## **Miscellaneous Information** SSN: Name: **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. 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? 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
Na	ame:	SSN:	•
Yes	No	Business Information	
		<ol> <li>Did you start a new business or purchase any rental property during 2014?</li> <li>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.</li> <li>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.</li> <li>Did you own rental property? What percentage of time did you spend managing your rentals?</li> </ol>	
		5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?	
Yes	No	Other Information	
		Were any tuition costs paid during 2014 (even if classes were attended in another year)?	
		Did anyone in your household attend higher education classes in 2014?	
		3. Did you incur a loss due to damaged or stolen property?	
		<ul> <li>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?</li> <li>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.</li> <li>6. Did you purchase or sell a home that you used as a principal residence? If yes, please provide closing documentation.</li> </ul>	
		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	item	lize deductions, bring receipts and documentation for these types of expenses:	
10		, <b>,</b> , , , , , , , , , , , , , , , , ,	
		scriptions, first-aid	
		te/local income taxes	
		tgage interest	
		preparation fees	
	Gan	mbling losses (up to amount of winnings)	
	Cas	sh donations to charity (provide all receipts)	
	Med	dical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)	
	Rea	al estate and personal property taxes paid in 2014	
	Unr	eimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)	
	Fair	market value of property donated to charity	
	Pur	chase price of new goods donated or used in volunteer work	
	Comm	nents:	
•			

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:
Drawaran Natas
Preparer Notes
Miscellaneous Notes

	Health (	Care Coverage Q	uestionnaire	<b>)</b>			
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 besid	es taxpayer or sr	ouse pay for health care covera	ge for anyone listed ab	l ove?			
		ge for anyone not listed above?	g,				
you had coverage for any part of		,					
Where was the policy obtained		arketnlace(Exchange) / Other					
Employer / Medicare / Medicaid / Marketplace(Exchange) / Other  If you didn't have coverage part or all of the year:							
	ES if it applies to any member of the household  No Was your previous insurance policy cancelled in 2014?						
<del> </del>		e Marketplace (also called the E	Exchange)?				
<del> </del>	•	's or spouse's employer?					
		ecognized Indian tribe?					
res No Are you eligible fo	or services throug	h an Indian health care provider	?				
ES NO Are you a member	er of a health care	sharing ministry?					
ES Did you live in the	United States th	e entire year?					
ES NO Are you enrolled	in TRICARE?						
ES Did you apply for	CHIP coverage?						
Do any of the follows	owing apply to yo	u? Do NOT indicate which one.					
	Became home	eless					
Evicted in the past six months, or facing eviction or foreclosure							
	Received a sh	nut-off notice from a utility compa	any				
Recently experienced domestic violence							
		erienced the death of a close fam	•	dia autor			
		erienced a fire, flood, or other na n substantial damage to your pro		disaster			
	Filed for bank	ruptcy in the last six months					
		mbursed medical expenses in th					
		inexpected increases in essentia	al expenses due to cari	ng tor an			

	Personal Data												
Filing Status: Single Married Filing Joint Married F					arried Fil	ing Separate	e Hea	ad of Hou	sehold	Quali	fiying Widow(	er)	
Taxpayer Name									SSN				
Spouse Name									SSN				
Address									Apt no.				
City							Stat	e	Zip				
Foreign State/Province	)						Fore	eign Postal Co	de				
Foreign Country													
Taxpayer Date of Birth							Spouse Date of Bir	rth					
Occupation							Occupatio	n					
Daytime phone:			Ext:				Daytime phone: Ext:						
Evening phone:			Ext:				Evening p	hone:				Ext:	
Cell:							Cell:						
E-mail							E-mail						
Full time student	:	Blind						time student		Blind			
Do you want \$3 to go to the Presidential Election Camp Fund?					Does your Camp Fur	spouse want d?	\$3 to go t	to the Pres	sidential E	lection			
Date and time of this year's appointment													
Income Taxes Pa	aid			00	M A = =4:								
Federal		T			014 esti date du		2014 estim	nated amount	Amo	unt paid	Da	ate paid	Check no.
2013 Refund				Apr	ril 17, 2	014							
2013 Refund applied to	2014			Jun	ne 15, 2	014							
2013 Balance Due				Sep	ot. 15, 2	2014							
					n. 15, 20	)15							
	Amour	nt paid	Date pai		Check no.	Amo	unt paid	Date paid	Check no.	Amour	nt paid	Date paid	Check no.
Additional payments made													
Resident State				20	14 esti date du	mate Je	2014 estim	nated amount	Amo	unt paid	Da	ate paid	Check no.
2013 Refund				Apr	ril 17, 20	014							
2013 Refund applied to	2014			Jun	ne 15, 2	014							
2013 Balance Due				Sep	ot. 17, 2	2014							
				Jan	n. 15, 20	015							
	Amour	nt paid	Date pai	(	Check no.		unt paid	Date paid	Check no.	Amour	nt paid	Date paid	Check no.
Additional payments made		•	· ·				•	·				·	
Local				20	14 esti	mate Je	2014 estin	nated amount	Amo	unt paid	Da	ate paid (	Check no.
2013 Refund April 17, 2014				014				•		·			
2013 Refund applied to	2014			Jun	ne 15, 2	014							
2013 Balance Due				Sep	ot. 17, 2	2014							
				·	n. 15, 20								
	Amour	nt paid	Date pai		Check no.		unt paid	Date paid	Check no.	Amour	nt paid	Date paid	Check no.
Additional payments made		1 200	2.13 par	1	<del></del>	0	- Presser	F.o.o.			1	pa.a	1

