

LMGW Certified Public Accountants LLP
20520 Prospect Road Suite 200
Saratoga, CA 95070
408-252-1800

Dear Client:

We appreciate the opportunity to work with you. To minimize the possibility of a misunderstanding between us, this letter outlines the terms of our engagement and clarifies the nature and extent of the services we will provide to you.

We will prepare your 2014 federal, California and _____ state income tax returns from information you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked and in keeping the fee to a minimum. If you do not complete the questionnaires, we will assume that the matter does not apply to you or that a "no" answer is your response.

In the course of preparing your tax return we will sometimes find it necessary to verify certain information regarding payments made to the state of California in order to file an accurate and complete tax return. Your signature on this letter authorizes us to obtain information regarding any state tax payments, credits, or wage information directly from the Franchise Tax Board using the California FTB's MyFTB website. If for any reason you do not wish us to access this information in the course of preparing your return, please notify us immediately.

This engagement cannot be relied upon to disclose errors, fraud, or illegal acts. It is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns, including but not limited to expenses for auto, travel, gifts and entertainment, charitable contributions and all other deductions claimed. If you have any questions as to the type of records required, please ask us. You have the final responsibility for the income tax returns and therefore you should examine them carefully before you sign them or authorize us to e-file them. We are not responsible for the disallowance of doubtful deductions or inadequately supported amounts, nor for resulting taxes, penalties and interest.

It is our policy to keep records related to this engagement for seven years. However, LMGW does not keep any original client records, so we will return those to you at the completion of the services rendered under this engagement. When records are returned to you, it is your responsibility to retain and protect your records for possible future use, including potential examination by any government or regulatory agencies. By your signature below, you acknowledge and agree that upon the expiration of the seven year period, LMGW Certified Public Accountants shall be free to destroy the records related to this engagement.

We have instituted a disaster recovery plan that includes safeguarding of records related to your engagement. However, no disaster recovery plan, no matter how thorough, can provide absolute assurance that catastrophic or other unforeseeable events will not occur that result in the premature deterioration of records or that render records unavailable before the expiration of the above retention period.

LMGW utilizes a client portal for purposes of providing authorized clients with access to prior tax filings and an electronic organizer for assistance with current tax filings. LMGW may also utilize this portal or other 3rd party services to transfer or receive confidential information to the e-mail address we have on record for your account. By your signature below you agree to allow LMGW to use these services for purposes of transferring or receiving confidential information to or from you.

Although we are available to provide you with tax planning advice, we are not obligated to do so unless you specifically request it. Moreover, it is our policy to put all tax planning advice in writing and you rely at your own peril on any advice that has not been fully reviewed and put in writing by our firm.

We will use our professional judgment in preparing these returns. Should we become aware that applicable tax law is unclear or if there are conflicting interpretations of the law by authorities (e.g. tax agencies and courts), we will explain the positions you may take on the returns. We will follow the position you request on the return so long as it is consistent with the codes, regulations and interpretations that have been promulgated. If any taxing authorities should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such additional tax, penalties or interest.

Please note that any person or entity subject to the jurisdiction of the United States having a financial interest in, or signature or other authority over, financial accounts having an aggregate value exceeding \$10,000 at any time during the calendar year in a foreign country, shall report such a relationship and failure to disclose the required information to the U.S. Department of the Treasury may result in substantial civil and/or criminal penalties. In addition, the IRS requires information reporting if you are an individual or entity with ownership of foreign assets and meet specified criteria or you are an officer, director or shareholder with respect to foreign corporations; foreign-owned U.S. corporations or foreign corporations engaged in a U.S. trade or business; and U.S. transferor of property to a foreign corporation. By your signature below, you accept responsibility for informing us if you believe that you fall into one of the above categories and you agree to provide us with the information necessary to prepare the appropriate disclosures.

