

**Prepared By:**

Fletcher & Associates, P.C.  
PO Box 677  
Thomasville, GA 31799-0677

**Prepared For:**

**2014 Client Organizer**

**From:**

**To:**

Fletcher & Associates, P.C.  
PO Box 677  
Thomasville, GA 31799-0677



## **2014 Client Organizer**

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse signature \_\_\_\_\_ Date \_\_\_\_\_

**Fletcher & Associates, P.C.**  
**PO Box 677**  
**Thomasville, GA 31799-0677**  
**229-226-2241**

Dear :

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2014 personal income tax return. To help you complete the organizer with minimal time and effort, when available, you will find certain information from your 2013 personal income tax return.

Enter 2014 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A for the advance payment of the Premium Tax Credit for lower cost health care coverage under [healthcare.gov](http://healthcare.gov).
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

Thank you for the opportunity to serve you.

Sincerely,

Fletcher & Associates, P.C.

## Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you get married to a same-sex spouse in a state that legally recognizes same-sex marriage?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year and it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as home mortgage or student loans?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Income Information</b>		
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Did any of your life insurance policies mature, or did you surrender any policies? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any awards, prizes, hobby income, gambling or lottery winnings?    | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you expect a large fluctuation in income, deductions, or withholding next year? | <input type="checkbox"/> | <input type="checkbox"/> |

### Retirement Information

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Are you an active participant in a pension or retirement plan?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any Social Security benefits during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |

### Education Information

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Did anyone in your family receive a scholarship of any kind during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from an education savings or 529 Plan account?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any student loan interest this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you cash any Series EE or I U.S. Savings bonds issued after 1989?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to an education savings or 529 Plan account?  | <input type="checkbox"/> | <input type="checkbox"/> |

### Health Care Information

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of 2014 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did anyone in your family qualify for an exemption from the health care coverage mandate?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to a Health savings account (HSA) or Archer MSA?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay long-term care premiums for yourself or your family?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are a business owner, did you pay health insurance premiums for your employees this year?   | <input type="checkbox"/> | <input type="checkbox"/> |

### Itemized Deduction Information

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Did you incur a casualty or theft loss or any condemnation awards during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have an expense account or allowance during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you use your car on the job, for other than commuting?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you work out of town for part of the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any expenses related to seeking a new job during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any major purchases during the year (cars, boats, etc.)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?  | <input type="checkbox"/> | <input type="checkbox"/> |

**Miscellaneous Information**

- Did you make gifts of more than \$14,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a job change?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the Internal Revenue Service?
- If yes, explain: \_\_\_\_\_
- Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If yes, attach the IRS letter.
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

## Client Organizer Topical Index

**This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.**

Topic	Page	Topic	Page
Adoption expenses	77	Fuel tax credit	79, 80, 81
Affordable Care Act Health Coverage	67, 78	Gambling winnings	7, 15, 17
Alaska Permanent Fund dividends	15, 70	Gambling losses	54
Alimony paid	46	Health savings account (HSA)	43, 44
Alimony received	15	Household employee taxes	71
Annuity payments received	7, 21	Installment sales	38, 39
Automobile information -		Interest income	8, 10
Business or profession	65	Interest paid	53
Employee business expense	57	Investment expenses	54
Farm, Farm Rental	65	Investment interest expenses	53
Rent and royalty	65	IRA contributions	23
Bank account information	3	IRA distributions	7, 21
Business income and expenses	25, 26, 27	Like-kind exchange of property	40
Business use of home	64	Long-term care services and contracts (LTC)	44
Cancellation of debt	16	Medical and dental expenses	52
Casualty and theft losses, business	60, 62	Medical savings account (MSA)	43, 44
Casualty and theft losses, personal	61, 63	Minister earnings and expenses	9, 25, 56, 68
Child and dependent care expenses	73	Miscellaneous income	15, 15a, 15b
Children's interest and dividend	69, 70	Miscellaneous adjustments	46
Charitable contributions	54, 58, 59	Miscellaneous itemized deductions	54
Contracts and straddles	19	Mortgage interest expense	53, 55
Dependent care benefits received	9	Moving expenses	45
Dependent information	1, 5	Partnership income	7, 35
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Business or profession	89, 90	Pension distributions	7, 21
Employee business expense	89, 90	Personal property taxes paid	52
Farm, Farm Rental	89, 90	Railroad retirement benefits	22
Rent and royalty	89, 90	Real estate taxes	52
Direct deposit information	3	REMIC's	13
Disability income	21, 74	Rent and royalty, vacation home, income and expenses	28, 29
Dividend income	8, 11	Residential energy credit	75
Early withdrawal penalty	10	Roth IRA contributions	23
Education Credits and tuition and fees deduction	49	S corporation income	7, 18, 35
Education Savings Account & Qualified Tuition Program	50	Sale of business property	38, 39
Electronic filing	4	Sale of personal residence	37
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Employee business expenses	56	Self-employed health insurance premiums	26, 30, 46
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Excess farm losses	84	Seller-financed mortgage interest received	12
Farm income and expenses	30, 31, 32	Social security benefits received	22
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Federal estimate payments	5	State & local estimate payments	6
Federal student aid application information (FAFSA)	51	State & local withholding	9, 17, 21
Federal withholding	9, 17, 21, 22	Statutory employee	9, 25
First-time homebuyer credit repayment	72	Student loan interest paid	48
Foreign bank accounts & financial assets	86, 87	Taxes paid	52
Foreign dividend income	11	Trust income	36
Foreign earned income & housing deduction	41, 42	Unemployment compensation	15
Foreign employer compensation	20	Unreported tip or unreported wage income	66
Foreign interest income	10	U.S. savings bonds educational exclusion	47
Foreign taxes paid	76	Wages and salaries	7, 9

**Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [ ] numbers are for preparer use only.**

**Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_ [1]  
 Mark if you were married but living apart all year \_\_\_\_\_ [2]  
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_ [3]

	<b>Taxpayer</b>	<b>Spouse</b>
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]	

**Present Mailing Address**

Address \_\_\_\_\_ [38]  
 Apartment number \_\_\_\_\_ [39]  
 City, state postal code, zip code \_\_\_\_\_ [40] \_\_\_\_\_ [41] \_\_\_\_\_ [42]  
 Foreign country name \_\_\_\_\_ [44]  
 In care of addressee \_\_\_\_\_ [47]

**Dependent Information**

(\*Please refer to Dependent Codes located at the bottom)

First Name <sup>48]</sup>	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	**Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent \_\_\_\_\_ [49]  
 Social security number of qualifying person \_\_\_\_\_ [50]

**Dependent Codes**

- |   |   |
|---|---|
| <p><b>*Basic</b></p> <ul style="list-style-type: none"> <li>1 = Child who lived with you</li> <li>2 = Child who did not live with you</li> <li>3 = Other dependent</li> <li>5 = Qualifying child for Earned Income Credit only</li> <li>6 = Children who lived with you, but do not qualify for Earned Income Credit</li> <li>7 = Children who lived with you, but do not qualify for Child Tax Credit</li> <li>8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit</li> </ul> <p><b>***Month</b></p> <ul style="list-style-type: none"> <li>77 = Reported on odd year return</li> <li>88 = Reported on even year return</li> <li>99 = Not reported on return</li> </ul> | <p><b>**Other</b></p> <ul style="list-style-type: none"> <li>1 = Student (Age 19 - 23)</li> <li>2 = Disabled dependent</li> <li>3 = Dependent who is both a student and disabled</li> </ul> |
|---|---|



**Preparer - Enter on Screen Contact**

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_ [8]

Taxpayer email address \_\_\_\_\_ [9]

Spouse email address \_\_\_\_\_ [10]

**Taxpayer**

**Spouse**

Fax telephone number \_\_\_\_\_ [11] \_\_\_\_\_ [19]

Mobile telephone number \_\_\_\_\_ [12] \_\_\_\_\_ [20]