	Dependents								
Name:	Name: SSN:								
First name/MI				Last name		- 1		Suffix	
SSN/ITIN		Relationship				Nui	mber of months lived w	ith you	
DOB		Does this deper	ndent have	income over \$	1000?		2014	2013	}
Is this dependen	t required to file a tax r	eturn?	If yes, wha	at is their AGI?					
Child Care Credi	t - qualifying expenses	incurred and paid	in 2014						
Child Care Credi	t - portion of qualifying	expenses provide	d by emplo	oyer					
First name/MI				Last name				Suffix	
SSN/ITIN		Relationship				Nui	mber of months lived w	ith you	
DOB		Does this deper	ndent have	income over \$	1000?	7	2014	2013	3
Is this dependen	t required to file a tax r	eturn?	If yes, wha	at is their AGI?					
	t - qualifying expenses	•							
	t - portion of qualifying	·		oyer					
First name/MI		·		Last name				Suffix	
SSN/ITIN		Relationship				Nui	mber of months lived w	ith vou	
DOB		•	ndent have	income over \$	10002	7	2014	2013	3
DOB Does this dependent have income over \$1000? 2014 2  Is this dependent required to file a tax return? If yes, what is their AGI?									
Child Care Credi	Child Care Credit - qualifying expenses incurred and paid in 2014								
Child Care Credi	t - portion of qualifying	expenses provide	d by emplo	oyer					
First name/MI				Last name				Suffix	
SSN/ITIN		Relationship				Nui	mber of months lived w	ith you	
DOB		Does this deper	ndent have	income over \$	1000?		2014	2013	3
Is this dependen	t required to file a tax r	eturn?	If yes, wha	at is their AGI?					
Child Care Credi	t - qualifying expenses	incurred and paid	in 2014						
Child Care Credi	t - portion of qualifying	expenses provide	d by emplo	yer					
First name/MI				Last name				Suffix	
SSN/ITIN		Relationship				Nui	mber of months lived w	ith you	
DOB	Does this dependent have income over \$1000?						2013	3	
Is this dependen	t required to file a tax r	eturn?	If yes, wha	at is their AGI?					
Child Care Credi	t - qualifying expenses	incurred and paid	in 2014						
Child Care Credi	Child Care Credit - portion of qualifying expenses provided by employer								

## **Child and Dependent Care** SSN: Name: 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 Province/State, Country, Postal Code **Foreign Only** 2014 2013 Social Security Number or Employer ID Number **Amount Paid** Name Street Address City Phone U.S. Only State, ZIP Province/State, Country, Postal Code Foreign Only 2014 2013 Amount Paid Social Security Number or Employer ID Number Name Street Address City Phone U.S. Only State, ZIP Province/State, Country, Postal Code **Foreign Only** 2014 2013 Social Security Number or Employer ID Number **Amount Paid** Name Street Address City Phone U.S. Only State, ZIP Province/State, Country, Postal Code **Foreign Only**