Our fees are determined by our good faith judgment as to the value of services rendered after considering factors including the time required by the individuals assigned to your engagement and the risk and complexity of the work. Out of pocket expenses will be billed to your account and separate consulting services after the preparation of tax returns, including responding to inquiries by the taxing authorities, will be billed on an hourly basis. Invoices for our fees may be submitted as work progresses, and are due and payable upon presentation. We reserve the right to assess a late charge of 1 1/2 % per month or the maximum amount allowable by law on delinquent bills, and to discontinue work until your account is brought current. Your return may be subject to a 20% fee surcharge if we have not received your information by March 31st.

If any dispute arises among the parties hereto, the parties agree to first try in good faith to settle the dispute by mediation administered by the American Arbitration Association under its Rules for Professional Accounting and Related Services Disputes before resorting to litigation. Costs of any mediation proceeding shall be shared equally by all parties.

Client and accountant both agree that any dispute over fees charged by the accountant to the client will be submitted for resolution by arbitration in accordance with the Rules for Professional Accounting and Related Services Disputes of the American Arbitration Association. Such arbitration shall be binding and final.

IN AGREEING TO ARBITRATION, WE BOTH ACKNOWLEDGE THAT, IN THE EVENT OF A DISPUTE OVER FEES CHARGED BY THE ACCOUNTANT, EACH OF US IS GIVING UP THE RIGHT TO HAVE THE DISPUTE DECIDED IN A COURT OF LAW BEFORE A JUDGE OR JURY AND INSTEAD WE ARE ACCEPTING THE USE OF ARBITRATION FOR RESOLUTION.

If the above fairly sets forth your understanding, please sign below and return it to us with your organizer.
We want to express our appreciation for this opportunity to work with you.

Very truly yours,

LMGW Certified Public Accountants, LLLP

Accepted By: _____ Taxpayer

Accepted By: _____ Spouse

Date: _____

LMGW Certified Public Accountants LLP
20520 Prospect Road Suite 200
Saratoga, CA 95070
408-252-1800

Dear Client:

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2014 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 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.

Professional standards now require us to electronically file all federal and most state individual income tax returns ("e-filing"). However, you do have the right to "opt out" of the e-filing program.

Please notify us should you desire not to have your returns e-filed, so that we may provide you with the forms necessary for opting out of the e-file program. Please note that unless you notify us of your desire to not e-file your return, we will prepare your return to be e-filed.

Thank you for the opportunity to serve you.

Sincerely,

LMGW Certified Public Accountants LLP

Questions

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

	No	Yes
Personal Information		
Did your marital status change during the year?	<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"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2000?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who have income?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) 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"/>
Purchases, Sales and Debt Information		
Did you start a new business 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 sell an existing business, rental, or other property this 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 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 any loans this year?	<input type="checkbox"/>	<input type="checkbox"/>
Are your total mortgages on your first and/or second residence greater than \$1,000,000? If so, please provide the principal balance and interest rate at the beginning and the end of the year.	<input type="checkbox"/>	<input type="checkbox"/>
Did you have an outstanding home equity line at the end of the year? If so, please provide the principal balance and interest rate at the beginning and the end of the year.	<input type="checkbox"/>	<input type="checkbox"/>
Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any non-business bad debts this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts cancelled or forgiven this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new electric plug-in vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan?	<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?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Do you expect a large fluctuation in income, deductions, or withholding next year?

Retirement Information

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401k, or other qualified retirement plan?
- Did you or your spouse convert to a Roth IRA this year?

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?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?
- Did anyone in your family receive a scholarship or grant of any kind during the year?
- Did you make any withdrawals from an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Did you make any contributions to a 529 Plan account greater than \$14,000 per student?

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.
- Did anyone in your family qualify for an exemption from the health care coverage mandate?
- 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.
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term health care premiums for yourself or your family?
- Did you pay any COBRA health care coverage continuation premiums?
- If you are a business owner, did you pay health insurance premiums for your employees this year?

Itemized Deduction Information

- Did you incur a casualty or theft loss during the year?
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.
- Did you have an expense account or allowance during the year?
- Did you use your car on the job, for other than commuting?
- Did you work out of town for part of the year?
- Did you have any expenses related to seeking a new job during the year?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?

