld			
Excess golden parachute			Local income			
Gross attorney proceeds						
Taxable Proceeds						
Section 409A deferrals						
Section 409A income						

## Social Security Benefit Statement

TS	2014	2013	TS	2014	2013
Net benefits			Net benefits		
Medicare premiums			Medicare premiums		
Income tax withheld			Income tax withheld		

## Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

**Name:**  
**SSN:**

TS		Payer's name: <small>ID Number:</small>	Payer's Federal
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Address: City:

**U.S. Only** State, Zip

<b>Foreign Only</b>	Province/State, Country, Postal Code	<b>2014</b>	<b>2013</b>		
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	<b>2014</b>	<b>2013</b>	State		State I.D.
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Disability indicator	i	<b>n</b>	State income tax withheld		
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Report as wages on 1040	<b>n</b>		State distribution		
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Gross distribution			Name of locality		
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Taxable amount			Local income tax withheld		
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Total distribution	<b>n</b>	<b>•• n</b>	Local distribution		
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Capital gain			State		State I.D.
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Federal income tax withheld			State income tax withheld		
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Employee contributions or insurance premiums			State distribution		
--	--	--	--------------------	--	--

Distribution code(s)			Name of locality		
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IRA/SEP/SIMPLE Roth: Y/N	<b>n</b>	i	Local income tax withheld		
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Your percentage of total distribution			Local distribution		
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TS		Payer's name: <small>ID Number:</small>	Payer's Federal
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Address: City:

**U.S. Only** State, Zip

<b>Foreign Only</b>	Province/State, Country, Postal Code	<b>2014</b>	<b>2013</b>		
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	<b>2014</b>	<b>2013</b>	State		State I.D.
--	-------------	-------------	-------	--	------------

Disability indicator	<b>n</b>	<b>n</b>	State income tax withheld		
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Report as wages on 1040	<b>n</b>		State distribution		
-------------------------	----------	--	--------------------	--	--

Gross distribution			Name of locality		
--------------------	--	--	------------------	--	--

Taxable amount			Local income tax withheld		
----------------	--	--	---------------------------	--	--

Total distribution	<b>n</b>	<b>• n</b>	Local distribution		
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Capital gain			State		State I.D.
--------------	--	--	-------	--	------------

Federal income tax withheld			State income tax withheld		
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Employee contributions or insurance premiums			State distribution		
--	--	--	--------------------	--	--

Distribution code(s)			Name of locality		
----------------------	--	--	------------------	--	--

IRA/SEP/SIMPLE Roth: Y/N	<b>n</b>	i	Local income tax withheld		
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Your percentage of total distribution			Local distribution		
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# Noncash Charitable Contributions

Name:

SSN:

TSJ | Donee I.D.

Name of donee organization

Address of donee organization

City

**U.S. Only** State, ZIP

**Foreign Only** Province/State, Country, Postal Code

Description of donated property

Donor's cost or adjusted basis

Valuation method used

Fair market value

Physical condition of donated property

Average security price

How was it acquired?

Bargain sale price

Date acquired

Capital Gain property

Date contributed

**Property Type (if over \$5,000)**

Donated property is publicly traded security

Art valued more than \$20,000

Equipment

Collectibles

Qualified conservation - qualified farmer/rancher

Art valued less than \$20,000

Intellectual Property

Qualified conservation - non-qualified farmer/rancher

Other real estate

Vehicles

Qualified conservation

Securities

Other

TSJ | Donee I.D.

Name of donee organization

Address of donee organization

City

**U.S. Only** State, ZIP

**Foreign Only** Province/State, Country, Postal Code

Description of donated property

Donor's cost or adjusted basis

Valuation method used

Fair market value

Physical condition of donated property

Average security price

How was it acquired?

Bargain sale price

Date acquired

Capital Gain property

Date contributed

**Property Type (if over \$5,000)**

Donated property is publicly traded security

Art valued more than \$20,000

Equipment

Collectibles

Qualified conservation - qualified farmer/rancher

Art valued less than \$20,000

Intellectual Property

Qualified conservation - non-qualified farmer/rancher

Other real estate

Vehicles

Qualified conservation

conservation




Other

Securities

Other

## Itemized Deductions

Name:  
SSN:

<b>MEDICAL and DENTAL</b>	<b>2014</b>	<b>2013</b>	<b>GIFTS TO CHARITY</b> (attach receipts)		
Health insurance premiums			Total gifts by cash or check		
Long term care premiums    Age:			30% limitation		
Long term care premiums    Age:			Charitable miles		
Number of medical miles			Other than by cash or check		
Other medical and dental expenses (list):			Carryover from prior year subject to:		
			QCC - qualified farmer or rancher		
			QCC - non-qualified farmer or rancher		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
<b>TAXES YOU PAID</b>			20% limitation		
State and local income taxes			<b>JOB EXPENSES</b> (list):		
Sales tax			Unreimbursed employee expenses		
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
Personal property taxes					
Other taxes (list):					
<b>INTEREST YOU PAID</b>					
Home mortgage interest and points on Form 1098					
Home mortgage interest not on Form 1098			Tax preparation fees		
SSN/EIN:			Other Expense (list):		
Name:					
Street:					
City:					
<b>U.S. Only</b> State, ZIP					
<b>Foreign Only</b> Province/State, Country, Postal Code			<b>MISCELLANEOUS DEDUCTIONS</b>		
			Other deductions not subject to 2% limit		
Portion of mortgage interest above that is home equity interest					
Points not reported on Form 1098					
Qualified mortgage insurance premiums					
Investment interest					
					



