

## Miscellaneous Information

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

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

Yes No

### General Information

Yes	No	Question
<input type="checkbox"/>	<input type="checkbox"/>	1. Were there any changes to your filing status or number of dependents during 2014?
<input type="checkbox"/>	<input type="checkbox"/>	2. Can you or your spouse be claimed as a dependent by someone else?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur any childcare expenses?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you have a change in residence or job location during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you move during 2014? From where? _____ Date of move _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you reside in more than one state during 2014? If yes, which states? _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.

Yes No

### Income Information

Yes	No	Question
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you received all W-2s from all employers? How many W-2s are attached? _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Did you use your vehicle on the job other than for commuting to work?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you work out of town at any time during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
<input type="checkbox"/>	<input type="checkbox"/>	8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
<input type="checkbox"/>	<input type="checkbox"/>	10. Did you have any income from, or pay taxes to, a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	11. Did you engage in any bartering transactions during 2014?
<input type="checkbox"/>	<input type="checkbox"/>	12. Did you surrender any U.S. Savings Bonds during 2014?
<input type="checkbox"/>	<input type="checkbox"/>	13. Did you receive any state or local income tax refunds from prior years?
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you or your spouse have any IRA accounts?
<input type="checkbox"/>	<input type="checkbox"/>	15. Did you recharacterize any IRAs this year?
<input type="checkbox"/>	<input type="checkbox"/>	16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
<input type="checkbox"/>	<input type="checkbox"/>	19. Did you receive any type of prize, award, or gambling winnings during 2014?
<input type="checkbox"/>	<input type="checkbox"/>	20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	21. Did you receive any income not shown in this organizer? If so, please list. _____
<input type="checkbox"/>	<input type="checkbox"/>	22. Does anyone owe you money that has become uncollectible?

Comments: \_\_\_\_\_  
 \_\_\_\_\_

## 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?<br><input type="checkbox"/> Employer <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Marketplace (Exchange) <input type="checkbox"/> 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 entire year	For part of the year (Less than 12 months)	No health care coverage at all

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

YES  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  NO  Was your previous insurance policy cancelled in 2014?

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

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

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

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

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

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

YES  NO  Are you enrolled in TRICARE?

YES  NO  Did you apply for CHIP coverage?

YES  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

## Health Care Coverage Questionnaire for taxpayer and spouse ( for preparer use)

**PRIMARY TAXPAYER**

All Year   January   February   March   April   May   June   July   August   September   October   November   December

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Employer offered health coverage which was declined														
If YES, what would be the cost for SELF coverage?														
If YES, what would be the cost for FAMILY coverage?														
Would the FAMILY policy have covered the spouse?														

**SPOUSE**

All Year   January   February   March   April   May   June   July   August   September   October   November   December

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Employer offered health coverage which was declined														
If YES, what would be the cost for SELF coverage?														
If YES, what would be the cost for FAMILY coverage?														
Would the FAMILY policy have covered the spouse?														

## Health Care Coverage Questionnaire for Dependents ( for preparer use)

All Year   January   February   March   April   May   June   July   August   September   October   November   December

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?											

All Year   January   February   March   April   May   June   July   August   September   October   November   December

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?											

All Year   January   February   March   April   May   June   July   August   September   October   November   December

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?											

## 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 <input type="checkbox"/> Qualifying Widow(er)	
Taxpayer Name	SSN
Spouse Name	SSN
Address	Apt no.
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
<input type="checkbox"/> Full time student <input type="checkbox"/> Blind	<input type="checkbox"/> Full time student <input type="checkbox"/> Blind
Do you want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>	Does your spouse want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>

Date and time of this year's appointment

### Income Taxes Paid

<b>Federal</b>	2014 estimate 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				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

<b>Resident State</b>	2014 estimate 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				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

<b>Local</b>	2014 estimate 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				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

## 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? <input type="checkbox"/>		<b>2014</b>	<b>2013</b>
Is this dependent required to file a tax return? <input type="checkbox"/> 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? <input type="checkbox"/>		<b>2014</b>	<b>2013</b>
Is this dependent required to file a tax return? <input type="checkbox"/> 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? <input type="checkbox"/>		<b>2014</b>	<b>2013</b>
Is this dependent required to file a tax return? <input type="checkbox"/> 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? <input type="checkbox"/>		<b>2014</b>	<b>2013</b>
Is this dependent required to file a tax return? <input type="checkbox"/> 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					



# Wages and Salaries

Please attach all W-2(s).