Miscellaneous Information

- Did you make gifts of more than \$14,000 to any individual?
- Did you or your spouse make any gifts to a trust for any amount during the year?
- Did you assist in the purchase of any asset (auto, home) for any individual during the year?
- Did you forgive any indebtedness to any individual, trust or entity during the year?
- 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?
- Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country, or have an interest in a foreign entity?
- Do you own any foreign assets?
- Did you receive correspondence from the State or the Internal Revenue Service?
- Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If yes, attach any IRS correspondence.
- 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.

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]

	Taxpayer	Spouse
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 ^{48]}	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>*Basic</p> <ul style="list-style-type: none"> 1 = Child who lived with you 2 = Child who did not live with you 3 = Other dependent 5 = Qualifying child for Earned Income Credit only 6 = Children who lived with you, but do not qualify for Earned Income Credit 7 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit <p>***Month</p> <ul style="list-style-type: none"> 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return | <p>**Other</p> <ul style="list-style-type: none"> 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled |
|---|---|

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 _____ [18] _____ [26]

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.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
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 (Box 1)	+	_____	[10]
Federal tax withheld (Box 2)	+	_____	[12]
Social security wages (Box 3) (if different than federal wages)	+	_____	[14]
Social security tax withheld (Box 4)		+ _____	[16]
Medicare wages (Box 5) (if different than federal wages)	+	_____	[18]
Medicare tax withheld (Box 6)	+	_____	[21]
SS tips (Box 7)	+	_____	[23]
Allocated tips (Box 8)		+ _____	[25]
Dependent care benefits (Box 10)		+ _____	[27]
Box 13 -			
Statutory employee			[29]
Retirement plan			[30]
Third-party sick pay			[31]
State postal code (Box 15)		_____	[32]
State wages (Box 16) (if different than federal wages)	+	_____	[34]
State tax withheld (Box 17)	+	_____	[36]
Local wages (Box 18)	+	_____	[38]
Local tax withheld (Box 19)		+ _____	[40]
Name of locality (Box 20)	_____		[43]

	Control Totals+	
--	------------------------	--

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 (Box 1)	+	_____	[10]
Federal tax withheld (Box 2)	+	_____	[12]
Social security wages (Box 3) (if different than federal wages)	+	_____	[14]
Social security tax withheld (Box 4)		+ _____	[16]
Medicare wages (Box 5) (if different than federal wages)	+	_____	[18]
Medicare tax withheld (Box 6)	+	_____	[21]
SS tips (Box 7)	+	_____	[23]
Allocated tips (Box 8)		+ _____	[25]
Dependent care benefits (Box 10)		+ _____	[27]
Box 13 -			
Statutory employee			[29]
Retirement plan			[30]
Third-party sick pay			[31]
State postal code (Box 15)		_____	[32]
State wages (Box 16) (if different than federal wages)	+	_____	[34]
State tax withheld (Box 17)	+	_____	[36]
Local wages (Box 18)	+	_____	[38]
Local tax withheld (Box 19)		+ _____	[40]
Name of locality (Box 20)	_____		[43]

	Control Totals+	
--	------------------------	--

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 ^[1]	Tax Exempt Income	Penalty on Early Withdrawal	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	+					

**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	+											

**Dividend Codes	
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:

Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [51]

Taxpayer/Spouse/Joint (T, S, J) _____ [5]

State postal code _____ [6]

Name of creditor/lender _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____ [10]

Amount of debt discharged (Box 2) + _____ [11]

Interest if included in box 2 (Box 3) + _____ [12]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) _____ [14]

Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]

Balance of principal outstanding (Box 2) + _____ [17]

Fair market value of property (Box 4) + _____ [18]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [19]

Control Totals+

Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [51]

Taxpayer/Spouse/Joint (T, S, J) _____ [5]

State postal code _____ [6]

Name of creditor _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____ [10]