Mobile telephone #2 number \_\_\_\_\_ [13] \_\_\_\_\_ [21]

Pager number \_\_\_\_\_ [14] \_\_\_\_\_ [22]

Other: \_\_\_\_\_ [15] \_\_\_\_\_ [23]

    Telephone number \_\_\_\_\_ [16] \_\_\_\_\_ [24]

    Extension \_\_\_\_\_ [17] \_\_\_\_\_ [25]

Preferred method of contact: \_\_\_\_\_ [18] \_\_\_\_\_ [26]  
    Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2

**NOTES/QUESTIONS:**

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

## Primary account:

Financial institution routing transit number \_\_\_\_\_ [1]  
 Name of financial institution \_\_\_\_\_ [2]  
 Your account number \_\_\_\_\_ [3]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [4]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [5]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [6]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [7] or Percent (xxx.xx) \_\_\_\_\_ [8]

## Secondary account #1:

Financial institution routing transit number \_\_\_\_\_ [23]  
 Name of financial institution \_\_\_\_\_ [24]  
 Your account number \_\_\_\_\_ [25]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [26]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [27]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [28]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [9] or Percent (xxx.xx) \_\_\_\_\_ [10]

## Secondary account #2:

Financial institution routing transit number \_\_\_\_\_ [29]  
 Name of financial institution \_\_\_\_\_ [30]  
 Your account number \_\_\_\_\_ [31]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [32]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [33]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [34]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [13] or Percent (xxx.xx) \_\_\_\_\_ [14]

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

## Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar \_\_\_\_\_ [11] or Percent (xxx.xx) \_\_\_\_\_ [12]

## Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds \_\_\_\_\_ [15] or Percent (xxx.xx) \_\_\_\_\_ [16]  
 Owner's name (First Last) \_\_\_\_\_ [36] \_\_\_\_\_ [37]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_ [38] \_\_\_\_\_ [39]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_ [40]

## Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds \_\_\_\_\_ [19] or Percent (xxx.xx) \_\_\_\_\_ [20]  
 Owner's name (First Last) \_\_\_\_\_ [41] \_\_\_\_\_ [42]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_ [43] \_\_\_\_\_ [44]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_ [45]

**IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.**

Mark if you want to file a paper return even if you qualify for electronic filing \_\_\_\_\_[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) \_\_\_\_\_[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account \_\_\_\_\_[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) \_\_\_\_\_[7]

Spouse self-selected Personal Identification Number (PIN) \_\_\_\_\_[8]

---

## NOTES/QUESTIONS:

If you have an overpayment of 2014 taxes, do you want the excess:

Refunded \_\_\_\_\_ [47]

Applied to 2015 estimated tax liability \_\_\_\_\_ [48]

Do you expect a considerable change in your 2015 income? (Y, N) \_\_\_\_\_ [49]

If yes, please explain any differences:

\_\_\_\_\_ [50]

\_\_\_\_\_ [51]

\_\_\_\_\_ [52]

\_\_\_\_\_ [53]

Do you expect a considerable change in your deductions for 2015? (Y, N) \_\_\_\_\_ [54]

If yes, please explain any differences:

\_\_\_\_\_ [55]

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

Do you expect a considerable change in the amount of your 2015 withholding? (Y, N) \_\_\_\_\_ [59]

If yes, please explain any differences:

\_\_\_\_\_ [60]

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

Do you expect a change in the number of dependents claimed for 2015? (Y, N) \_\_\_\_\_ [64]

If yes, please explain any differences:

\_\_\_\_\_ [65]

\_\_\_\_\_ [66]

\_\_\_\_\_ [67]

\_\_\_\_\_ [68]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes \_\_\_\_\_ [69]

**2014 Federal Estimated Tax Payments**

2013 overpayment applied to 2014 estimates + \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	<b>Date Due</b>	<b>Date Paid if After Date Due</b>	<b>Amount Paid</b>	<b>Calculated Amount</b>
1st quarter payment	4/15/14	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/16/14	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/15/14	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/15/15	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

**NOTES/QUESTIONS:**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]

State postal code \_\_\_\_\_ [2]

Amount paid with 2013 return + \_\_\_\_\_ [3]

2013 overpayment applied to '14 estimates + \_\_\_\_\_ [4]

Treat calculated amounts as paid \_\_\_\_\_ [8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____ [9]	+ _____ [10]	
2nd quarter payment _____ [11]	+ _____ [12]	
3rd quarter payment _____ [13]	+ _____ [14]	
4th quarter payment _____ [15]	+ _____ [16]	
Additional payment _____ [17]	+ _____ [18]	

**2014 City Estimated Tax Payments**

City #1		City #2	
City name _____ [28]		City name _____ [50]	
Amount paid with 2013 return + _____ [31]		Amount paid with 2013 return + _____ [53]	
2013 overpayment applied to '14 estimates- _____ [32]		2013 overpayment applied to '14 estimates- _____ [54]	
Treat calculated amounts as paid _____ [36]		Treat calculated amounts as paid _____ [58]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [37]	+ _____ [38]	1st quarter payment _____ [59]	+ _____ [60]
2nd quarter payment _____ [39]	+ _____ [40]	2nd quarter payment _____ [61]	+ _____ [62]
3rd quarter payment _____ [41]	+ _____ [42]	3rd quarter payment _____ [63]	+ _____ [64]
4th quarter payment _____ [43]	+ _____ [44]	4th quarter payment _____ [65]	+ _____ [66]

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3		City #4	
City name _____ [72]		City name _____ [94]	
Amount paid with 2013 return + _____ [75]		Amount paid with 2013 return + _____ [97]	
2013 overpayment applied to '14 estimates- _____ [76]		2013 overpayment applied to '14 estimates- _____ [98]	
Treat calculated amounts as paid _____ [80]		Treat calculated amounts as paid _____ [102]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [81]	+ _____ [82]	1st quarter payment _____ [103]	+ _____ [104]
2nd quarter payment _____ [83]	+ _____ [84]	2nd quarter payment _____ [105]	+ _____ [106]
3rd quarter payment _____ [85]	+ _____ [86]	3rd quarter payment _____ [107]	+ _____ [108]
4th quarter payment _____ [87]	+ _____ [88]	4th quarter payment _____ [109]	+ _____ [110]

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

## Wages and Salaries #1

Please provide all copies of Form W-2.

### 2014 Information

### Prior Year Information

Taxpayer/Spouse (T, S)			[1]
Employer name	_____		[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)			[5]
Mark if this is your current employer			[6]
Federal wages and salaries ( <b>Box 1</b> )	+	_____	[10]
Federal tax withheld ( <b>Box 2</b> )	+	_____	[12]
Social security wages ( <b>Box 3</b> ) (If different than federal wages)	+	_____	[14]
Social security tax withheld ( <b>Box 4</b> )		+ _____	[16]
Medicare wages ( <b>Box 5</b> ) (If different than federal wages)	+	_____	[18]
Medicare tax withheld ( <b>Box 6</b> )	+	_____	[21]
SS tips ( <b>Box 7</b> )	+	_____	[23]
Allocated tips ( <b>Box 8</b> )		+ _____	[25]
Dependent care benefits ( <b>Box 10</b> )		+ _____	[27]
<b>Box 13 -</b>			
Statutory employee			[29]
Retirement plan			[30]
Third-party sick pay			[31]
State postal code ( <b>Box 15</b> )		_____	[32]
State wages ( <b>Box 16</b> ) (If different than federal wages)	+	_____	[34]
State tax withheld ( <b>Box 17</b> )	+	_____	[36]
Local wages ( <b>Box 18</b> )	+	_____	[38]
Local tax withheld ( <b>Box 19</b> )		+ _____	[40]
Name of locality ( <b>Box 20</b> )	_____		[43]

	<b>Control Totals+</b>	
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## Wages and Salaries #2

Please provide all copies of Form W-2.