**Name:**

**SSN:**

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2014	2013	Federal tax
		State wages	2014	2013	State tax
		Local wages	2014	2013	Local tax
TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2014	2013	Federal tax
		State wages	2014	2013	State tax
		Local wages	2014	2013	Local tax
TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2014	2013	Federal tax
		State wages	2014	2013	State tax
		Local wages	2014	2013	Local tax
TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2014	2013	Federal tax
		State wages	2014	2013	State tax
		Local wages	2014	2013	Local tax
TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2014	2013	Federal tax
		State wages	2014	2013	State tax
		Local wages	2014	2013	Local tax

### 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?  Yes  No

## Dividend Income

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

Name:

SSN:

TSJ	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?  Yes  No

## Profit or Loss From Business Schedule C

Name:

SSN:

TS		Principal business or profession	Business code
Business name			Employer I.D. number
Business address			
City			
<b>U.S. Only</b>		State, ZIP	
<b>Foreign Only</b>		Province/State, Country, Postal Code	
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other			
Activity type			Some investment is NOT at risk <input type="checkbox"/>
You started or acquired this business during 2014 <input type="checkbox"/>		You disposed of this property during 2014 <input type="checkbox"/>	
Did you make any payments in 2014 that would require you to file Form(s) 1099?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," did you or will you file all required Forms 1099?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Income</b>		<b>2014</b>	<b>2013</b>
Gross receipts or sales			Other income
Returns and allowances			
<b>Expenses</b>		<b>2014</b>	<b>2013</b>
Advertising			Taxes and licenses
Car and truck expenses			Travel
Commissions and fees			Total meals and entertainment
Contract labor			Utilities
Depletion			Wages
Employee benefit programs			Other expenses (list):
Insurance (other than health)			
Mortgage interest (paid to banks, etc.)			
Other interest			
Legal & professional services			
Office expenses			
Pension and profit sharing plans			
Rent or lease (vehicles, machinery, and equipment)			
Rent (other business property)			
Repairs and maintenance			Other (Detail)
Supplies			Family Health Coverage
<b>Cost of goods sold</b>		<b>2014</b>	<b>2013</b>
Inventory method, if not Cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other <input type="checkbox"/> There was a change of inventory method <input type="checkbox"/>			
Inventory at beginning of the year			Materials and supplies
Purchases (less cost of items withdrawn for personal use)			Other costs
Cost of labor			Inventory at end of year

## Profit or Loss From Business

### Schedule C General Information

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

TS		Principal business or profession	Business code
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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

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  No

<b>Other Information</b>	2014	2013
--------------------------	------	------

Family Health Coverage		
------------------------	--	--

<b>Income</b>	2014	2013
---------------	------	------

Gross receipts or sales		
-------------------------	--	--

Returns and allowances		
------------------------	--	--

Other income		
--------------	--	--

<b>Cost of Goods Sold</b>	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

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

TS  Business name \_\_\_\_\_ Profession or product \_\_\_\_\_

<b>Expenses</b>		<b>2014</b>	<b>2013</b>
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 Home

<b>Name:</b>		<b>SSN:</b>	
Enter the date you purchased the home		Enter the date you sold the home	
Enter the purchase price of your old home		Seller-paid points for old home if bought after 1990	
Enter the selling price of the old home		Enter any expenses from the sale of the old home	
<b>Settlement fees or closing costs for old home.</b>			
Abstract and recording fees			
Legal fees			
Surveys			
Title insurance			
Transfer or stamp taxes			
Amounts the seller owed that you agreed to pay			
Other fees or closing cost			
Cost of capital improvements to old home			
Special tax assessments paid on old home for local improvements, such as streets			
<b>Other increases to basis:</b>			
Describe:			
If home was used for business, enter any depreciation claimed			
<b>Other decreases to basis:</b>			
Describe:			
<b>Information on time lived in the home sold</b>		<b>You</b>	<b>Spouse</b>
Enter the date that you first used the property as a main home			
Enter the date that you first owned the property as a main home			
Have you excluded gain from the sale of another home during the 2-year period ending on the date of this sale?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, answer the following: Enter date of most recent sale of another home on which you excluded the gain			
<b>First-Time Homebuyer Credit repayment information.</b>			
Year the home was purchased		Amount of First-Time Homebuyer Credit taken	
Amount of credit repaid in prior years			
Mark the box below that applies if there was a change in the use of the main home or disposition of the home other than a sale to an unrelated party.			
Date home ceased to be a main home if not sold			
<input type="checkbox"/> I sold the home to a related person			
<input type="checkbox"/> I converted the home to a rental or business OR I still own the home but it is no longer my main home			
<input type="checkbox"/> I transferred the home to spouse (or ex-spouse as part of my divorce settlement) Ex-spouse's Name _____			
<input type="checkbox"/> My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years			
<input type="checkbox"/> My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years			
<input type="checkbox"/> The taxpayer who claimed the credit died in 2014			
<b>Please bring the contract for the sale of the home to your appointment.</b>			