Amount of debt discharged (Box 2) + _____ [11]

Interest if included in box 2 (Box 3) + _____ [12]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) _____ [14]

Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]

Balance of principal outstanding (Box 2) + _____ [17]

Fair market value of property (Box 4) + _____ [18]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [19]

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 (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		__	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__	[16]
State withholding (Box 12)	+	_____	[17]
Local withholding (Box 15)	+	_____	[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]

	Control Totals+	
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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 (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		__	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__	[16]
State withholding (Box 12)	+	_____	[17]
Local withholding (Box 15)	+	_____	[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]

	Control Totals+	
--	------------------------	--

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 (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		__	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__	[16]
State withholding (Box 12)	+	_____	[17]
Local withholding (Box 15)	+	_____	[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]

	Control Totals+	
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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) (Box 5)	+ _____ [8]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [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:		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Portion of Tier 1 Paid in 2014 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [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

	Taxpayer	Spouse
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]
	Taxpayer	Spouse
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

	Taxpayer	Spouse
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:

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Preparer use only

Business activity or profession name _____ [3]
 Taxpayer/Spouse (T, S) _____ [4]
 State postal code _____ [5]
 Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]
 Enter the total amount of contributions made to a Keogh plan in 2014 + _____ [8]
 Enter the total amount of contributions made to a Solo 401(k) plan in 2014 + _____ [9]
 Enter the total amount of contributions made to a SEP plan in 2014 + _____ [10]
 Enter the total amount of contributions made to a SARSEP plan in 2014 + _____ [11]
 Enter the total amount of contributions made to a defined benefit plan in 2014 + _____ [12]
 Enter the total amount of contributions made to a profit-sharing plan in 2014 + _____ [13]
 Enter the total amount of contributions made to a money purchase plan in 2014 + _____ [14]
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2014 + _____ [15]
 Enter the total amount of contributions to a SIMPLE IRA plan in 2014 + _____ [16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2014 + _____ [17]
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2014 + _____ [18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2014 + _____ [19]
 Enter the amount of elective deferrals designated as Roth contributions in 2014 + _____ [20]

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]	

Enter an explanation if there was a change in determining your inventory:	_____ [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]	

Business Income

	2014 Information	Prior Year Information
Gross receipts and sales	+ _____ [50]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [53]	
Other income:	+ _____ [55]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Cost of Goods Sold

	2014 Information	Prior Year Information
Beginning inventory	+ _____ [57]	
Purchases	+ _____ [59]	
Labor:		
_____	+ _____ [61]	
_____	+ _____	
Materials	+ _____ [63]	
Other costs:		
_____	+ _____ [65]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [67]	

Control Totals+

Preparer use only

Principal business or profession _____

2014 Information

Prior Year Information

Advertising	+ _____ [6]
Car and truck expenses	+ _____ [8]
Commissions and fees	+ _____ [10]
Contract labor	+ _____ [12]
Depletion	+ _____ [14]
Depreciation	+ _____ [16]
Employee benefit programs (Include Small Employer Health Ins Premiums credit):	
_____	+ _____ [18]
_____	+ _____
Insurance (Other than health):	
_____	+ _____ [20]
_____	+ _____
Interest:	
Mortgage (Paid to banks, etc.)	
_____	+ _____ [22]
_____	+ _____
_____	+ _____
Other:	
_____	+ _____ [24]
_____	+ _____
Legal and professional services	+ _____ [26]
Office expense	+ _____ [29]
Pension and profit sharing:	
_____	+ _____ [31]
_____	+ _____
Rent or lease:	
Vehicles, machinery, and equipment	+ _____ [33]
Other business property	+ _____ [35]
Repairs and maintenance	+ _____ [37]
Supplies	+ _____ [39]
Taxes and licenses:	
_____	+ _____ [41]
_____	+ _____
_____	+ _____
_____	+ _____
Travel, meals, and entertainment:	
Travel	+ _____ [43]
Meals and entertainment	+ _____ [45]
Meals (Enter 100% subject to DOT 80% limit)	+ _____ [47]
Utilities	+ _____ [51]
Wages (Less employment credit):	
_____	+ _____ [53]
_____	+ _____
Other expenses:	
_____	+ _____ [55]
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____