### 2014 Information

### Prior Year Information

Taxpayer/Spouse (T, S)			[1]
Employer name	_____		[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)			[5]
Mark if this is your current employer			[6]
Federal wages and salaries ( <b>Box 1</b> )	+	_____	[10]
Federal tax withheld ( <b>Box 2</b> )	+	_____	[12]
Social security wages ( <b>Box 3</b> ) (If different than federal wages)	+	_____	[14]
Social security tax withheld ( <b>Box 4</b> )		+ _____	[16]
Medicare wages ( <b>Box 5</b> ) (If different than federal wages)	+	_____	[18]
Medicare tax withheld ( <b>Box 6</b> )	+	_____	[21]
SS tips ( <b>Box 7</b> )	+	_____	[23]
Allocated tips ( <b>Box 8</b> )		+ _____	[25]
Dependent care benefits ( <b>Box 10</b> )		+ _____	[27]
<b>Box 13 -</b>			
Statutory employee			[29]
Retirement plan			[30]
Third-party sick pay			[31]
State postal code ( <b>Box 15</b> )		_____	[32]
State wages ( <b>Box 16</b> ) (If different than federal wages)	+	_____	[34]
State tax withheld ( <b>Box 17</b> )	+	_____	[36]
Local wages ( <b>Box 18</b> )	+	_____	[38]
Local tax withheld ( <b>Box 19</b> )		+ _____	[40]
Name of locality ( <b>Box 20</b> )	_____		[43]

	<b>Control Totals+</b>	
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## Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code <small>(**See codes below)</small>	Interest Income <sup>[1]</sup>	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	<b>1</b>	Payer						
		Amounts	+					
	<b>2</b>	Payer						
		Amounts	+					
	<b>3</b>	Payer						
		Amounts	+					
	<b>4</b>	Payer						
		Amounts	+					
	<b>5</b>	Payer						
		Amounts	+					
	<b>6</b>	Payer						
		Amounts	+					
	<b>7</b>	Payer						
		Amounts	+					
	<b>8</b>	Payer						
		Amounts	+					
	<b>9</b>	Payer						
		Amounts	+					
	<b>10</b>	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

## Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	(**See codes below)	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer												
	Amounts	+											
2	Payer												
	Amounts	+											
3	Payer												
	Amounts	+											
4	Payer												
	Amounts	+											
5	Payer												
	Amounts	+											
6	Payer												
	Amounts	+											
7	Payer												
	Amounts	+											
8	Payer												
	Amounts	+											
9	Payer												
	Amounts	+											
10	Payer												
	Amounts	+											

<b>**Dividend Codes</b>	
Blank = Other	3 = Nominee







**Miscellaneous Income #1**

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[13]
Royalties (Box 2)	+ _____	[15]
Other income (Box 3)	+ _____	[17]
Federal income tax withheld (Box 4)	+ _____	[19]
Fishing boat proceeds (Box 5)	+ _____	[21]
Medical and health care payments (Box 6)	+ _____	[23]
Nonemployee compensation (Box 7)	+ _____	[25]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[27]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[29]
Crop Insurance proceeds (Box 10)	+ _____	[31]
Excess golden parachute payments (Box 13)	+ _____	[36]
Gross proceeds paid to an attorney (Box 14)	+ _____	[38]
Section 409A deferrals (Box 15a)	+ _____	[40]
Section 409A income (Box 15b)	+ _____	[42]
State tax withheld (Box 16)	+ _____	[44]
State/Payer's state no. (Box 17)	_____	[46]
State income (Box 18)	+ _____	[47]

**Control Totals +**

**Miscellaneous Income #2**

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[13]
Royalties (Box 2)	+ _____	[15]
Other income (Box 3)	+ _____	[17]
Federal income tax withheld (Box 4)	+ _____	[19]
Fishing boat proceeds (Box 5)	+ _____	[21]
Medical and health care payments (Box 6)	+ _____	[23]
Nonemployee compensation (Box 7)	+ _____	[25]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[27]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[29]
Crop Insurance proceeds (Box 10)	+ _____	[31]
Excess golden parachute payments (Box 13)	+ _____	[36]
Gross proceeds paid to an attorney (Box 14)	+ _____	[38]
Section 409A deferrals (Box 15a)	+ _____	[40]
Section 409A income (Box 15b)	+ _____	[42]
State tax withheld (Box 16)	+ _____	[44]
State/Payer's state no. (Box 17)	_____	[46]
State income (Box 18)	+ _____	[47]

**Control Totals +**

**NOTES/QUESTIONS:**

### Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

**2014 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received ( <b>Box 1</b> )	+	_____	[7]
Taxable amount received ( <b>Box 2a</b> )	+	_____	[9]
Federal withholding ( <b>Box 4</b> )	+	_____	[11]
Distribution code ( <b>Box 7</b> )		_____	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[16]
State withholding ( <b>Box 12</b> )	+	_____	[17]
Local withholding ( <b>Box 15</b> )	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		_____	[23]
Mark if distribution was from an inherited IRA		_____	[24]

Prior Year Information

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	<b>Control Totals+</b>	
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### Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

**2014 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received ( <b>Box 1</b> )	+	_____	[7]
Taxable amount received ( <b>Box 2a</b> )	+	_____	[9]
Federal withholding ( <b>Box 4</b> )	+	_____	[11]
Distribution code ( <b>Box 7</b> )		_____	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[16]
State withholding ( <b>Box 12</b> )	+	_____	[17]
Local withholding ( <b>Box 15</b> )	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		_____	[23]
Mark if distribution was from an inherited IRA		_____	[24]

Prior Year Information

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	<b>Control Totals+</b>	
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### Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

**2014 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received ( <b>Box 1</b> )	+	_____	[7]
Taxable amount received ( <b>Box 2a</b> )	+	_____	[9]
Federal withholding ( <b>Box 4</b> )	+	_____	[11]
Distribution code ( <b>Box 7</b> )		_____	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[16]
State withholding ( <b>Box 12</b> )	+	_____	[17]
Local withholding ( <b>Box 15</b> )	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		_____	[23]
Mark if distribution was from an inherited IRA		_____	[24]

Prior Year Information

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	<b>Control Totals+</b>	
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## Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 State postal code \_\_\_\_\_ [2]

### Social Security Benefits

	2014 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2014 (Box 3 minus Box 4) <b>(Box 5)</b>	+ _____ [8]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Voluntary Federal Income Tax Withheld <b>(Box 6)</b>	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

### Tier 1 Railroad Benefits

	2014 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2014 <b>(Box 5)</b>	+ _____ [22]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Federal Income Tax Withheld <b>(Box 10)</b>	+ _____ [25]	
Medicare Premium Total <b>(Box 11)</b>	+ _____ [27]	

### Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2014 or receive any prior year benefits in 2014. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

	[38]
	[39]
	[40]
	[41]
	[42]

**NOTES/QUESTIONS:**

**Traditional IRA**

	<b>Taxpayer</b>	<b>Spouse</b>
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2014	+ _____ [5]	+ _____ [6]
	<b>Taxpayer</b>	<b>Spouse</b>
Enter the nondeductible contribution amount made for use in 2014	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2015 for use in 2014	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2014:		
_____	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

**Roth IRA**

**Please provide copies of any 1998 through 2013 Form 8606 not prepared by this office**

	<b>Taxpayer</b>	<b>Spouse</b>
Mark if you want to contribute the maximum Roth IRA contribution	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2014	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2014	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2013	+ _____ [41]	+ _____ [42]
Enter the total Roth IRA contribution recharacterizations for 2014	+ _____ [43]	+ _____ [44]
Enter the Roth conversion IRA basis on December 31, 2013	+ _____ [45]	+ _____ [46]
Value of all your Roth IRA's on December 31, 2014:		
_____	+ _____ [47]	+ _____ [48]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