## Supplemental Income and Loss

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

Name:

SSN:

TSJ		Property description	Activity Type
-----	--	----------------------	---------------

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

Property Address

City

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

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

Single Family Residence  Vacation / Short Term Rental  Land  Self-Rental

Multi-Family Residence  Commercial  Royalties  Other

Fair Rental Days                      Personal use days                      Qualified Joint Venture

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:**

	Direct expense		Indirect expense	
	2014	2013	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)				

Ownership Percentage

## Supplemental Income and Loss

### Part II - Income or Loss From Fiduciary

Name:

SSN:

Attach **all** Form 1041 Schedules K-1 received for 2014

TS	Name:	Employer identification number	Any changes in this investment?	Is K-1 Attached?



# 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			<input type="checkbox"/> 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			<input type="checkbox"/> 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			<input type="checkbox"/> 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			<input type="checkbox"/> Unemployment benefits are from railroad		
Taxable grants					
Agriculture					

# Form 1099-MISC

Please attach all 1099-M(s)

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

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.

<b>Name:</b>		<b>SSN:</b>				
TS	Payer's name:				Payer's Federal ID Number:	
Address:		City:				
<b>U.S. Only</b>	State, Zip					
<b>Foreign Only</b>	Province/State, Country, Postal Code				<b>2014</b>	<b>2013</b>
	<b>2014</b>	<b>2013</b>	State	State I.D.		
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld			
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution			
Gross distribution	Name of locality					
Taxable amount	Local income tax withheld					
Total distribution	<input type="checkbox"/>	<input type="checkbox"/>	Local distribution			
Capital gain			State	State I.D.		
Federal income tax withheld	State income tax withheld					
Employee contributions or insurance premiums	State distribution					
Distribution code(s)	Name of locality					
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld			
Your percentage of total distribution	Local distribution					

TS	Payer's name:				Payer's Federal ID Number:	
Address:		City:				
<b>U.S. Only</b>	State, Zip					
<b>Foreign Only</b>	Province/State, Country, Postal Code				<b>2014</b>	<b>2013</b>
	<b>2014</b>	<b>2013</b>	State	State I.D.		
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld			
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution			
Gross distribution	Name of locality					
Taxable amount	Local income tax withheld					
Total distribution	<input type="checkbox"/>	<input type="checkbox"/>	Local distribution			
Capital gain			State	State I.D.		
Federal income tax withheld	State income tax withheld					
Employee contributions or insurance premiums	State distribution					
Distribution code(s)	Name of locality					
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld			
Your percentage of total distribution	Local distribution					

## Noncash Charitable Contributions

<b>Name:</b>		<b>SSN:</b>
TSJ	Donee I.D.	
Name of donee organization		
Address of donee organization		
City		
<b>U.S. Only</b>	State, ZIP	
<b>Foreign Only</b>	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		<input type="checkbox"/> Capital Gain property
Date contributed		
<b>Property Type (if over \$5,000)</b>		<input type="checkbox"/> Donated property is publicly traded security
<input type="checkbox"/> Art valued more than \$20,000	<input type="checkbox"/> Equipment	<input type="checkbox"/> Collectibles
<input type="checkbox"/> Qualified conservation - qualified farmer/rancher	<input type="checkbox"/> Art valued less than \$20,000	<input type="checkbox"/> Intellectual Property
<input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher	<input type="checkbox"/> Other real estate	<input type="checkbox"/> Vehicles
<input type="checkbox"/> Qualified conservation	<input type="checkbox"/> Securities	<input type="checkbox"/> Other
TSJ	Donee I.D.	
Name of donee organization		
Address of donee organization		
City		
<b>U.S. Only</b>	State, ZIP	
<b>Foreign Only</b>	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		<input type="checkbox"/> Capital Gain property
Date contributed		
<b>Property Type (if over \$5,000)</b>		<input type="checkbox"/> Donated property is publicly traded security
<input type="checkbox"/> Art valued more than \$20,000	<input type="checkbox"/> Equipment	<input type="checkbox"/> Collectibles
<input type="checkbox"/> Qualified conservation - qualified farmer/rancher	<input type="checkbox"/> Art valued less than \$20,000	<input type="checkbox"/> Intellectual Property
<input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher	<input type="checkbox"/> Other real estate	<input type="checkbox"/> Vehicles
<input type="checkbox"/> Qualified conservation	<input type="checkbox"/> Securities	<input type="checkbox"/> Other

## Other Income and Adjustments

Name:

SSN:

### Income

	Taxpayer		Spouse	
	2014	2013	2014	2013
Taxable scholarships not reported on W-2				
Other income not reported above or on Form W-2				
<input type="checkbox"/> Household income <input type="checkbox"/> Prisoner income				
Interest income (If over \$1,500 report only on Interest sheet)				
Tax-exempt interest (If over \$1,500 report only on Interest sheet)				
Dividend income (If over \$1,500 report only on Dividend sheet)				
Taxable refunds:    State taxes				
Local taxes				
Alimony received				
IRA distributions received. Was any portion rolled over? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pension distributions received				
Unemployment compensation received				
Portion of unemployment repaid in 2014				
Total Social Security received				
Lump sum benefits - earlier years				
Net railroad Tier One benefits received for 2014				
Other income (please list):				
NOL carryback				
Real estate tax recovery				
Personal property rental income				
Gambling winnings				
Alaska Permanent Fund				
Amount of W2 income to exclud per notice 2014 - 7				
Investment income	<input type="checkbox"/>			
Investment income	<input type="checkbox"/>			
Investment income	<input type="checkbox"/>			



## Other Adjustments

Name:

SSN:

### Adjustments

	Taxpayer		Spouse	
	2014	2013	2014	2013
Educator expenses				
Self-employed SEP, SIMPLE and qualified plans				
Keogh contributions to defined contribution plan				
Keogh contributions to defined benefit plan				
Self-employed health insurance premium payments				
Penalty on early withdrawal of savings				
Alimony paid      Name: SSN:				
Alimony paid      Name: SSN:				
IRA contributions for 2014				
Student loan interest				
Jury duty pay given to employer				
Forestation or reforestation expense				
Repaid sub-pay previously reported				
Contributions to Section 501(c)(18) pension plan				
Expenses from casual rental or personal property				
Whistleblower fees				
Contributions by certain chaplains to Section 403(b) plans				
Certain fees and costs for actions involving unlawful discrimination claims				
Other adjustments (please list):				

## Itemized Deductions

<b>Name:</b>		<b>SSN:</b>			
<b>MEDICAL and DENTAL</b>					
	<b>2014</b>	<b>2013</b>	<b>GIFTS TO CHARITY</b> (attach receipts)	<b>2014</b>	<b>2013</b>
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		
			20% limitation		
<b>TAXES YOU PAID</b>					
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

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

2014

2013

Square feet of home used exclusively for business

Total square feet of home

### Use of Home for Daycare

2014

2013

Area used part time for business

Total hours used for daycare

Total hours available

Did you live in the home all year?  Yes  No

### Expenses

Expenses directly related to business use **only**

Total Household expenses

Did you claim office in home expenses last year?  Yes  No

2014

2013

2014

2013

Deductible mortgage interest

Real estate taxes

Excess mortgage interest

Insurance

Rent

Repairs and maintenance

Utilities

Other expenses

### Cost of Home

2014

2013

Enter the **smaller** of your home's adjusted basis or its fair market value

Does this include the value of the land?  Yes  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?     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 <b>A</b> ACRS or MACRS tangible property	For assets purchased <b>D</b> 125% Declining Balance
<b>M</b> MACRS tangible property	<b>DS</b> 125% Declining Balance with SL switch
<b>AFTER 1980 ALT</b> Alternative MACRS (150 DB election)	<b>BEFORE 1981 DB</b> 150% Declining Balance
<b>ARR</b> Residential Rental (27.5 yrs)	<b>ONLY DBS</b> 150% Declining Balance with SL switch
<b>APU</b> Public Utility	<b>DC</b> 175% Declining Balance
<b>ARP</b> Other Real Property (15,18,19,31.5,39.5 yrs)	<b>DCS</b> 175% Declining Balance with SL switch
<b>ALH</b> Low Income Housing Property	<b>DD</b> 200% Declining Balance
<b>ADS</b> Alternative Depreciation System	<b>DDS</b> 200% Declining Balance with SL switch
<b>EXP</b> Section 179 Expense Election	

**Misc.**

<b>NDA</b> Non-Depreciable	<b>SFT</b> Software (3 yrs)
<b>SL</b> Straight Line	<b>SYD</b> Sum of Years Digits
<b>AMT</b> Amortization	<b>PTS</b> Amortization of Points (Sch A)

**Listed Property Types:**

- V** Luxury Vehicle
- T** Trucks and Vans
- X** Computers, property generally used for entertainment, recreation, or amusement, and cellular phones.

## Residential Energy Credits

**Name:**

**SSN:**

TSJ

**Residential Energy Efficient Property Credit**

Qualified solar electric property costs

Qualified solar water heating property costs

Qualified small wind energy property costs

Qualified geothermal heat pump property costs

Was qualified fuel cell property installed on or in your main home in US?  Yes  No

Address of main home

City, State, ZIP

Qualified fuel cell property costs

Kilowatt capacity of property on line 22

Amount of unused credit from 2013 Form 5695, line 28

Were improvements or costs made to your main home located in the US?  Yes  No

Address of main home

City, State, ZIP

Were improvements or costs related to the construction of this main home?  Yes  No

Enter the nonbusiness energy property credit that you took in:

2006	2007	2010	2011	2012	2013
------	------	------	------	------	------

**Qualified energy efficient improvements**

Insulation material or systems primarily designed to reduce heat loss or gain

Exterior doors that meet or exceed Energy Star requirements

Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain

Exterior windows and skylights that meet or exceed Energy Star requirements

Enter the amount of window expense you claimed in:

2006	2007	2010	2011	2012	2013
------	------	------	------	------	------

**Residential energy property costs**

Energy efficient building property costs

Qualified natural gas, propane, or oil furnace or hot water boiler

Advanced main air circulating fan used in a natural gas, propane, or oil furnace



## Education Credits and Deduction

<b>Name:</b>	<b>SSN:</b>
Student's first and last name:	SSN:
Yes <input type="checkbox"/>	
Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of "four times" in any prior years?	<input type="checkbox"/>
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?	<input type="checkbox"/>
Did the student complete the first four year of post-secondary education before 2014?	<input type="checkbox"/>
Was the student convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance?	<input type="checkbox"/>
	<b>2014</b> <b>2013</b>
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:
Yes <input type="checkbox"/>	
Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of "four times" in any prior years?	<input type="checkbox"/>
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?	<input type="checkbox"/>
Did the student complete the first four year of post-secondary education before 2014?	<input type="checkbox"/>
Was the student convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance?	<input type="checkbox"/>
	<b>2014</b> <b>2013</b>
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	

# Credit for Small Employer Health Insurance Premiums

Name:

SSN:

TSJ

Complete the columns below for all eligible employees. Eligible employees do not include business owners, partners, shareholders who own more than 2%, family members, etc.

Complete the columns below for each employee enrolled in health insurance coverage provided under qualifying arrangement.

Employee identifier	Hours of Service		Wages Paid		Employer Premiums Paid		State Avg Premiums
	2014	2013	2014	2013	2014	2013	

Employer Identification Number used to report employment taxes for above individuals

Total amount of any state premium subsidies paid and any state tax credit available



# 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
<b>a</b> Business miles		
<b>b</b> Commuting		
<b>c</b> Other		

<b>Expenses:</b>	2014	2013
Garage rent		
Gas		
Insurance		
Licenses		
Oil		
Parking fees		
Lease payments		
Interest		
Property tax		
Repairs		
Tires		
Tolls		

Other expenses (list):	Apply Business %	2014	2013
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		