Preparer use only

Principal business or profession _____

Preparer use only Carryovers	Regular		AMT	
Operating	+	[12]	+	[13]
Short-term capital	+	[14]	+	[15]
Long-term capital	+	[16]	+	[17]
28% rate capital	+	[18]	+	[19]
Section 1231 loss	+	[20]	+	[21]
Ordinary business gain/loss	+	[22]	+	[23]
Section 179	+	[24]	+	[25]

NOTES/QUESTIONS:

Preparer use only

	2014 Information	Prior Year Information
Description _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) ___[3]	State postal code _____	
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]	

Rent and Royalty Income

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

Rent and Royalty Expenses

	2014 Information	Percent if not 100%	Prior Year Information
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] _____	
_____	+ _____		
_____	+ _____		
_____	+ _____		

Control Totals+

Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

	2014 Information	Prior Year Information	
Refinancing points paid -			
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 (Preparer use only)	_____		
Refinancing points paid -			
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 (Preparer use only)	_____		
Refinancing points paid -			
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 (Preparer use only)	_____		

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 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]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	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]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	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]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	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]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	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]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	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]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	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]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	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]

Description	_____	[1]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D)	_____	[7]
Date former residence was acquired	_____	[9]
Date former residence was sold	_____	[10]
Selling price of former residence	+ _____	[11]
Expenses related to the sale of your old home	+ _____	[12]
Original cost of home sold including capital improvements	+ _____	[13]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date)	_____	[19]
	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [21]	_____ [22]
Number of days each person owned property used as main home	_____ [23]	_____ [24]
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed	+ _____	[28]
Total current year payments received	+ _____	[29]

Form 6252 - Related Party Installment Sale Information

Related party name	_____	[30]
Address	_____	[31]
City, State and Zip	_____ [32] [33]	[34]
Identifying number of related party	_____	[35]
Was the property sold as a marketable security? (Y, N)	_____	[36]
Enter date of second sale if more than 2 years after the first sale	_____	[37]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)	_____	[38]
Selling price of property sold by a related party	+ _____	[40]

NOTES/QUESTIONS:

Preparer use only

Description	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[9]
State postal code	_____	[10]
Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1	_____	[15]
Mark if disposition is due to casualty or theft	_____	[19]
Mark if disposition was to a related party	_____	[21]

Sale Information

Date acquired	_____	[23]
Date sold	_____	[24]
Gross sales price or insurance proceeds received	+ _____	[25]
Cost or other basis	+ _____	[26]
Commissions and other expenses of sale	+ _____	[27]
Depreciation allowed or allowable	+ _____	[28]

Form 4797, Part III - Recapture

Additional depreciation after 1975 (Section 1250)	+ _____	[30]
Applicable percentage (if not 100%) (Section 1250)	_____	[31]
Additional depreciation after 1969 (Section 1250)	+ _____	[32]
Soil, water and land clearing expenses (Section 1252)	+ _____	[33]
Applicable percentage (if not 100%) (Section 1252)	_____	[34]
Intangible drilling and development costs (Section 1254)	+ _____	[35]
Applicable payments excluded from income under sec. 126 (Section 1255)	+ _____	[36]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed	+ _____	[37]
Total current year payments received	+ _____	[38]

Form 6252 - Related Party Installment Sale Information

Related party name	_____	[39]
Address	_____	[40]
State, City and Zip	_____ [41] [42]	[43]
Identifying number of related party	_____	[44]
Was the property sold as a marketable security? (Y, N)	_____	[45]
Enter date of second sale	_____	[46]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)	_____	[47]
Selling price of property sold by a related party	+ _____	[49]