**NOTES/QUESTIONS:**

**Preparer use only**

**2014 Information**

**Prior Year Information**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Business name \_\_\_\_\_ [5]  
 Principal business/profession \_\_\_\_\_ [6]  
 Business code \_\_\_\_\_ [11]  
 Business address, if different from home address on Organizer Form ID: 1040  
 Address \_\_\_\_\_ [14]  
 City/State/Zip \_\_\_\_\_ [15] \_\_\_\_\_ [16] \_\_\_\_\_ [17]  
 Accounting method (1 = Cash, 2 = Accrual, 3 = Other) \_\_\_\_\_ [18]  
 If other: \_\_\_\_\_ [20]  
 Inventory method (1 = Cost, 2 = LCM, 3 = Other) \_\_\_\_\_ [21]  
 If other enter explanation: \_\_\_\_\_ [23]  
 \_\_\_\_\_ [23]  
 Enter an explanation if there was a change in determining your inventory: \_\_\_\_\_ [24]  
 \_\_\_\_\_ [24]  
 Did you "materially participate" in this business? (Y, N) \_\_\_\_\_ [25]  
 If not, number of hours you did significantly participate \_\_\_\_\_ [27]  
 Mark if you began or acquired this business in 2014 \_\_\_\_\_ [29]  
 Did you make any payments in 2014 that require you to file Form(s) 1099? (Y, N) \_\_\_\_\_ [30]  
 If "Yes", did you or will you file all required Forms 1099? (Y, N) \_\_\_\_\_ [32]  
 Mark if this business is considered related to qualified services as a minister or religious worker \_\_\_\_\_ [34]  
 Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) \_\_\_\_\_ [36]  
 Medical insurance premiums paid by this activity + \_\_\_\_\_ [40]  
 Long-term care premiums paid by this activity + \_\_\_\_\_ [42]  
 Amount of wages received as a statutory employee + \_\_\_\_\_ [45]

*(This area is shaded gray and contains horizontal lines for prior year information.)*

**Business Income**

**2014 Information**

**Prior Year Information**

Gross receipts and sales  
 \_\_\_\_\_ + \_\_\_\_\_ [50]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 Returns and allowances + \_\_\_\_\_ [53]  
 Other income:  
 \_\_\_\_\_ + \_\_\_\_\_ [55]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

*(This area is shaded gray and contains horizontal lines for prior year information.)*

**Cost of Goods Sold**

**2014 Information**

**Prior Year Information**

Beginning inventory + \_\_\_\_\_ [57]  
 Purchases + \_\_\_\_\_ [59]  
 Labor:  
 \_\_\_\_\_ + \_\_\_\_\_ [61]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Materials + \_\_\_\_\_ [63]  
 Other costs:  
 \_\_\_\_\_ + \_\_\_\_\_ [65]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 Ending inventory + \_\_\_\_\_ [67]

*(This area is shaded gray and contains horizontal lines for prior year information.)*

**Control Totals+**





**Preparer use only**

	2014 Information
Description _____	[2]
Taxpayer/Spouse/Joint (T, S, J) __[3]	State postal code _____ [4]
Physical address: Street _____	[5]
City, state, zip code _____ [6] ____ [7]	[8]
Foreign country _____	[10]
Foreign province/county _____	[11]
Foreign postal code _____	[12]
Type (1 = Single-family, 2 = Multi-family, 3 = Vacation/short-term, 4 = Commercial, 5 = Land, 6 = Royalties, 7 = Self-rental, 8 = Other) _____	[13]
Description of other type (Type code #8) _____	[14]
Did you make any payments in 2014 that require you to file Form(s) 1099? (Y,N) _____	[16]
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]
Percentage of ownership if not 100% _____	[22]
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]

**Prior Year Information**

**Rent and Royalty Income**

Rents and royalties :	2014 Information
_____ + _____	[33]
_____	_____

**Prior Year Information**

**Rent and Royalty Expenses**

	2014 Information	Percent if not 100%
Advertising _____	+ _____ [35]	_____ [36]
Auto _____	+ _____ [38]	_____ [39]
Travel _____	+ _____ [41]	_____ [42]
Cleaning and maintenance _____	+ _____ [44]	_____ [45]
Commissions:		
_____	+ _____ [47]	_____ [49]
_____	+ _____	_____
Insurance:		
_____	+ _____ [50]	_____ [52]
_____	+ _____	_____
Legal and professional fees _____	+ _____ [54]	_____ [55]
Management fees:		
_____	+ _____ [57]	_____ [59]
_____	+ _____	_____
Mortgage interest paid to banks, etc (Form 1098)		
_____	+ _____ [60]	_____ [62]
_____	+ _____	_____
Other mortgage interest _____	+ _____ [63]	_____ [65]
Qualified mortgage insurance premiums _____	+ _____ [66]	_____ [67]
Other interest:		
_____	+ _____ [69]	_____ [71]
_____	+ _____	_____
Repairs _____	+ _____ [72]	_____ [73]
Supplies _____	+ _____ [75]	_____ [76]
Taxes:		
_____	+ _____ [78]	_____ [80]
_____	+ _____	_____
Utilities _____	+ _____ [81]	_____ [82]
Depreciation _____	+ _____ [84]	_____ [85]
Depletion _____	+ _____ [87]	_____ [88]
Other expenses:		
_____	+ _____ [90]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

**Prior Year Information**

**Control Totals +**

**Preparer use only**  
Description \_\_\_\_\_

**Refinancing Points**

Preparer - Enter on Screen Rent

	2014 Information	Prior Year Information	
<b>Refinancing points paid -</b>			
Recipient's/Lender's name	_____ [92]		
Date of refinance	_____		
Total # Payments	_____		
Reported on 1098 in 2014	_____		
Total points paid	_____		
Points deemed as paid in current year <b>(Preparer use only)</b>	_____		
<b>Refinancing points paid -</b>			
Recipient's/Lender's name	_____		
Date of refinance	_____		
Total # Payments	_____		
Reported on 1098 in 2014	_____		
Total points paid	_____		
Points deemed as paid in current year <b>(Preparer use only)</b>	_____		
<b>Refinancing points paid -</b>			
Recipient's/Lender's name	_____		
Date of refinance	_____		
Total # Payments	_____		
Reported on 1098 in 2014	_____		
Total points paid	_____		
Points deemed as paid in current year <b>(Preparer use only)</b>	_____		

**Vacation Home Information**

	2014 Information	Prior Year Information
Number of days home was used personally	_____ [6]	
Number of days home was rented	_____ [8]	
Number of day home owned, if not 365	_____ [10]	
Carryover of disallowed operating expenses into 2014	+ _____ [20]	
Carryover of disallowed depreciation expenses into 2014	+ _____ [21]	

**Passive and Other Information**

Preparer use only Carryovers	Regular	AMT
Operating	+ [29]	+ [30]
Short-term capital	+ [31]	+ [32]
Long-term capital	+ [33]	+ [34]
28% rate capital	+ [35]	+ [36]
Section 1231 loss	+ [37]	+ [38]
Ordinary business gain/loss	+ [39]	+ [40]
Comm revitalization	+ [41]	+ [42]
Section 179	+ [43]	+ [44]

Please provide all Forms 1099-K

Preparer use only

	2014 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
Principal Product	_____ [5]	
State postal code	_____ [6]	
Accounting method (1 = Cash, 2 = Accrual)	_____ [7]	
Agricultural activity code	_____ [9]	
Did you "materially participate" in this business? (Y, N)	_____ [12]	
Did you make any payments in 2014 that require you to file Form(s) 1099? (Y, N)	_____ [14]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [16]	
Mark if Schedule F net income or loss should be excluded from self employment income	_____ [18]	
Medical insurance premiums paid by this activity	+ _____ [22]	
Long-term care premiums paid by this activity	+ _____ [24]	

**Schedule F Income**

Sales Code**	Income description	2014 Information	Prior Year Information
—	_____	+ _____ [34]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

