Personal Data

Filing Status: ☐ Single ☐ Married Filing Joint ☐ Married Filing Separate ☐ Head of Household ☐ Qualifiying Widow(er)

Taxpayer Name SSN

Spouse Name SSN

Address Apt no.

City State Zip

Foreign State/Province Foreign Postal Code

Foreign Country

Taxpayer	Spouse
Date of Birth	Date of Birth
Occupation	Occupation
Daytime phone: Ext:	Daytime phone: Ext:
Evening phone: Ext:	Evening phone: Ext:
Cell:	Cell:
E-mail	E-mail
☐ Full time student ☐ Blind	☐ Full time student ☐ Blind
Do you want $3 to go to the Presidential Election Camp Fund? ☐	Does your spouse want $3 to go to the Presidential Election Camp Fund? ☐

Date and time of this year's appointment

Income Taxes Paid

Federal

		2014 estimate date due	2014 estimated amount	Amount paid	Date paid	Check no.
2013 Refund		April 17, 2014				
2013 Refund applied to 2014		June 15, 2014				
2013 Balance Due		Sept. 15, 2014				
		Jan. 15, 2015				

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

Resident State

		2014 estimate date due	2014 estimated amount	Amount paid	Date paid	Check no.
2013 Refund		April 17, 2014				
2013 Refund applied to 2014		June 15, 2014				
2013 Balance Due		Sept. 17, 2014				
		Jan. 15, 2015				

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

Local

		2014 estimate date due	2014 estimated amount	Amount paid	Date paid	Check no.
2013 Refund		April 17, 2014				
2013 Refund applied to 2014		June 15, 2014				
2013 Balance Due		Sept. 17, 2014				
		Jan. 15, 2015				

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

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Dependents

Name: **SSN:**

First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over $1000? ☐		**2014**	**2013**
Is this dependent required to file a tax return? ☐		If yes, what is their AGI?			
Child Care Credit - qualifying expenses incurred and paid in 2014					
Child Care Credit - portion of qualifying expenses provided by employer					
First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over $1000? ☐		**2014**	**2013**
Is this dependent required to file a tax return? ☐		If yes, what is their AGI?			
Child Care Credit - qualifying expenses incurred and paid in 2014					
Child Care Credit - portion of qualifying expenses provided by employer					
First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over $1000? ☐		**2014**	**2013**
Is this dependent required to file a tax return? ☐		If yes, what is their AGI?			
Child Care Credit - qualifying expenses incurred and paid in 2014					
Child Care Credit - portion of qualifying expenses provided by employer					
First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over $1000? ☐		**2014**	**2013**
Is this dependent required to file a tax return? ☐		If yes, what is their AGI?			
Child Care Credit - qualifying expenses incurred and paid in 2014					
Child Care Credit - portion of qualifying expenses provided by employer					
First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over $1000? ☐		**2014**	**2013**
Is this dependent required to file a tax return? ☐		If yes, what is their AGI?			
Child Care Credit - qualifying expenses incurred and paid in 2014					
Child Care Credit - portion of qualifying expenses provided by employer					

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Miscellaneous Information

Name: SSN:

General Information

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

Income Information

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

Comments: _____

_____

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Miscellaneous Information

Name: SSN:

Business Information

Yes	No	
		1. Did you start a new business or purchase any rental property during 2014?
		2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
		3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
		4. Did you own rental property? What percentage of time did you spend managing your rentals? _____
		5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

Other Information

Yes	No	
		1. Were any tuition costs paid during 2014 (even if classes were attended in another year)?
		2. Did anyone in your household attend higher education classes in 2014?
		3. Did you incur a loss due to damaged or stolen property?
		4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008 in which the First-Time Homebuyer Credit was taken on the home?
		5. Did you refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information.
		6. Did you purchase or sell a home that you used as a principal residence? If yes, please provide closing documentation.
		7. If yes to question 6, was the First-Time Homebuyer Credit taken?
		8. Did you make any gifts to any one person in 2014 in excess of $14,000? If so, are you splitting this gift with your spouse?
		9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?
		10a. Did you have health care coverage for yourself and everyone claimed on the tax return for the entire year?

10b. If yes, where did you purchase the health care coverage?

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

To itemize deductions, bring receipts and documentation for these types of expenses:

- ☐ Prescriptions, first-aid
- ☐ State/local income taxes
- ☐ Mortgage interest
- ☐ Tax preparation fees
- ☐ Gambling losses (up to amount of winnings)
- ☐ Cash donations to charity (provide all receipts)
- ☐ Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
- ☐ Real estate and personal property taxes paid in 2014
- ☐ Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
- ☐ Fair market value of property donated to charity
- ☐ Purchase price of new goods donated or used in volunteer work

Comments: _____

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Other Income and Adjustments

Name: SSN:

Income

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

Other Adjustments

Name: SSN:

Adjustments

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

Moving Expenses

Name: **SSN:**

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

Self-Employed Health Insurance

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

Self-Employed Pensions

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

Nondeductible IRAs

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

Health Savings Account

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

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Residential Energy Credits

Name:	SSN:

TSJ

Residential Energy Efficient Property Credit

Qualified solar electric property costs	
Qualified solar water heating property costs	
Qualified small wind energy property costs	
Qualified geothermal heat pump property costs	

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

Address of main home

City, State, ZIP

Qualified fuel cell property costs	
Kilowatt capacity of property on line 22	
Amount of unused credit from 2013 Form 5695, line 28	

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

Address of main home

City, State, ZIP

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

Enter the nonbusiness energy property credit that you took in:

2006 2007 2010 2011 2012 2013

Qualified energy efficient improvements

Insulation material or systems primarily designed to reduce heat loss or gain	
Exterior doors that meet or exceed Energy Star requirements	
Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain	
Exterior windows and skylights that meet or exceed Energy Star requirements	

Enter the amount of window expense you claimed in:

2006 2007 2010 2011 2012 2013

Residential energy property costs

Energy efficient building property costs	
Qualified natural gas, propane, or oil furnace or hot water boiler	
Advanced main air circulating fan used in a natural gas, propane, or oil furnace	