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

	2014 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	_____ [4]	
State postal code _____	_____ [2]	
Indicate type of health or medical savings account:		
HSA	_____ [6]	
Archer MSA	_____ [7]	
MA (Medicare Advantage) MSA	_____ [9]	
Total HSA/MSA contributions made		
for 2014 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____ [10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	_____ [12]	
Number of months in qualified high deductible health plan in 2014	_____ [13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	_____ [14]	
Total HSA/MSA contribution to be made for 2014	+ _____ [15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____ [16]	
Excess contributions for 2013 taken as constructive contributions for 2014	+ _____ [19]	
Rollover contribution (Form 5498-SA, Box 4)	+ _____ [21]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+ _____ [24]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter compensation from employer maintaining high deductible health plan	+ _____ [27]	
If self-employed, enter earned income from business under which plan was established	+ _____ [31]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2014? (Y, N) _____ [33]

NOTES/QUESTIONS:

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 (Box 1)	+	_____[7]	
Earnings on excess contributions (Box 2)	+	_____[9]	
Distribution code (Box 3)		_____[11]	
Fair Market Value on date of death (Box 4)	+	_____[12]	
Box 5 -			
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]	[39]	
Social security number of insured _____		[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+	_____[42]	
Accelerated death benefits paid (Box 2)	+	_____[44]	
Check one (Box 3)			
Per diem		_____[46]	
Reimbursed amount		_____[47]	
Qualified contract (Box 4)		_____[48]	
Check, if applicable (Box 5)			
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:

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) (Box 1)	+ _____ [8]	[]
Tuition billed (Enter only the amount actually paid) (Box 2)	_____	
Educational institution changed its reporting method for 2014 (Box 3)	_____	
Adjustments made for a prior year (Box 4)	_____	
Scholarships or grants (Box 5)	_____	
Adjustments to scholarships or grants for a prior year (Box 6)	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2015 (Box 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9)	_____	
Insurance contract reimbursement/refund (Box 10)	_____	
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

2014 Information

Prior Year Information

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

[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]

[Vertical grid for Prior Year Information]

Schedule A - Tax Expenses

T/S/J

2014 Information

Prior Year Information

State/local income taxes paid:

[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]
_____ + _____
_____ + _____

[Vertical grid for Prior Year Information]

Interest Expenses

T/S/J	2014 Interest Paid ⁽²⁾	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]
Address				
City, state and zip code				
			+	
Address				
City, state and zip code				

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]	+
	+
	+
	+
	+
	+
	+
	+
	+
	+

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]	
_____	+ _____	

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

	2014 Information	Prior Year Information
Description of loan/property _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
Fair market value of home + _____	[5]	
Number of months loan was outstanding in 2014, if not 12 _____	[7]	_____
Number of months home was a qualifying home _____ (If different from number of months loan was outstanding)	[9]	_____
Principal paid in 2014 + _____	[11]	_____
Interest paid during 2014 + _____	[13]	_____
Points reported on Form 1098 for 2014 + _____	[15]	_____
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name _____	[18]	
Recipient SSN or EIN _____	[19]	
Recipient address _____	[20]	
Recipient city, state, zip code _____ [21] _____ [22] _____	[23]	
Grandfather debt as of 12/31/13 (or first day mortgage was outstanding) + _____	[24]	_____
Grandfather debt as of 12/31/14 (or last day mortgage was outstanding) + _____	[26]	_____
Home acquisition/improvement debt as of 12/31/13 (or first day mortgage was outstanding) _____	[28]	_____
Home acquisition/improvement debt as of 12/31/14 (or last day mortgage was outstanding) _____	[30]	_____
Home equity debt as of 12/31/13 (or first day mortgage was outstanding) + _____	[32]	_____
Home equity debt as of 12/31/14 (or last day mortgage was outstanding) + _____	[34]	_____
Average balance in 2014 of grandfather debt + _____	[37]	_____
Average balance in 2014 of home acquisition/improvement debt + _____	[39]	_____
Average balance for 2014 all types of debt + _____	[41]	_____