** Sales Codes	
1 = Cash sales of items bought for resale	4 = Custom hire (machine work)
2 = Cash sales of items raised	5 = Other income
3 = Accrual sales	

	2014 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____ [36]	
Beginning inventory of livestock and other items (Accrual method)	+ _____ [38]	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [40]	
Ending Inventory of livestock and other items (Accrual method)	+ _____ [42]	
Total cooperative distributions you received	+ _____ [44]	
Taxable cooperative distributions you received	+ _____ [46]	

	2014 Total	2014 Taxable	Prior Year Information
Agricultural program payments			
_____ + _____	+ _____	+ _____ [48]	
_____ + _____	+ _____	+ _____	

	2014 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	_____ [51]	
Commodity credit loans reported under election:		
_____ + _____	+ _____ [53]	
_____ + _____	+ _____	
Total commodity credit loans forfeited	+ _____ [55]	
Taxable commodity credit loans forfeited	+ _____ [57]	

	2014 Total	2014 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2014			
_____ + _____	+ _____	+ _____ [59]	
_____ + _____	+ _____	+ _____	
Mark if electing to defer crop insurance proceeds to 2015			_____ [62]
Crop insurance proceeds deferred from 2013		+ _____	_____ [64]

**Control Totals +**

**Preparer use only**

Description \_\_\_\_\_

	<b>2014 Information</b>	<b>Prior Year Information</b>
Car and truck expenses	+ _____ [5]	_____
Chemicals	+ _____ [7]	_____
Conservation expenses	+ _____ [9]	_____
Custom hire (machine work)	+ _____ [11]	_____
Depreciation	+ _____ [13]	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+ _____ [15]	_____
Feed purchased	+ _____ [17]	_____
Fertilizers and lime	+ _____ [19]	_____
Freight and trucking	+ _____ [21]	_____
Gasoline, fuel, and oil	+ _____ [23]	_____
Insurance (Other than health)	+ _____ [26]	_____
_____	+ _____	_____
_____	+ _____	_____
Mortgage interest (Paid to banks, etc.)	+ _____ [28]	_____
_____	+ _____	_____
_____	+ _____	_____
Other interest	+ _____ [30]	_____
Labor hired (Less employment credit)	+ _____ [32]	_____
Pension and profit sharing	+ _____ [34]	_____
Rent - vehicles, machinery, and equipment	+ _____ [36]	_____
Rent - other	+ _____ [38]	_____
Repairs and maintenance	+ _____ [40]	_____
Seed and plants purchased	+ _____ [42]	_____
Storage and warehousing	+ _____ [44]	_____
Supplies purchased	+ _____ [46]	_____
Taxes:	+ _____ [48]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Utilities	+ _____ [50]	_____
Veterinary, breeding, and medicine	+ _____ [52]	_____
Other expenses:	+ _____ [54]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Preproductive period expenses	+ _____ [56]	_____

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [8]  
 State postal code \_\_\_\_\_ [9]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [12]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-7</b>	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[34]	[35]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [8]  
 State postal code \_\_\_\_\_ [9]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [12]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-7</b>	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[34]	[35]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [8]  
 State postal code \_\_\_\_\_ [9]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [12]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-7</b>	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[34]	[35]

**Please provide all copies of Schedules K-1 showing income from estates and trusts.**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1T-3</b>	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1T-3</b>	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1T-3</b>	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1T-3</b>	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

## Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

**2014 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)	_	[1]	
Name of Trustee _____	_	[4]	
State postal code _____	_	[2]	
Gross distributions received <b>(Box 1)</b>	+	_ [7]	
Earnings on excess contributions <b>(Box 2)</b>	+	_ [9]	
Distribution code <b>(Box 3)</b>		_ [11]	
Fair Market Value on date of death <b>(Box 4)</b>	+	_ [12]	
<b>Box 5 -</b>			
HSA		_ [13]	
Archer MSA		_ [14]	
MA MSA		_ [15]	
All distributions were used to pay unreimbursed qualified medical expenses		_ [17]	
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2014	+	_ [19]	
Withdrawal of excess contributions by the due date of the return	+	_ [21]	
Amount of distribution rolled over for 2014	+	_ [23]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+	_ [26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/13	+	_ [27]	
For HSA accounts:			
Was the high deductible health plan coverage started in 2013 and in effect for the month of December 2013? (Y, N)		_ [29]	
Was the high deductible health plan coverage ended before 12/31/14? (Y, N)		_ [30]	

## Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

**2014 Information**

**Prior Year Information**

Name of the insured chronically ill individual _____	_	[39]	
Social security number of insured _____	_	[40]	
Gross long-term care (LTC) benefits paid <b>(Box 1)</b>	+	_ [42]	
Accelerated death benefits paid <b>(Box 2)</b>	+	_ [44]	
<b>Check one (Box 3)</b>			
Per diem		_ [46]	
Reimbursed amount		_ [47]	
Qualified contract <b>(Box 4)</b>		_ [48]	
<b>Check, if applicable (Box 5)</b>			
Chronically ill		_ [49]	
Terminally ill		_ [50]	
Are there other individuals who received LTC payments during 2014? (Y, N)		_ [52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)		_ [53]	
Number of days during the long-term care period _____		[54]	
Cost incurred for qualified long-term care services during the long-term care period	+	_ [55]	

**NOTES/QUESTIONS:**

Preparer use only

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Miles driven to new home	_____	[13]
Total amount reimbursed for moving expenses	+ _____	[15]

**NOTES/QUESTIONS:**



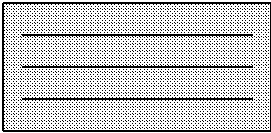
Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2014 Information	Prior Year Information
			+	
	Address		+	
			+	
	Address		+	
			+	
	Address		+	

	2014 Information			Prior Year Information
	Taxpayer	Spouse		
Educator expenses:				
_____	+	_____ [3]	+	_____ [4]
_____	+	_____	+	_____
Self-employed health insurance premiums: (Not entered elsewhere)				
_____	+	_____ [6]	+	_____ [7]
_____	+	_____	+	_____
Self-employed long-term care premiums: (Not entered elsewhere)				
_____	+	_____ [9]	+	_____ [10]
_____	+	_____	+	_____
Other adjustments:				
_____	+	_____ [14]	+	_____ [15]
_____	+		+	
_____	+		+	
_____	+		+	
_____	+		+	
_____	+		+	
_____	+		+	
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_____	+		+	
_____	+		+	
_____	+		+	
_____	+		+	

**NOTES/QUESTIONS:**

Complete this section if you paid interest on a qualified student loan in 2014 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2014. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2014 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

**NOTES/QUESTIONS:**

## Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

**Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.**

**Preparer - Enter on Screen Educate2**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [8]  
 Education Code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3 = Tuition and Fees Deduction) \_\_\_\_\_  
 Student's social security number \_\_\_\_\_  
 Student's first name \_\_\_\_\_  
 Student's last name \_\_\_\_\_

### Institution Information

**Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.**

Institution's federal identification number \_\_\_\_\_ [8]  
 Institution's name \_\_\_\_\_  
 Institution's street address \_\_\_\_\_  
 Institution's city, state, zip code \_\_\_\_\_

### Tuition Paid and Related Information

**Amounts reported in Box 1 or Box 2 may not reflect the actual amount paid for the student during 2014.  
 Enter the amount actually paid during 2014.**

	2014 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) <b>(Box 1)</b>	+ _____ [8]	[Redacted]
Tuition billed (Enter only the amount actually paid) <b>(Box 2)</b>	_____	
Educational institution changed its reporting method for 2014 <b>(Box 3)</b>	_____	
Adjustments made for a prior year <b>(Box 4)</b>	_____	
Scholarships or grants <b>(Box 5)</b>	_____	
Adjustments to scholarships or grants for a prior year <b>(Box 6)</b>	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2015 <b>(Box 7)</b>	_____	
At least half-time student <b>(Box 8)</b>	_____	
Graduate student <b>(Box 9)</b>	_____	
Insurance contract reimbursement/refund <b>(Box 10)</b>	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	

1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2013

**NOTES/QUESTIONS:**

T/S/J

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

2014 Information

Prior Year Information

[1] _____	+	_____ [2]	_____ _____ _____ _____ _____
— _____	+	_____	
— _____	+	_____	
— _____	+	_____	
— _____	+	_____	
— _____	+	_____	

Medical insurance premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.)