	Wages and Salaries  Please attach all W-2(s).								
Na	ıme:							SSN:	
					1	,			
TS		Federal I.D. No.			Company Name				
		State I.D. No.							
	Fede	eral wage	es	2014		2013	Federal tax	2014	2013
		e wages		2014		2013	State tax	2014	2013
			Local wages	2014		2013	Local tax	2014	2013
		E. II			10	1			
TS		Federal I.D. No.			Company Name				
		State I.D. No.							
	Fede	eral wage	es	2014		2013	Federal tax	2014	2013
	State	e wages		2014		2013	State tax	2014	2013
			Local wages	2014		2013	Local tax	2014	2013
				L				<b>'</b>	
TS		Federal I.D. No.			Company Name				
		State I.D. No.							
Federal wages 2014		2013	Federal tax	2014	2013				
	State	e wages		2014		2013	State tax	2014	2013
			Local wages	2014		2013	Local tax	2014	2013
		1		- 1					
TS		Federal I.D. No.			Company Name				
		State I.D. No.							
	Fede	eral wage	es	2014		2013	Federal tax	2014	2013
	State	e wages		2014		2013	State tax	2014	2013
			Local wages	2014		2013	Local tax	2014	2013
	- 1	Federal			Company				
TS		I.D. No.			Name				
		State I.D. No.		<u> </u>					T T
	Fede	eral wage	es	2014		2013	Federal tax	2014	2013
	State	e wages		2014		2013	State tax	2014	2013
			Local wages	2014		2013	Local tax	2014	2013
						1			
TS		Federal I.D. No.			Company Name				
		State I.D. No.						1	
	Fede	eral wage	es	2014		2013	Federal tax	2014	2013
	State	e wages		2014		2013	State tax	2014	2013
			Local wages	2014		2013	Local tax	2014	2013

	Interest Income  Please attach all 1099(s) relating to interest income.								
Na	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		
Di	d you have a financial interest in or signature authority over a financial account located in a fo	reign country?	Yes	s No					

	Dividend Income  Please attach all 1099(s) relating to dividend income.							
N	Name: SSN:							
					Federal Income	Foreign Tay	Other	r
TSJ	Name of payer	Ordinary	Qualified	Capital Gains	Tax Withheld	Foreign Tax Paid	Description	Amount
Di	d you have a financial interest in or signature authority	over a financial accou	unt located in a forei	gn country?	Yes N	10		

	Pro	fit or Loss Sched	From Business			
Name:			SSN:			
TS Principal business or	r profession			Business co	nde	
Business name	proression			Employer I.		
Business address				namber		
City State ZID						
U.S. Only State, ZIP	Country Bootal Co					
	e, Country, Postal Coo	Other				
Accounting method, if not cash	Accidai	Other	Some investment is NOT at risk		П	
Activity type	and during 2014			~ 2014	$\Box$	
You started or acquired this busin		a vou to file Form(s)	You disposed of this property during	g 2014		
Did you make any payments in 2			1099?		☐ Ye	
If "Yes," did you or will you file all <b>Income</b>	2014	2013		2014	Ye	s No 2013
Gross receipts or sales			Other income			
Returns and allowances						
Expenses	2014	2013	I	2014		2013
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			
Cost of goods sold	2014	2013		2014		2013
Inventory method, if not Cost	Lower of Cost	or Market Ot	her There was a change of ir	nventory meth	od	
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			

## **Supplemental Income and Loss** Part I - Income or Loss From Rental Real Estate and Royalties SSN: Name: TSJ Property description **Activity Type** Did you make any payments in 2014 that would require you to file Form(s) 1099? Yes No No If "Yes," did you or will you file all required Forms 1099? Yes Property Address City U.S. Only State, ZIP Foreign Only Province/State, Country, Postal Code Single Family Residence Vacation / Short Term Rental Self-Rental Land Multi-Family Residence Commercial Royalties Other Personal use days **Qualified Joint Venture** Fair Rental Days If multi-dwelling unit and the taxpayer occupies part, enter the percentage occupied by the taxpayer Some investment is NOT at risk This is your main home 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 Direct expense Indirect expense Expenses: 2013 2014 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

Other Income and	Adjustm	ents									
Name:		SSN:									
Income											
	Тахр	ayer	Spo	use							
	2014	2013	2014	2013							
Taxable scholarships not reported on W-2											
Other income not reported above or on Form W-2											
Household income 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?  Yes 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											
Investment income											
Investment income											

## **Itemized Deductions**

		itemizea L	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					
TAXES YOU PAID			20% limitation					
State and local income taxes			JOB EXPENSES (list):					
Sales tax			Unreimbursed employee expenses					
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	t				
Portion of mortgage interest above that is home equity interest								
Points not reported on Form 1098								
Qualified mortgage insurance premiums								
Investment interest								