NOTES/QUESTIONS:

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]	

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]	_____
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]	_____
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]	___	___ [62]	___	___ [64]	___	___ [66]	___
Was another vehicle available for personal use? (Y, N)	___ [68]	___	___ [70]	___	___ [72]	___	___ [74]	___
Do you have evidence to support your deduction? (Y, N)	___ [76]	___	___ [78]	___	___ [80]	___	___ [82]	___
Is this evidence written? (Y, N)	___ [84]	___	___ [86]	___	___ [88]	___	___ [90]	___

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

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]

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:

This form is used to report other foreign assets (not held in a foreign financial account), as required by the Internal Revenue Service. Report foreign financial assets held in a foreign financial account on Organizer Form ID: FrgnAcct.

	2014 Information	Prior Year Information
Asset description	_____ [2]	
Asset identifying number or other designation	_____ [3]	
Date asset acquired	_____ [4]	
Date asset disposed	_____ [6]	
Asset jointly owned with spouse	___ [7]	
Maximum value of asset	_____ [9]	

Asset foreign entity information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type of foreign entity: (P = Partnership, C = Corporation, T = Trust, E = Estate) _____ [14]
 Foreign entity name _____ [15]
 Foreign entity address _____ [16]
 City, state, zip code _____ [17] _____ [18] _____ [19]
 Foreign country code/name _____ [20] _____ [21]
 Foreign province/county _____ [22]
 Foreign postal code _____ [23]

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) _____ [24]
 Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) _____
 If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) _____
 Individual or organization name _____
 Address of issuer or counterparty _____
 City, state, zip code _____
 Foreign country code/name _____
 Foreign province/county _____
 Foreign postal code _____

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) _____
 Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) _____
 If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) _____
 Individual or organization name _____
 Address of issuer or counterparty _____
 City, state, zip code _____
 Foreign country code/name _____
 Foreign province/county _____
 Foreign postal code _____

NOTES/QUESTIONS:

This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.

Taxpayer/Spouse/Joint (T, S, J)

__[1]

	2014 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	__[5]	
Type of Account:		
Bank	__[6]	
Securities	__[7]	
Other	__[8]	
Maximum value of account	__[9]	
Account number or other designation	__[11]	
Financial institution	__[12]	
Address of financial institution	__[13]	
City, state, zip code	__[14] __[15] __[16]	
Foreign country code/name	__[17] __[18]	
For addresses in Mexico, enter state	__[20]	
Foreign province/county	__[23]	
Foreign postal code	__[24]	
Account jointly owned with spouse	__[25]	
Account opened during the tax year	__[47]	
Account closed during the tax year	__[49]	
Information is reported for a financial account which is:	__[27]	

2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest

Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account

Taxpayer identification number of account holder/joint owner	__[28]
Foreign identification number of account holder/joint owner (If no Taxpayer identification number)	__[29]
Last name or organization name of account holder/joint owner	__[30]
First name and middle initial of account holder/joint owner	__[31] __[32]
Address and apartment	__[33] __[34]
City, state, zip code	__[35] __[36] __[37]
Foreign country code/name	__[38] __[39]
For addresses in Mexico, enter state	__[41]
Foreign postal code	__[44]
Number of joint owners (Not including taxpayer, if applicable)	__[45]
Filer's title with this owner (If applicable)	__[46]

NOTES/QUESTIONS:

Preparer use only

Activity name _____

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
EXAMPLE		2014 Model T - (EXAMPLE ASSET)	03/09/14	25,750
	Comments:	22,500 job-related miles, 25,000 total miles		
1	Comments:			
2	Comments:			
3	Comments:			
4	Comments:			
5	Comments:			
6	Comments:			
7	Comments:			
8	Comments:			
9	Comments:			
10	Comments:			
11	Comments:			
12	Comments:			
13	Comments:			
14	Comments:			
15	Comments:			
16	Comments:			
17	Comments:			
18	Comments:			
19	Comments:			
20	Comments:			
21	Comments:			
22	Comments:			
23	Comments:			
24	Comments:			
25	Comments:			

