

Miscellaneous Information

Name:

SSN:

Yes No

General Information

- | | | |
|--|--|--|
| | | 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

- | | | |
|--|--|---|
| | | 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

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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? <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

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				
Additional payments made	Amount paid	Date paid	Check no.	Amount paid	Date paid

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				
Additional payments made	Amount paid	Date paid	Check no.	Amount paid	Date paid

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				
Additional payments made	Amount paid	Date paid	Check no.	Amount paid	Date paid

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					

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		

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
					2014
					2013
		State wages	2014	2013	State tax
					2014
					2013
		Local wages	2014	2013	Local tax
					2014
					2013

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

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

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

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

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

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			
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			
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

Income	2014	2013	2014	2013
Gross receipts or sales			Other income	
Returns and allowances				

Expenses	2014	2013	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 <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	

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"/>			

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					
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		
Portion of mortgage interest above that is home equity interest					
Points not reported on Form 1098					
Qualified mortgage insurance premiums					
Investment interest					