[4] _____	+	_____ [5]
— _____	+	_____
— _____	+	_____
— _____	+	_____

Long-term care premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.))

[7] _____	+	_____ [8]
— _____	+	_____

Prescription medicines and drugs:

[10] _____	+	_____ [11]
— _____	+	_____
— _____	+	_____

[13] Miles driven for medical items _____		_____ [14]
---	--	------------

Schedule A - Tax Expenses

T/S/J

State/local income taxes paid:

2014 Information

Prior Year Information

[18] _____	+	_____ [19]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
— _____	+	_____	
— _____	+	_____	
— _____	+	_____	
— _____	+	_____	
— _____	+	_____	
— _____	+	_____	
— _____	+	_____	
— _____	+	_____	
— _____	+	_____	
— _____	+	_____	
— _____	+	_____	

2013 state and local income taxes paid in 2014:

[21] _____	+	_____ [22]
— _____	+	_____
— _____	+	_____

Real estate taxes paid:

[24] _____	+	_____ [25]
— _____	+	_____
— _____	+	_____

Personal property taxes:

[27] _____	+	_____ [28]
— _____	+	_____

Other taxes, such as: foreign taxes and State disability taxes

[30] _____	+	_____ [31]
— _____	+	_____
— _____	+	_____

Sales tax paid on major purchases:

[36] _____	+	_____ [37]
— _____	+	_____

Sales tax paid on actual expenses:

[39] _____	+	_____ [40]
— _____	+	_____
— _____	+	_____

### Interest Expenses

T/S/J	2014 Interest Paid <sup>2]</sup>	2014 Points Paid	Type*	2014 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1] _____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	

**\*Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home  
 1 = Not used to buy, build, improve home or investment  
 2 = Used to pay off previous mortgage  
 3 = Used to pay off previous mortgage, excess proceeds invested  
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Payee's Name	SSN or EIN	2014 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4] _____	_____	_____	+	[5] _____
<b>Address</b>		_____		
<b>City, state and zip code</b>		_____		
_____	_____	_____	+	_____
<b>Address</b>		_____		
<b>City, state and zip code</b>		_____		

**T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

\_\_\_\_\_ Payer's/Borrower's name \_\_\_\_\_ [7]  
 \_\_\_\_\_ Street Address \_\_\_\_\_  
 \_\_\_\_\_ City/State/Zip code \_\_\_\_\_

**Refinancing Points paid in 2014 -**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_  
 Points deemed as paid in 2014 **(Preparer use only)** + \_\_\_\_\_ [12]  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2014 \_\_\_\_\_  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_  
 Points deemed as paid in 2014 **(Preparer use only)** + \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2014 \_\_\_\_\_

**T/S/J 2014 Information**

Investment interest expense, other than on Schedule(s) K-1:

[15] _____	+	_____ [16]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

**Control Totals +**

T/S/J	2014 Information	Prior Year Information	
Contributions made by cash or check (including out-of-pocket expenses)			
[2] _____	+ _____ [3]		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
[5] Volunteer miles driven _____ [6]			
Noncash items, such as: Goodwill/Salvation Army/clothing/household goods			
[8] _____	+ _____ [9]		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		

**Miscellaneous Deductions**

T/S/J	2014 Information	Prior Year Information	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses			
[11] _____	+ _____ [12]		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
Union dues:			
[14] _____	+ _____ [15]		
_____	+ _____		
[17] Tax preparation fees _____ [18]			
Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees			
[20] _____	+ _____ [21]		
_____	+ _____		
_____	+ _____		
_____	+ _____		
[23] Safe deposit box rental _____ [24]			
Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:			
[26] _____	+ _____ [27]		
_____	+ _____		
_____	+ _____		
Other expenses, not subject to the 2% AGI limit:			
[30] _____	+ _____ [31]		
_____	+ _____		
_____	+ _____		
_____	+ _____		
Gambling losses: (Enter only if you have gambling income)			
[33] _____	+ _____ [34]		
_____	+ _____		



**Preparer use only**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [2]  
 Occupation in which expenses were incurred \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [4]

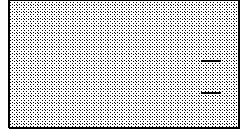
**Vehicle Questions**

If you used your automobile for work purposes, please answer the following questions:

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable) \_\_\_\_\_ [5]  
 Was another vehicle available for personal use? (Y, N) \_\_\_\_\_ [7]  
 Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No) \_\_\_\_\_ [9]

**2014 Information**

**Prior Year Information**



**Vehicle Information**

Vehicle 1 - Date placed in service \_\_\_\_\_ [11]  
 Description \_\_\_\_\_ [12]  
 Comments \_\_\_\_\_  
 Vehicle 2 - Date placed in service \_\_\_\_\_ [62]  
 Description \_\_\_\_\_ [63]  
 Comments \_\_\_\_\_  
 Vehicle 3 - Date placed in service \_\_\_\_\_ [109]  
 Description \_\_\_\_\_ [110]  
 Comments \_\_\_\_\_  
 Vehicle 4 - Date placed in service \_\_\_\_\_ [156]  
 Description \_\_\_\_\_ [157]  
 Comments \_\_\_\_\_

**Vehicles Actual Expenses**

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	_____ [20]		_____ [69]		_____ [116]		_____ [163]	
Business mileage	_____ [24]		_____ [71]		_____ [118]		_____ [165]	
Average daily round trip commuting mileage	_____ [26]		_____ [73]		_____ [120]		_____ [167]	
Total commuting mileage	_____ [28]		_____ [75]		_____ [122]		_____ [169]	
Gasoline	+ _____ [30]		+ _____ [77]		+ _____ [124]		+ _____ [171]	
Oil	+ _____ [32]		+ _____ [79]		+ _____ [126]		+ _____ [173]	
Repairs	+ _____ [34]		+ _____ [81]		+ _____ [128]		+ _____ [175]	
Maintenance	+ _____ [36]		+ _____ [83]		+ _____ [130]		+ _____ [177]	
Tires	+ _____ [38]		+ _____ [85]		+ _____ [132]		+ _____ [179]	
Car washes	+ _____ [40]		+ _____ [87]		+ _____ [134]		+ _____ [181]	
Insurance	+ _____ [42]		+ _____ [89]		+ _____ [136]		+ _____ [183]	
Interest	+ _____ [44]		+ _____ [91]		+ _____ [138]		+ _____ [185]	
Registration	+ _____ [46]		+ _____ [93]		+ _____ [140]		+ _____ [187]	
Licenses	+ _____ [48]		+ _____ [95]		+ _____ [142]		+ _____ [189]	
Property taxes (Plates, tags, etc)	_____ [50]		+ _____ [97]		+ _____ [144]		+ _____ [191]	
Vehicle rentals	+ _____ [52]		+ _____ [99]		+ _____ [146]		+ _____ [193]	
Inclusion amt (Preparer only)	_____ [54]		+ _____ [101]		+ _____ [148]		+ _____ [195]	
Other vehicle expenses	_____ [56]		+ _____ [103]		+ _____ [150]		+ _____ [197]	
Value of employer provided vehicle	+ _____ [58]		+ _____ [105]		+ _____ [152]		+ _____ [199]	
Depreciation	+ _____ [60]		+ _____ [107]		+ _____ [154]		+ _____ [201]	



**Noncash Contributions Exceeding \$500**

**For donated securities, include the company name and number of shares in the donated property description, below**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis \_\_\_\_\_ + \_\_\_\_\_ [13]  
 Fair market value \_\_\_\_\_ + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals+**

**Noncash Contributions Exceeding \$500**

**For donated securities, include the company name and number of shares in the donated property description, below**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis \_\_\_\_\_ + \_\_\_\_\_ [13]  
 Fair market value \_\_\_\_\_ + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals+**

**Noncash Contributions Exceeding \$500**

**For donated securities, include the company name and number of shares in the donated property description, below**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis \_\_\_\_\_ + \_\_\_\_\_ [13]  
 Fair market value \_\_\_\_\_ + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals+**

**Preparer use only**

Principal business or profession \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

**Business Use of Home**

	2014 Information	Prior Year Information										
Total area of home	_____ [14]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>										
Area used exclusively for business	_____ [16]											
Information for day-care facilities only:												
Total hours used for day-care during this year	_____ [18]											
Total hours used this year, if less than 8760	_____ [20]											
Special computation for certain day-care facilities:												
Area used regularly and exclusively for day-care business	_____ [22]											
Area used partly for day-care business	_____ [24]											

**List as direct expenses any expenses which are attributable only to the business part of your home.**  
**List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.**

	2014 Information		Prior Year Information																	
	Direct Expenses	Indirect Expenses																		
Mortgage interest:	+ _____ [29]	+ _____ [31]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>																	
Mortgage insurance premiums	+ _____ [34]	+ _____ [35]																		
Real estate taxes:	+ _____ [37]	+ _____ [39]																		
Excess mortgage interest and insurance premiums	+ _____ [42]	+ _____ [43]																		
Insurance	+ _____ [45]	+ _____ [47]																		
Rent	+ _____ [51]	+ _____ [52]																		
Repairs & maintenance	+ _____ [54]	+ _____ [55]																		
Utilities	+ _____ [57]	+ _____ [58]																		
Other expenses, such as: Supplies & Security system																				
_____	+ _____ [60]	+ _____ [61]																		
_____	+ _____	+ _____																		
_____	+ _____	+ _____																		
_____	+ _____	+ _____																		
_____	+ _____	+ _____																		
_____	+ _____	+ _____																		
_____	+ _____	+ _____																		
_____	+ _____	+ _____																		
Excess casualty losses		+ _____ [63]																		
Carryovers:																				
Operating expenses		+ _____ [64]																		
Casualty losses		+ _____ [65]																		
Depreciation		+ _____ [67]																		
Business expenses not from business use of home, such as:																				
Travel, Supplies, Business telephone expenses		+ _____ [68]																		
Depreciation		+ _____ [72]																		

**NOTES/QUESTIONS:**

If you used your automobile for business purposes, please complete the following information.

**Preparer use only**

Description of business or profession \_\_\_\_\_ [3]

**Vehicles**

Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

**Vehicle Questions**

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	___ [60]	<input type="checkbox"/>	___ [62]	<input type="checkbox"/>	___ [64]	<input type="checkbox"/>	___ [66]	<input type="checkbox"/>
Was another vehicle available for personal use? (Y, N)	___ [68]	<input type="checkbox"/>	___ [70]	<input type="checkbox"/>	___ [72]	<input type="checkbox"/>	___ [74]	<input type="checkbox"/>
Do you have evidence to support your deduction? (Y, N)	___ [76]	<input type="checkbox"/>	___ [78]	<input type="checkbox"/>	___ [80]	<input type="checkbox"/>	___ [82]	<input type="checkbox"/>
Is this evidence written? (Y, N)	___ [84]	<input type="checkbox"/>	___ [86]	<input type="checkbox"/>	___ [88]	<input type="checkbox"/>	___ [90]	<input type="checkbox"/>

**Vehicle Expenses**

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]	<input type="checkbox"/>	_____ [34]	<input type="checkbox"/>	_____ [36]	<input type="checkbox"/>	_____ [38]	<input type="checkbox"/>
Commuting miles	_____ [42]	<input type="checkbox"/>	_____ [44]	<input type="checkbox"/>	_____ [46]	<input type="checkbox"/>	_____ [48]	<input type="checkbox"/>
Business miles	_____ [52]	<input type="checkbox"/>	_____ [54]	<input type="checkbox"/>	_____ [56]	<input type="checkbox"/>	_____ [58]	<input type="checkbox"/>
Parking fees	+ _____ [92]	<input type="checkbox"/>	+ _____ [94]	<input type="checkbox"/>	+ _____ [96]	<input type="checkbox"/>	+ _____ [98]	<input type="checkbox"/>
Tolls	+ _____ [100]	<input type="checkbox"/>	+ _____ [102]	<input type="checkbox"/>	+ _____ [104]	<input type="checkbox"/>	+ _____ [106]	<input type="checkbox"/>
Gasoline	+ _____ [108]	<input type="checkbox"/>	+ _____ [110]	<input type="checkbox"/>	+ _____ [112]	<input type="checkbox"/>	+ _____ [114]	<input type="checkbox"/>
Oil	+ _____ [116]	<input type="checkbox"/>	+ _____ [118]	<input type="checkbox"/>	+ _____ [120]	<input type="checkbox"/>	+ _____ [122]	<input type="checkbox"/>
Repairs	+ _____ [124]	<input type="checkbox"/>	+ _____ [126]	<input type="checkbox"/>	+ _____ [128]	<input type="checkbox"/>	+ _____ [130]	<input type="checkbox"/>
Maintenance	+ _____ [132]	<input type="checkbox"/>	+ _____ [134]	<input type="checkbox"/>	+ _____ [136]	<input type="checkbox"/>	+ _____ [138]	<input type="checkbox"/>
Tires	+ _____ [140]	<input type="checkbox"/>	+ _____ [142]	<input type="checkbox"/>	+ _____ [144]	<input type="checkbox"/>	+ _____ [146]	<input type="checkbox"/>
Car washes	+ _____ [148]	<input type="checkbox"/>	+ _____ [150]	<input type="checkbox"/>	+ _____ [152]	<input type="checkbox"/>	+ _____ [154]	<input type="checkbox"/>
Insurance	+ _____ [156]	<input type="checkbox"/>	+ _____ [158]	<input type="checkbox"/>	+ _____ [160]	<input type="checkbox"/>	+ _____ [162]	<input type="checkbox"/>
Interest	+ _____ [164]	<input type="checkbox"/>	+ _____ [166]	<input type="checkbox"/>	+ _____ [168]	<input type="checkbox"/>	+ _____ [170]	<input type="checkbox"/>
Registration	+ _____ [172]	<input type="checkbox"/>	+ _____ [174]	<input type="checkbox"/>	+ _____ [176]	<input type="checkbox"/>	+ _____ [178]	<input type="checkbox"/>
Licenses	+ _____ [180]	<input type="checkbox"/>	+ _____ [182]	<input type="checkbox"/>	+ _____ [184]	<input type="checkbox"/>	+ _____ [186]	<input type="checkbox"/>
Property taxes	+ _____ [188]	<input type="checkbox"/>	+ _____ [190]	<input type="checkbox"/>	+ _____ [192]	<input type="checkbox"/>	+ _____ [194]	<input type="checkbox"/>
Other vehicle expenses	+ _____ [196]	<input type="checkbox"/>	+ _____ [198]	<input type="checkbox"/>	+ _____ [200]	<input type="checkbox"/>	+ _____ [202]	<input type="checkbox"/>
Vehicle rentals	+ _____ [204]	<input type="checkbox"/>	+ _____ [206]	<input type="checkbox"/>	+ _____ [208]	<input type="checkbox"/>	+ _____ [210]	<input type="checkbox"/>
Inclusion amt (Preparer only)	+ _____ [212]	<input type="checkbox"/>	+ _____ [214]	<input type="checkbox"/>	+ _____ [216]	<input type="checkbox"/>	+ _____ [218]	<input type="checkbox"/>
Depreciation	+ _____ [220]	<input type="checkbox"/>	+ _____ [222]	<input type="checkbox"/>	+ _____ [224]	<input type="checkbox"/>	+ _____ [226]	<input type="checkbox"/>

**"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.**

Mark if your entire family was covered for the full year with minimum essential health care coverage \_\_[2]

**If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage. Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming. Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.**

Social Security No.	First Name	Last Name	Exemption Certificate Number	Other Exemption Type *	Full Year	Start Month	End Month
							[6]

*Other Exemption Type Codes	
A = Unaffordable coverage	F = Incarcerated individual
B = Short coverage gap	G = Hardship (combined coverage unaffordable, initial open enrollment, CHIP)
C = Exempt noncitizen	H = Medicaid/TRICARE/Fiscal year employer plan
D = Health care sharing ministry	X = Insured with minimum essential coverage
E = Indian tribe member	

**NOTES/QUESTIONS:**

Complete if you paid cash wages of \$1,000 or more to any household employee.

Taxpayer/Spouse (T, S)	_____	[1]
Employer identification number	_____	[2]
Total cash wages subject to social security taxes	+ _____	[4]
Total cash wages subject to Medicare taxes	+ _____	[5]
Total cash wages subject to Additional Medicare Tax withholding	+ _____	[6]
Federal income tax withheld	+ _____	[7]
State disability plan social security & Medicare withheld	+ _____	[8]
Did you:		
(A) pay any household employee cash wages of \$1900 or more in 2014? (Y, N)	_____	[9]
(B) withhold Federal income tax for any household employee? (Y, N)	_____	[10]
(C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2013 or 2014? (Y, N)	_____	[11]

### Federal Unemployment (FUTA) Tax

If you answered "Yes" to question (C) above, complete the following information.  
 Complete only items marked with an asterisk (\*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.

Total cash wages subject to FUTA tax	+ _____	[12]
State #1 information		
State postal code where you have to pay unemployment contributions *	_____	[13]
State reporting number as shown on state unemployment tax return	_____	[14]
Taxable wages (as defined in state act)	+ _____	[15]
State experience rate period:		
From	_____	[16]
To	_____	[17]
State experience rate (xxx.xx)	_____	[18]
Contributions paid to state unemployment fund *	+ _____	[19]
Contributions for 2014 paid after 04/15/15	+ _____	[20]
State #2 information		
State postal code where you have to pay unemployment contributions	_____	[21]
State reporting number as shown on state unemployment tax return	_____	[22]
Taxable wages (as defined in state act)	+ _____	[23]
State experience rate period:		
From	_____	[24]
To	_____	[25]
State experience rate (xxx.xx)	_____	[26]
Contributions paid to state unemployment fund	+ _____	[27]
Contributions for 2014 paid after 04/15/15	+ _____	[28]

### NOTES/QUESTIONS:

### Child and Dependent Care Expenses

**Please enter all amounts paid in 2014 for the care of one or more dependents which enables you to work or attend school.  
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2013 employer-provided dependent care benefits used during 2014 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2014	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2014		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2014 \_\_\_\_\_ + \_\_\_\_\_ [7]

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2014 \_\_\_\_\_ + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2014 \_\_\_\_\_ + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2014 \_\_\_\_\_ + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2014 \_\_\_\_\_ + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

**Control Totals +**

**The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any 2006, 2007, 2009, 2010, 2011 or 2012 Forms 5695 not prepared by this office.**

Taxpayer/Spouse/Joint (T, S, J)		__	[1]
Were the costs incurred made to your main home located in the United States? (Y, N)		__	[2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)		__	[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	_____	[5]
Enter the total amount of costs for exterior windows	+	_____	[7]
Enter the total amount of costs for exterior doors	+	_____	[9]
Enter the total amount of costs for qualified metal roofs	+	_____	[11]
Enter the total amount of costs for energy-efficient building property	+	_____	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+	_____	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+	_____	[10]
Enter the total amount of costs for qualified solar electric property	+	_____	[12]
Enter the total amount of costs for qualified solar water heating property	+	_____	[14]
Enter the total amount of costs for qualified small wind energy property	+	_____	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+	_____	[13]
Enter the total amount of costs for qualified fuel cell property	+	_____	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property		_____	[17]

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**NOTES/QUESTIONS:**

**ACA - Health Insurance Marketplace Statement #1**

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) \_\_\_\_\_ [1]  
 Marketplace identifier (Box 1) \_\_\_\_\_ [6]  
 Marketplace-assigned policy number (Box 2) \_\_\_\_\_ [7]  
 Policy issuer's name (Box 3) \_\_\_\_\_ [2]

**Part III Household Information -**

	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit
January	+ _____ [12]	+ _____ [25]	+ _____ [38]
February	+ _____ [13]	+ _____ [26]	+ _____ [39]
March	+ _____ [14]	+ _____ [27]	+ _____ [40]
April	+ _____ [15]	+ _____ [28]	+ _____ [41]
May	+ _____ [16]	+ _____ [29]	+ _____ [42]
June	+ _____ [17]	+ _____ [30]	+ _____ [43]
July	+ _____ [18]	+ _____ [31]	+ _____ [44]
August	+ _____ [19]	+ _____ [32]	+ _____ [45]
September	+ _____ [20]	+ _____ [33]	+ _____ [46]
October	+ _____ [21]	+ _____ [34]	+ _____ [47]
November	+ _____ [22]	+ _____ [35]	+ _____ [48]
December	+ _____ [23]	+ _____ [36]	+ _____ [49]
Annual total	+ _____ [24]	+ _____ [37]	+ _____ [50]

**Control Totals+**

**ACA - Health Insurance Marketplace Statement #2**

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) \_\_\_\_\_ [1]  
 Marketplace identifier (Box 1) \_\_\_\_\_ [6]  
 Marketplace-assigned policy number (Box 2) \_\_\_\_\_ [7]  
 Policy issuer's name (Box 3) \_\_\_\_\_ [2]

**Part III Household Information -**

	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit
January	+ _____ [12]	+ _____ [25]	+ _____ [38]
February	+ _____ [13]	+ _____ [26]	+ _____ [39]
March	+ _____ [14]	+ _____ [27]	+ _____ [40]
April	+ _____ [15]	+ _____ [28]	+ _____ [41]
May	+ _____ [16]	+ _____ [29]	+ _____ [42]
June	+ _____ [17]	+ _____ [30]	+ _____ [43]
July	+ _____ [18]	+ _____ [31]	+ _____ [44]
August	+ _____ [19]	+ _____ [32]	+ _____ [45]
September	+ _____ [20]	+ _____ [33]	+ _____ [46]
October	+ _____ [21]	+ _____ [34]	+ _____ [47]
November	+ _____ [22]	+ _____ [35]	+ _____ [48]
December	+ _____ [23]	+ _____ [36]	+ _____ [49]
Annual total	+ _____ [24]	+ _____ [37]	+ _____ [50]

**Control Totals+**

**NOTES/QUESTIONS:**



## Georgia General Information

**Taxpayer**

**Spouse**

If disabled, enter the following:

Type of disability	_____ [1]	_____ [2]
Date of disability	_____ [3]	_____ [4]

## Contributions

**Amount of contributions you wish to make to:**

Wildlife Conservation Fund	_____ [5]
Children and Elderly Fund	_____ [6]
Cancer Research Fund	_____ [7]
Statewide Land Conservation Program	_____ [8]
National Guard Foundation	_____ [9]
Dog and Cat Sterilization Fund	_____ [10]
Save the Cure Fund	_____ [11]

## Part-year Resident Information

**If you were a part-year resident during the tax year, enter the dates you lived in Georgia**

**Taxpayer**

**Spouse**

Part-year residency dates:

From	_____ [12]	_____ [14]
To	_____ [13]	_____ [15]

**NOTES/QUESTIONS:**