California General Information

Prior year last name

Taxpayer _____ [1]

Spouse _____ [2]

Mark if different from prior year return:

Social security number(s) _____ [3]

Address _____ [4]

Filing status _____ [5]

Use Tax

Item purchased

Purchase price

County (City)

Sales Tax paid

 _____ [6]

Contributions

Amount of contributions you wish to make to:

Seniors Special Fund _____ [7]		School Supplies for Homeless Children Fund _____ [17]
Alzheimer's Disease/Related Disorders Fund _____ [8]		Parks Pass Purchase (\$195) _____ [20]
Rare and Endangered Species Preservation Program _____ [9]		State Parks Protection Fund _____ [21]
Breast Cancer Research Fund _____ [10]		Protect Our Coast and Oceans Fund _____ [22]
Firefighters' Memorial Fund _____ [11]		Keep Arts in Schools Fund _____ [23]
Emergency Food for Families Fund _____ [12]		American Red Cross, California Chapters Fund _____ [24]
Peace Officer Memorial Foundation Fund _____ [13]		California Senior Legislature Fund _____ [25]
Sea Otter Fund _____ [14]		Habitat for Humanity Fund _____ [26]
Cancer Research Fund _____ [15]		California Sexual Violence Victim Services _____ [27]
Child Victims of Human Trafficking Fund _____ [16]		

Renter Information

Number of months rented principal residence in California in 2014 _____ [28]

Lived with person claiming dependency exemption for more than 6 months (Dependent of another only) _____ [29]

Property rented was exempt from property tax in 2014 _____ [30]

Taxpayer claimed homeowner's property tax exemption in 2014 _____ [31]

Spouse claimed homeowner's property tax exemption during 2014 _____ [32]

Maintained separate residencies for the entire year _____ [33]

Addresses if more than one or different from mailing address

Address _____ [34] _____

City _____

State _____

Zip Code _____

Date Rented From _____

Date Rented To _____

Landlord information

Name _____ [35] _____

Address _____

City _____

State _____

Zip Code _____

Telephone _____

NOTES/QUESTIONS:

California Residency Information

Part-year, Nonresident only

Taxpayer

Spouse

Enter your state of domicile	_____ [1]	_____ [2]
Enter your county of domicile (If outside the USA)	_____ [3]	_____ [4]
Enter the total number of days in California	_____ [5]	_____ [6]
Mark if owned CA home/property	_____ [7]	_____ [8]
If you became a resident:		
Enter the date of your move	_____ [9]	_____ [11]
Enter your state of prior residency	_____ [10]	_____ [12]
If you became a nonresident:		
Enter the date of your move	_____ [13]	_____ [15]
Enter your new state of residency	_____ [14]	_____ [16]
If you were a nonresident for the entire tax year:		
Enter your state of residency	_____ [17]	_____ [19]
Country of residence (If outside the USA)	_____ [18]	_____ [20]

Prior Year Residency Information

Taxpayer

Spouse

If you were previously a resident, enter dates:		
From	_____ [21]	_____ [25]
To	_____ [22]	_____ [26]
Enter the date you entered California	_____ [23]	_____ [27]
Enter the date you left California	_____ [24]	_____ [28]

Military Personnel

Part-year, Nonresident only

Taxpayer

Spouse

Enter the state where you were stationed	_____ [29]	_____ [31]
Enter the country where stationed (If outside the USA)	_____ [30]	_____ [32]

Electronic Filing Information for Military

Taxpayer

Spouse

Date deployed overseas or entered combat zone/QHDA	_____ [33]	_____ [36]
Date returned from overseas or combat zone/QHDA	_____ [34]	_____ [37]
Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard)	_____ [35]	_____ [38]
Combat Zone/QHDA Operation/Area served		
Taxpayer	_____ [39]	_____ [39]
Spouse	_____ [40]	_____ [40]

NOTES/QUESTIONS: