

***Tax Organizer***

***Tax Year 2014***

***Tax Center Plus***

***110 Vista Way***

***Kennewick, WA 99336***

***(509) 736-2400 – FAX (509) 736-2411***

***[bculver@taxcenterplus.com](mailto:bculver@taxcenterplus.com)***

***[www.taxcenterplus.com](http://www.taxcenterplus.com)***

## Personal Data

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

Taxpayer Name SSN

Spouse Name SSN

Address Apt no.

City State Zip

Foreign State/Province Foreign Postal Code

Foreign Country

Taxpayer Date of Birth	Spouse Date of Birth
Occupation	Occupation
Daytime phone: <span style="float: right;">Ext:</span>	Daytime phone: <span style="float: right;">Ext:</span>
Evening phone: <span style="float: right;">Ext:</span>	Evening phone: <span style="float: right;">Ext:</span>
Cell:	Cell:
E-mail	E-mail
<input type="checkbox"/> Full time student <input type="checkbox"/> Blind	<input type="checkbox"/> Full time student <input type="checkbox"/> Blind
Do you want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>	Does your spouse want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>

Date and time of this year's appointment

### Income Taxes Paid

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

## Miscellaneous Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Yes No

### General Information

		1. Were there any changes to your filing status or number of dependents during 2014?
		2. Can you or your spouse be claimed as a dependent by someone else?
		3. Did you incur any childcare expenses?
		4. Did you have a change in residence or job location during the year?
		5. Did you move during 2014? From where? _____ Date of move _____
		6. Did you reside in more than one state during 2014? If yes, which states? _____
		7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.

Yes No

### Income Information

		1. Have you received all W-2s from all employers? How many W-2s are attached? _____
		2. Did you use your vehicle on the job other than for commuting to work?
		3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
		4. Did you work out of town at any time during the year?
		5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
		6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
		7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
		8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
		9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
		10. Did you have any income from, or pay taxes to, a foreign country?
		11. Did you engage in any bartering transactions during 2014?
		12. Did you surrender any U.S. Savings Bonds during 2014?
		13. Did you receive any state or local income tax refunds from prior years?
		14. Do you or your spouse have any IRA accounts?
		15. Did you recharacterize any IRAs this year?
		16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
		17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
		18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
		19. Did you receive any type of prize, award, or gambling winnings during 2014?
		20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
		21. Did you receive any income not shown in this organizer? If so, please list. _____
		22. Does anyone owe you money that has become uncollectible?

Comments: \_\_\_\_\_

## Miscellaneous Information

Name:

SSN:

Yes	No	Business Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Did you start a new business or purchase any rental property during 2014?
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you own rental property? What percentage of time did you spend managing your rentals? _____
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?



Yes	No	Other Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Were any tuition costs paid during 2014 (even if classes were attended in another year)?
<input type="checkbox"/>	<input type="checkbox"/>	2. Did anyone in your household attend higher education classes in 2014?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur a loss due to damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you purchase or sell a home that you used as a principal residence? If yes, please provide closing documentation.
<input type="checkbox"/>	<input type="checkbox"/>	7. If yes to question 6, was the First-Time Homebuyer Credit taken?
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	10a. Did you have health care coverage for yourself and everyone claimed on the tax return for the entire year?
<input type="checkbox"/>	<input type="checkbox"/>	10b. If yes, where did you purchase the health care coverage? <input type="checkbox"/> Employer <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Marketplace (Exchange) <input type="checkbox"/> Other



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

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

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Miscellaneous Information

Name:

SSN:

### Information to bring to your appointment:

Driver's license and social security card (for identity verification)

Copy of your 2013 income tax return (for comparison and review for all includible information)

Original W-2s and other statements of income received from employers

1099s and other statements reporting interest/dividend/miscellaneous income

Records of other income received (tips, self-employment, SSI, combined bank reporting statements)

Cancelled checking/savings slip (for direct deposit/direct debit information)

1095-A, 1095-B, 1095-C

Concerns to discuss with preparer:

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### Preparer Notes

#### Miscellaneous Notes

## Health Care Coverage Questionnaire

Name:

SSN:

Had health care coverage:	For the entire year	For part of the year (Less than 12 months)	No health care coverage at all

YES  NO  Did anyone besides taxpayer or spouse pay for health care coverage for anyone listed above?