# Mortgage Interest

**Name:**

**SSN:**

TSJ		For		Business name	Product		
Recipient/Lender Information:						<b>2014</b>	<b>2013</b>
Federal ID #				Mortgage interest received			
Name				Points paid			
Address				Refund overpaid interest			
City				Mortgage insurance premiums			
<b>U.S. Only</b> State. ZIP				Real Estate taxes paid			
<b>Foreign Only</b> Province/State, Country, Postal Code							
Account number							
TSJ		For		Business name	Product		
Recipient/Lender Information:						<b>2014</b>	<b>2013</b>
Federal ID #				Mortgage interest received			
Name				Points paid			
Address				Refund overpaid interest			
City				Mortgage insurance premiums			
<b>U.S. Only</b> State. ZIP				Real Estate taxes paid			
<b>Foreign Only</b> Province/State, Country, Postal Code							
Account number							
TSJ		For		Business name	Product		
Recipient/Lender Information:						<b>2014</b>	<b>2013</b>
Federal ID				Mortgage interest received			
Name				Points paid			
Address				Refund overpaid interest			
City				Mortgage insurance premiums			
<b>U.S. Only</b> State. ZIP				Real Estate taxes paid			
<b>Foreign Only</b> Province/State, Country, Postal Code							
Account number							
TSJ		For		Business name	Product		
Recipient/Lender Information:						<b>2014</b>	<b>2013</b>
Federal ID #				Mortgage interest received			
Name				Points paid			
Address				Refund overpaid interest			
City				Mortgage insurance premiums			
<b>U.S. Only</b> State. ZIP				Real Estate taxes paid			
<b>Foreign Only</b> Province/State, Country, Postal Code							
Account number							
TSJ		For		Business name	Product		
Recipient/Lender Information:						<b>2014</b>	<b>2013</b>
Federal ID #				Mortgage interest received			
Name				Points paid			
Address				Refund overpaid interest			
City				Mortgage insurance premiums			
<b>U.S. Only</b> State, ZIP				Real Estate taxes paid			
<b>Foreign Only</b> Province/State, Country, Postal Code							
Account number							



## Expenses for Business Use of Your Home

Name:  
SSN:

TSJ  For

**Business Use of Home**

Square feet of home used exclusively for business		
Total square feet of home		

**Use of Home for Daycare**

Area used part time for business	2014	2013
Total hours used for daycare		
Total hours available		

Did you live in the home all year?     |  Yes     |  No

**ii^liiiiililPA**

	Expenses directly related to business use only		Total Household expenses	
	2014	2013	2014	2013
Did you claim office in home expenses last year? <input type="checkbox"/>   <input type="checkbox"/> Yes   <input type="checkbox"/>   <input type="checkbox"/> No				
Deductible mortgage interest				
Real estate taxes				
Excess mortgage interest				
Insurance				
Rent				
Repairs and maintenance				
Utilities				
Other expenses				

**Cost of Home**

Enter the smaller of your home's adjusted basis or its fair market value	2014	2013
Does this include the value of the land? <input type="checkbox"/>   <input type="checkbox"/> Yes   <input type="checkbox"/>   <input type="checkbox"/> No Value of land		
Date placed in service		
Date taken out of service		

## Employee Business Expense

Name: \_\_\_\_\_ | \_\_\_\_\_

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

TS | Occupation

### Part I - Employee Business Expense and Reimbursements

2014

2013

Rural mail carrier

Parking fees, tolls, and local transportation, including train, bus, etc.

Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do **Not** include meals and entertainment

Other business expenses

Meals and entertainment expenses

DOT meals

Enter reimbursements received from your employer that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for

Other business expenses

Meals and entertainment expenses

Portion of total expenses that is for impairment-related work expenses of disabled employee

Portion of total expenses that is for Armed Forces reservist

Qualifying performing artist  Fee-based state or local government official  Pastor

## Business Vehicle Expenses

### Vehicle Description

### Vehicle 1

### Vehicle 2

2014

2013

2014

2013

Enter the date vehicle was placed in service

Total miles vehicle was driven during 2014

Business miles

Average daily roundtrip commuting distance

Commuting miles included in total miles above

Taxes

Gasoline, oil, repairs, vehicle insurance, etc.

Vehicle rentals

Inclusion amount

Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2) \_\_\_\_\_

Enter cost or other basis

Enter section 179 deduction

Enter depreciation method and percentage

If an employer provided vehicle, was personal use during off duty hours permitted?

**I-I Yes**

No

Do you or your spouse have another vehicle available for personal use? |

Yes

| No

Do you have evidence to support your deduction? |

Yes

| No

If "Yes", is the evidence written? |

Yes

| No

# Asset Listing for 2014

Name:  
SSN:

For	Multi	Description of Property	Date Acquired	Cost/Basis	Meth	Life	Prior Depreciation	Sec 179 Exp	Date Sold	Sales Price	Expense of Sale

**Valid Methods:**

For assets purchased with SL switch

**A** ACRS or MACRS tangible property

**M** MACRS tangible property

**AFTER 1980 ALT** Alternative MACRS (150 DB election)

**ARR** Residential Rental (27.5 yrs) **ONLY**

**API** Public Utility

**ARP** Other Real Property (15,18,19,31.5,39.5 yrs)

**ALH** Low Income Housing Property

**ADS** Alternative Depreciation System

**Misc.**

**NC** Section 179 Expense Election

**SL** (A) Non-Depreciable **SFT** Software (3 yrs)

**AH** Straight Line Amortization **SYD** Sum of Years Digits AT

**PTS** Amortization of Points (Sch A)

For assets purchased

**D** 125% Declining Balance

**DS** 125% Declining Balance

**BEFORE 1981 DB** 150% Declining Balance

**DBS** 150% Declining Balance with SL switch

**DC** 175% Declining Balance

**DCS** 175% Declining Balance with SL switch

**DD** 200% Declining Balance

**DDS** 200% Declining Balance with SL switch

Listed Property Types: V Luxury Vehicle T Trucks and Vans

X Computers, property generally used for entertainment, recreation, or amusement, and cellular phones.

# Education Credits and Deduction

Name: \_\_\_\_\_ | \_\_\_\_\_ SSN: \_\_\_\_\_

Student's first and last name: \_\_\_\_\_ | \_\_\_\_\_ SSN: \_\_\_\_\_

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of "four times" in any prior years? \_\_\_\_\_

Was the student enrolled at least half time for at least one academic period that began in 2014 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential? \_\_\_\_\_

Did the student complete the first four year of post-secondary education before 2014? \_\_\_\_\_

Was the student convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance? \_\_\_\_\_

Yes

n  
n  
n  
n

Adjusted qualified expenses for American Opportunity Credit (qualified expenses include tuition and required enrollment fees. Course related books, supplies, and equipment need not be purchased from the institution in order to qualify.

Adjusted qualified expenses for Lifetime Learning Credit (qualified expenses include tuition and required enrollment fees, including amounts required to be paid to the institution for course - related books, supplies, and equipment.

Current year qualifying expenses for tuition and fees deduction.

Educational Institution Name:

Bring Form 1098-T from this institution for 2014

Bring Form 1098-T from this institution for 2013 with box 2 completed and box 7 marked

Educational Institution Name:

Bring Form 1098-T from this institution for 2014

Bring Form 1098-T from this institution for 2013 with box 2 completed and box 7 marked

Student's first and last name: \_\_\_\_\_ | \_\_\_\_\_ SSN: \_\_\_\_\_

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of "four times" in any prior years? \_\_\_\_\_

Was the student enrolled at least half time for at least one academic period that began in 2014 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential? \_\_\_\_\_

Did the student complete the first four year of post-secondary education before 2014? \_\_\_\_\_

Was the student convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance? \_\_\_\_\_

Yes

n  
n  
n  
n

Adjusted qualified expenses for American Opportunity Credit (qualified expenses include tuition and required enrollment fees. Course related books, supplies, and equipment need not be purchased from the institution in order to qualify.

Adjusted qualified expenses for Lifetime Learning Credit (qualified expenses include tuition and required enrollment fees, including amounts required to be paid to the institution for course - related books, supplies, and equipment.

Current year qualifying expenses for tuition and fees deduction.

Educational Institution Name:

Bring Form 1098-T from this institution for 2014

Bring Form 1098-T from this institution for 2013 with box 2 completed and box 7 marked

Educational Institution Name:

Bring Form 1098-T from this institution for 2014

Bring Form 1098-T from this institution for 2013 with box 2 completed and box 7 marked

2014

2013

## Auto Expense Worksheet

Name:  
SSN:

For

Business name and Profession/Product

Description

Date placed in service

Do you or your spouse have another vehicle available for personal use?  Yes  No

Was your vehicle available for use during off-duty hours?  Yes  No

Do you have evidence to support your deduction?  Yes  No

If "Yes," is the evidence written?  Yes  No

Enter the number of miles your vehicle was used for:	2014	2013
a Business miles		
b Commuting		
c Other		

Expenses:	2014	2013
Garage rent		
Gas		
Insurance		
Licenses		
Oil		
Parking fees		
Lease payments		
Interest		
Property tax		
Repairs		
Tires		
Tolls		
Other expenses (list): Apply Business %		
—		
—		
—		