

Miscellaneous Information

Name:

SSN:

Yes No

General Information

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

Yes No

Income Information

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

Comments: _____

Miscellaneous Information

Page 2

Name:

SSN:

Yes No

Business Information

- | | | |
|-----|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes | No | 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

- | | | |
|-----|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes | No | 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?
<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

Page 3

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**

SSN:

[illegible]

YES ☐ NO ☐ Did you pay for health care coverage for anyone not listed above?

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

Answer YES if it applies to any member of the household

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

Become 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

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

Federal	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
Additional payments made					

Resident State	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
Additional payments made					

Local	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
Additional payments made					

Dependents

Name:

SSN:

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"/>			2014		2013		
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"/>			2014		2013		
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"/>			2014		2013		
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"/>			2014		2013		
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"/>			2014		2013		
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									

Child and Dependent Care

Name:

SSN:

Child Care Provider's Information

2014

2013

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP

Foreign Only Province/State,
Country, Postal Code

2014

2013

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP

Foreign Only Province/State,
Country, Postal Code

2014

2013

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP

Foreign Only Province/State,
Country, Postal Code

2014

2013

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP

Foreign Only Province/State,
Country, Postal Code

Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

TS

Employer's name and address:

Federal EIN

	2014	2013		2014	2013
Wages, tips, other compensation			State	State I.D.	
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State	State I.D.	
Allocated tips			State wages		
Dependent care benefits			State income tax		
			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>			

	2014	2013		2014	2013
Wages, tips, other compensation			State	State I.D.	
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State	State I.D.	
Allocated tips			State wages		
Dependent care benefits			State income tax		
			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>			

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 <input type="checkbox"/> Accrual <input type="checkbox"/> Other			
Inventory method, if not cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other		Change of inventory method <input type="checkbox"/> Yes <input type="checkbox"/> No	
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			
Other Information		2014	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			

Name: _____

SSN:

TS

Business name

Profession or product

Expenses

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)

SSN:

D.L.D

Profit or Loss From Farming

Name:

SSN:

TSJ Principal product Activity code

Accounting method, if not cash ☐ AccrualEmployer ID number You did NOT materially participate in the operation of this business 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☐ Some investment is NOT at risk☐ Farm was 100% disposed of in 2014☐ Farm is a Single Member LLC

Income		2014	2013			2014	2013
Sales of livestock / other items				Crop insurance received			
Cost of items bought for resale				Taxable amount			
Sale of products you raised				Do you elect to defer to 2015?		<input type="checkbox"/> Yes	
Total cooperative distributions				Amount deferred last year			
Taxable amount				Custom hire income			
Total agricultural payments				Other income			
Taxable amount				Beginning inventory for accrual			
Commodity Credit Corp (CCC) loans reported				Ending inventory for accrual			
Forfeited amount				Did you use unit-livestock-price or farm-price method of valuing inventory?		<input type="checkbox"/> Yes	
Taxable amount							

Expenses		2014	2013			2014	2013
Car and truck expenses				Repairs and maintenance			
Chemicals				Seeds and plants purchased			
Conservation expenses				Storage and warehousing			
Custom hire (machine work)				Supplies purchased			
Employee benefit programs				Taxes			
Feed purchased				Utilities			
Fertilizers and lime				Veterinary, breeding, & medicine			
Freight and trucking				Other expenses (list):			
Gasoline, fuel, and oil							
Insurance (other than health)							
Interest - mortgage (paid to banks, etc.)							
Interest - other							
Labor hired (less jobs credit)							
Pension and profit-sharing plans							
Rent - vehicles, machinery, and equipment				Other (detail)			
Rent - other (land, animals, etc.)				Family health coverage payments			

Moving Expenses

Name:

SSN:

TSJ		2014	2013
	Enter the number of miles from your OLD home to your NEW workplace		
	Enter the number of miles from your OLD home to your OLD workplace		
	Enter the amount you paid for transportation and storage of household goods and personal effects		
	Enter the amount you paid for travel and lodging incurred during move (do NOT include cost of meals)		
	Enter the amount of moving expenses reimbursed to you by your employer		
Was this a military move?		<input type="checkbox"/> Yes	

Self-Employed Health Insurance

TSJ		2014	2013
	Enter total payments made during the tax year for health insurance established under business for you, your spouse or dependents		
	Enter the qualified long term care amount		
	Enter your medicare wages from an S corporation		

Self-Employed Pensions

TSJ		2014	2013
	Enter your plan contribution rate as a decimal		
	Enter your allowable elective deferrals made during 2014		
	Enter your catch-up contributions		
	Enter the amount of designated ROTH contributions included above		

Nondeductible IRAs

TS		2014	2013
	Total traditional IRA contributions made for 2014		
	Total basis in traditional IRAs as of 12/31/2014		
	Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers)		
	Amount of traditional IRAs converted to ROTH IRAs		
	IRA basis before conversion		
	Total ROTH IRA contributions made for 2014		

Health Savings Account

TSJ		2014	2013
	HSA contributions made for 2014		
	Total distributions from all HSAs during 2014		
	Distributions included above that were rolled over		
	Unreimbursed qualified medical expenses		

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		<input type="checkbox"/> Capital Gain property
Date contributed		
Property Type (if over \$5,000)		<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		
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		<input type="checkbox"/> Capital Gain property
Date contributed		
Property Type (if over \$5,000)		<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

Name:		SSN:				
MEDICAL and DENTAL		2014	2013	GIFTS TO CHARITY (attach receipts)	2014	2013
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		
TAXES YOU PAID				JOB EXPENSES (list):		
State and local income taxes				Unreimbursed employee expenses		
Sales tax						
Real estate taxes						
Taxes that qualify for State Property Tax Credit						
Personal property taxes						
Other taxes (list):						
INTEREST YOU PAID						
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:						
U.S. Only State, ZIP						
Foreign Only Province/State, Country, Postal Code				MISCELLANEOUS DEDUCTIONS		
				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						

Cash Contributions

Name:

SSN:

Title

Description

2014

2013

Mortgage Interest

Name:

SSN:

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

Education Credits and Deduction

Name:			SSN:		
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"/>					
			2014	2013	
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"/>					
			2014	2013	
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					

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 %

☐☐☐

Detail Worksheet

Name: _____

SSN:

Title

[illegible]

Profit or Loss From Business

Schedule C

Name:

SSN:

TS		Principal business or profession	Business code
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Business name	Employer I.D. number
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Business address

City

U.S. Only State, ZIP

Foreign Only Province/State, Country, Postal Code

Accounting method, if not cash ☐ Accrual ☐ OtherActivity 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 ☐ NoIf "Yes," did you or will you file all required Forms 1099? ☐ Yes ☐ No

Income	2014	2013	2014	2013
--------	------	------	------	------

Gross receipts or sales			Other income		
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Returns and allowances					
------------------------	--	--	--	--	--

Expenses	2014	2013	2014	2013
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Advertising			Taxes and licenses		
-------------	--	--	--------------------	--	--

Car and truck expenses			Travel		
------------------------	--	--	--------	--	--

Commissions and fees			Total meals and entertainment		
----------------------	--	--	-------------------------------	--	--

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.)					
-----------------------------------------	--	--	--	--	--

Other interest					
----------------	--	--	--	--	--

Legal & professional services					
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Office expenses					
-----------------	--	--	--	--	--

Pension and profit sharing plans					
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Rent or lease (vehicles, machinery, and equipment)					
----------------------------------------------------	--	--	--	--	--

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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Cost of goods sold	2014	2013	2014	2013
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Inventory method, if not Cost ☐ Lower of Cost or Market ☐ Other There was a change of inventory method ☐

Inventory at beginning of the year			Materials and supplies		
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Purchases (less cost of items withdrawn for personal use)			Other costs		
-----------------------------------------------------------	--	--	-------------	--	--

Cost of labor			Inventory at end of year		
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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	
	State wages	2014		2013	
	Local wages	2014		2013	
	Federal tax	2014		2013	
	State tax	2014		2013	
	Local tax	2014		2013	
TS		Federal I.D. No.		Company Name	
		State I.D. No.			
	Federal wages	2014		2013	
	State wages	2014		2013	
	Local wages	2014		2013	
	Federal tax	2014		2013	
	State tax	2014		2013	
	Local tax	2014		2013	
TS		Federal I.D. No.		Company Name	
		State I.D. No.			
	Federal wages	2014		2013	
	State wages	2014		2013	
	Local wages	2014		2013	
	Federal tax	2014		2013	
	State tax	2014		2013	
	Local tax	2014		2013	
TS		Federal I.D. No.		Company Name	
		State I.D. No.			
	Federal wages	2014		2013	
	State wages	2014		2013	
	Local wages	2014		2013	
	Federal tax	2014		2013	
	State tax	2014		2013	
	Local tax	2014		2013	