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

**If you had coverage for any part of the year:**  
 Where was the policy obtained?  
 Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

**If you didn't have coverage part or all of the year:**  
 Answer YES if it applies to any member of the household

YES  NO  Was your previous insurance policy cancelled in 2014?

YES  NO  Do you have an Exemption from the Marketplace (also called the Exchange)?

YES  NO  Was coverage offered by taxpayer's or spouse's employer?

YES  NO  Are you a member of a federally-recognized Indian tribe?

YES  NO  Are you eligible for services through an Indian health care provider?

YES  NO  Are you a member of a health care sharing ministry?

YES  NO  Did you live in the United States the entire year?

YES  NO  Are you enrolled in TRICARE?

YES  NO  Did you apply for CHIP coverage?

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

- |  |  |
|--|--|
|  | Became homeless  |
|  | Evicted in the past six months, or facing eviction or foreclosure  |
|  | Received a shut-off notice from a utility company  |
|  | Recently experienced domestic violence   |
|  | Recently experienced the death of a close family member  |
|  | Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property |
|  | Filed for bankruptcy in the last six months  |
|  | Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt                                     |
|  | Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member                  |

## Dependents

<b>Name:</b>				<b>SSN:</b>			
First name/MI		Last name		Suffix			
SSN/TIN		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/TIN		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/TIN		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/TIN		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/TIN		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							

## Child and Dependent Care

**Name:**

**SSN:**

**Child Care Provider's Information**

**2014**

**2013**

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

**U.S. Only**      State, ZIP

**Foreign Only**      Province/State,  
Country, Postal Code

**2014**

**2013**

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

**U.S. Only**      State, ZIP

**Foreign Only**      Province/State,  
Country, Postal Code

**2014**

**2013**

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

**U.S. Only**      State, ZIP

**Foreign Only**      Province/State,  
Country, Postal Code

**2014**

**2013**

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

**U.S. Only**      State, ZIP

**Foreign Only**      Province/State,  
Country, Postal Code



# Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

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

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

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

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

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

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

## Interest Income

Please attach all 1099(s) relating to interest income.

Name:

SSN:

TSSJ	Name of payer (if seller financed mortgage enter SSN and address of payer)	Interest Income	Federal Income Tax Withheld	Foreign Tax Paid	Tax Exempt Interest	Amount of Resident State Municipal Interest	Nominee Interest

Did you have a financial interest in or signature authority over a financial account located in a foreign country?  Yes  No

Please attach additional sheets if necessary.

**Dividend Income**

Please attach all 1099(s) relating to dividend income.

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ	Name of payer	Ordinary	Qualified	Capital Gains	Federal Income Tax Withheld	Foreign Tax Paid	Other	
							Description	Amount

Did you have a financial interest in or signature authority over a financial account located in a foreign country?  Yes  No

## Other Income and Adjustments

Name:

SSN:

### Income

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

## Other Adjustments

Name:

SSN:

### Adjustments

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

# Itemized Deductions

<b>Name:</b>		<b>SSN:</b>				
<b>MEDICAL and DENTAL</b>		<b>2014</b>	<b>2013</b>	<b>GIFTS TO CHARITY (attach receipts)</b>	<b>2014</b>	<b>2013</b>
Health insurance premiums				Total gifts by cash or check		
Long term care premiums	Age:			30% limitation		
Long term care premiums	Age:			Charitable miles		
Number of medical miles				Other than by cash or check		
Other medical and dental expenses (list):				Carryover from prior year subject to:		
				QCC - qualified farmer or rancher		
				QCC - non-qualified farmer or rancher		
				50% limitation		
				30% limitation		
				30% limitation capital gain property		
				20% limitation		
<b>TAXES YOU PAID</b>				<b>JOB EXPENSES (list):</b>		
State and local income taxes				Unreimbursed employee expenses		
Sales tax						
Real estate taxes						
Taxes that qualify for State Property Tax Credit						
Personal property taxes						
Other taxes (list):						
<b>INTEREST YOU PAID</b>						
Home mortgage interest and points on Form 1098						
Home mortgage interest not on Form 1098				Tax preparation fees		
SSN/EIN:				Other Expense (list):		
Name:						
Street:						
City:						
U.S. Only State, ZIP						
Foreign Only Province/State, Country, Postal Code				<b>MISCELLANEOUS DEDUCTIONS</b>		
				Other deductions not subject to 2% limit		
Portion of mortgage interest above that is home equity interest						
Points not reported on Form 1098						
Qualified mortgage insurance premiums						
Investment interest						







## Profit or Loss From Business

### Schedule C General Information

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TS		Principal business or profession	Business code
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Employer I.D. number \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_

**U.S. Only** State, ZIP \_\_\_\_\_

**Foreign Only** Province/State, Country, Postal Code \_\_\_\_\_

Accounting method, if not cash  Accrual  Other \_\_\_\_\_

Inventory method, if not cost  Lower of Cost or Market  Other \_\_\_\_\_ Change of inventory method  Yes  No

Activity type \_\_\_\_\_ Some investment is NOT at risk

You started or acquired this business during 2014  You disposed of this property during 2014

Did you make any payments in 2014 that would require you to file Form(s) 1099?  Yes  No

If "Yes," did you or will you file all required Forms 1099?  Yes  No

**Other Information** **2014** **2013**

Family Health Coverage		
------------------------	--	--

<b>Income</b>	<b>2014</b>	<b>2013</b>
---------------	-------------	-------------

Gross receipts or sales		
-------------------------	--	--

Returns and allowances		
------------------------	--	--

Other income		
--------------	--	--

<b>Cost of Goods Sold</b>	<b>2014</b>	<b>2013</b>
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Inventory at beginning of the year		
------------------------------------	--	--

Purchases (less cost of items withdrawn for personal use)		
---	--	--

Cost of labor		
---------------	--	--

Materials and supplies		
------------------------	--	--

Other costs (list on detail worksheet)		
--	--	--

Inventory at end of year		
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**Profit or Loss From Business**  
Schedule C General Information

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TS	Business name	Profession or product	2014	2013
<b>Expenses</b>				
	Advertising			
	Car and truck expenses			
	Commissions and fees			
	Contract labor			
	Depletion			
	Employee benefit programs			
	Insurance (other than health)			
	Mortgage interest (paid to banks, etc.)			
	Other interest			
	Legal and professional services			
	Office expense			
	Pension and profit sharing plans			
	Rent or lease (vehicles, machinery, and equipment)			
	Rent (other business property)			
	Repairs and maintenance			
	Supplies			
	Taxes and licenses (including real estate taxes)			
	Travel			
	Total meals and entertainment			
	Utilities			
	Wages			
	Other expenses (list):			
	Other (Detail)			

## Expenses for Business Use of Your Home

Name:

SSN:

TSJ  For

**Business Use of Home**

2014

2013

Square feet of home used exclusively for business

Total square feet of home

**Use of Home for Daycare**

2014

2013

Area used part time for business

Total hours used for daycare

Total hours available

Did you live in the home all year?  Yes  No

**Expenses**

Expenses directly related to business use only

Total Household expenses

Did you claim office in home expenses last year?  Yes  No

2014

2013

2014

2013

Deductible mortgage interest

Real estate taxes

Excess mortgage interest

Insurance

Rent

Repairs and maintenance

Utilities

Other expenses

**Cost of Home**

2014

2013

Enter the smaller of your home's adjusted basis or its fair market value

Does this include the value of the land?  Yes  No

Value of land

Date placed in service

Date taken out of service

## Auto Expense Worksheet

<b>Name:</b>		<b>SSN:</b>	
For			
Business name and Profession/Product			
Description			
Date placed in service			
Do you or your spouse have another vehicle available for personal use?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your vehicle available for use during off-duty hours?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have evidence to support your deduction?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," is the evidence written?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Enter the number of miles your vehicle was used for:		<b>2014</b>	<b>2013</b>
<b>a</b> Business miles			
<b>b</b> Commuting			
<b>c</b> Other			
<b>Expenses:</b>		<b>2014</b>	<b>2013</b>
Garage rent			
Gas			
Insurance			
Licenses			
Oil			
Parking fees			
Lease payments			
Interest			
Property tax			
Repairs			
Tires			
Tolls			
Other expenses (list):		Apply Business %	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

## Supplemental Income and Loss

### Part I - Income or Loss From Rental Real Estate and Royalties

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

TSJ		Property description	Activity Type
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Did you make any payments in 2014 that would require you to file Form(s) 1099?  Yes  No

If "Yes," did you or will you file all required Forms 1099?  Yes  No

Property Address \_\_\_\_\_

City \_\_\_\_\_

U.S. Only      State, ZIP \_\_\_\_\_

Foreign Only      Province/State, Country, Postal Code \_\_\_\_\_

Single Family Residence       Vacation / Short Term Rental       Land       Self-Rental

Multi-Family Residence       Commercial       Royalties       Other

Fair Rental Days \_\_\_\_\_ Personal use days \_\_\_\_\_ Qualified Joint Venture

If multi-dwelling unit and the taxpayer occupies part, enter the percentage occupied by the taxpayer \_\_\_\_\_

This is your main home       Some investment is NOT at risk       Property was 100% disposed of in 2014       Property is a Single Member LLC

Income:	2014	2013
Rent Income		
Royalties from oil, gas, mineral, copyright or patent		

Expenses:	Direct expense		Indirect expense	
	2014	2013	2014	2013
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance				
Legal and professional fees				
Management fees				
Interest - mortgage				
Interest - other				
Repairs				
Supplies				
Taxes				
Utilities				
Other: (list)				

Ownership Percentage \_\_\_\_\_

## Employee Business Expense

Name:

SSN:

TS      Occupation

### Part I - Employee Business Expense and Reimbursements

2014      2013

Rural mail carrier

Parking fees, tolls, and local transportation, including train, bus, etc.

Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do Not** include meals and entertainment

Other business expenses

Meals and entertainment expenses

DOT meals

Enter reimbursements received from your employer that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for

Other business expenses:

Meals and entertainment expenses

Portion of total expenses that is for impairment-related work expenses of disabled employee

Portion of total expenses that is for Armed Forces reservist

Qualifying performing artist       Fee-based state or local government official       Pastor

### Business Vehicle Expenses

#### Vehicle Description

#### Vehicle 1

#### Vehicle 2

2014      2013      2014      2013

Enter the date vehicle was placed in service

Total miles vehicle was driven during 2014

Business miles

Average daily roundtrip commuting distance

Commuting miles included in total miles above

Taxes

Gasoline, oil, repairs, vehicle insurance, etc.

Vehicle rentals

Inclusion amount

Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)

Enter cost or other basis

Enter section 179 deduction

Enter depreciation method and percentage

If an employer provided vehicle, was personal use during off duty hours permitted?       Yes       No

Do you or your spouse have another vehicle available for personal use?       Yes       No

Do you have evidence to support your deduction?       Yes       No

If "Yes", is the evidence written?       Yes       No

## Asset Listing for 2014

Name:

SSN:

For	Multi	Description of Property	Date Acquired	Cost/Basis	Meth	Life	Prior Depreciation	Sec 179 Exp	Date Sold	Sales Price	Expense of Sale

**Valid Methods:**

For assets purchased AFTER 1980	<b>A</b> ACRS or MACRS tangible property <b>M</b> MACRS tangible property <b>ALT</b> Alternative MACRS (150 DB election) <b>ARR</b> Residential Rental (27.5 yrs) <b>APU</b> Public Utility <b>ARP</b> Other Real Property (15,18,19,31,5,39.5 yrs) <b>ALH</b> Low Income Housing Property <b>ADS</b> Alternative Depreciation System <b>EXP</b> Section 179 Expense Election	For assets purchased BEFORE 1981 ONLY <b>D</b> 125% Declining Balance <b>DS</b> 125% Declining Balance with SL switch <b>DB</b> 150% Declining Balance <b>DBS</b> 150% Declining Balance with SL switch <b>DC</b> 175% Declining Balance <b>DCS</b> 175% Declining Balance with SL switch <b>DD</b> 200% Declining Balance <b>DDS</b> 200% Declining Balance with SL switch
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Misc. <b>NDA</b> Non-Depreciable <b>SL</b> Straight Line <b>AMT</b> Amortization	<b>SFT</b> Software (3 yrs) <b>SYD</b> Sum of Years Digits <b>PTS</b> Amortization of Points (Sch A)	<b>Listed Property Types:</b> <b>V</b> Luxury Vehicle <b>T</b> Trucks and Vans <b>X</b> Computers, property generally used for entertainment, recreation, or amusement, and cellular phones.
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## Education Credits and Deduction

<b>Name:</b>			<b>SSN:</b>		
<b>Student's first and last name:</b>			<b>SSN:</b>		
					<b>Yes</b>
Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of "four times" in any prior years?					<input type="checkbox"/>
Was the student enrolled at least half time for at least one academic period that began in 2014 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?					<input type="checkbox"/>
Did the student complete the first four year of post-secondary education before 2014?					<input type="checkbox"/>
Was the student convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance?					<input type="checkbox"/>
			<b>2014</b>	<b>2013</b>	
Adjusted qualified expenses for American Opportunity Credit (qualified expenses include tuition and required enrollment fees. Course related books, supplies, and equipment need not be purchased from the institution in order to qualify.					
Adjusted qualified expenses for Lifetime Learning Credit (qualified expenses include tuition and required enrollment fees, including amounts required to be paid to the institution for course - related books, supplies, and equipment.					
Current year qualifying expenses for tuition and fees deduction.					
<b>Educational Institution Name:</b>					
Bring Form 1098-T from this institution for 2014					
Bring Form 1098-T from this institution for 2013 with box 2 completed and box 7 marked					
<b>Educational Institution Name:</b>					
Bring Form 1098-T from this institution for 2014					
Bring Form 1098-T from this institution for 2013 with box 2 completed and box 7 marked					
<b>Student's first and last name:</b>			<b>SSN:</b>		
					<b>Yes</b>
Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of "four times" in any prior years?					<input type="checkbox"/>
Was the student enrolled at least half time for at least one academic period that began in 2014 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?					<input type="checkbox"/>
Did the student complete the first four year of post-secondary education before 2014?					<input type="checkbox"/>
Was the student convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance?					<input type="checkbox"/>
			<b>2014</b>	<b>2013</b>	
Adjusted qualified expenses for American Opportunity Credit (qualified expenses include tuition and required enrollment fees. Course related books, supplies, and equipment need not be purchased from the institution in order to qualify.					
Adjusted qualified expenses for Lifetime Learning Credit (qualified expenses include tuition and required enrollment fees, including amounts required to be paid to the institution for course - related books, supplies, and equipment.					
Current year qualifying expenses for tuition and fees deduction.					
<b>Educational Institution Name:</b>					
Bring Form 1098-T from this institution for 2014					
Bring Form 1098-T from this institution for 2013 with box 2 completed and box 7 marked					
<b>Educational Institution Name:</b>					
Bring Form 1098-T from this institution for 2014					
Bring Form 1098-T from this institution for 2013 with box 2 completed and box 7 marked					



# Credit for Small Employer Health Insurance Premiums

Name:

SSN:

TSJ

Complete the columns below for all eligible employees. Eligible employees do not include business owners, partners, shareholders who own more than 2%, family members, etc.

Complete the columns below for each employee enrolled in health insurance coverage provided under qualifying arrangement.

Employee Identifier	Hours of Service		Wages Paid		Employer Premiums Paid		State Avg Premiums
	2014	2013	2014	2013	2014	2013	

Employer Identification Number used to report employment taxes for above individuals

Total amount of any state premium subsidies paid and any state tax credit available

## Sale of Home

Name:

SSN:

Enter the date you purchased the home	Enter the date you sold the home	
Enter the purchase price of your old home	Seller-paid points for old home if bought after 1990	
Enter the selling price of the old home	Enter any expenses from the sale of the old home	
<b>Settlement fees or closing costs for old home.</b>		
Abstract and recording fees		
Legal fees		
Surveys		
Title insurance		
Transfer or stamp taxes		
Amounts the seller owed that you agreed to pay		
Other fees or closing cost		
Cost of capital improvements to old home		
Special tax assessments paid on old home for local improvements, such as streets		
<b>Other increases to basis:</b>		
Describe:		
If home was used for business, enter any depreciation claimed		
<b>Other decreases to basis:</b>		
Describe:		
<b>Information on time lived in the home sold</b>	<b>You</b>	<b>Spouse</b>
Enter the date that you first used the property as a main home		
Enter the date that you first owned the property as a main home		
Have you excluded gain from the sale of another home during the 2-year period ending on the date of this sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, answer the following: Enter date of most recent sale of another home on which you excluded the gain		
<b>First-Time Homebuyer Credit repayment information.</b>		
Year the home was purchased		Amount of First-Time Homebuyer Credit taken
Amount of credit repaid in prior years		
Mark the box below that applies if there was a change in the use of the main home or disposition of the home other than a sale to an unrelated party.		
Date home ceased to be a main home if not sold		
<input type="checkbox"/> I sold the home to a related person		
<input type="checkbox"/> I converted the home to a rental or business OR I still own the home but it is no longer my main home		
<input type="checkbox"/> I transferred the home to spouse (or ex-spouse as part of my divorce settlement) Ex-spouse's Name _____		
<input type="checkbox"/> My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years		
<input type="checkbox"/> My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years		
<input type="checkbox"/> The taxpayer who claimed the credit died in 2014		
<b>Please bring the contract for the sale of the home to your appointment.</b>		

## Installment Sale Income

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TSJ		Description of property:
Date acquired		Date sold
		<b>2014</b>
		<b>Prior Years</b>
Selling price		
Mortgages assumed		
Cost of property sold		
Depreciation allowed		
Commissions and expense of sale		
Gross profit percentage		
Interest received		
Principal payments received		

TSJ		Description of property:
Date acquired		Date sold
		<b>2014</b>
		<b>Prior Years</b>
Selling price		
Mortgages assumed		
Cost of property sold		
Depreciation allowed		
Commissions and expense of sale		
Gross profit percentage		
Interest received		
Principal payments received		

TSJ		Description of property:
Date acquired		Date sold
		<b>2014</b>
		<b>Prior Years</b>
Selling price		
Mortgages assumed		
Cost of property sold		
Depreciation allowed		
Commissions and expense of sale		
Gross profit percentage		
Interest received		
Principal payments received		

## Casualties and Thefts

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Description of property**

**Location of property**

Was property  Personal  Business  Income-producing  Employee income-producing

Date acquired		Fair market value before incident
Cost or other basis		Fair market value after incident
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident

**Section C Theft Loss Deduction for Ponzi-Type Investment Scheme**

**Part I Computation of Deduction**

Initial investment		Percentage of qualified investment
Subsequent investments		Actual recovery
Income reported in prior years		Potential insurance / SIPC recovery
Withdrawals		

**Part II Required Statements and Declarations**

**Name of person or entity that conducted fraudulent arrangements**

Name	SSN/EIN
Street Address	
City	
<b>U.S. Only</b> State, Zip	
<b>Foreign Only</b> Province/State, Country, Postal Code	

**Description of property**

**Location of property**

Was property  Personal  Business  Income-producing  Employee income-producing

Date acquired		Fair market value before incident
Cost or other basis		Fair market value after incident
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident

**Section C Theft Loss Deduction for Ponzi-Type Investment Scheme**

**Part I Computation of Deduction**

Initial investment		Percentage of qualified investment
Subsequent investments		Actual recovery
Income reported in prior years		Potential insurance / SIPC recovery
Withdrawals		

**Part II Required Statements and Declarations**

**Name of person or entity that conducted fraudulent arrangements**

Name	SSN/EIN
Street Address	
City	
<b>U.S. Only</b> State, Zip	
<b>Foreign Only</b> Province/State, Country, Postal Code	