

2014	1040	US	Client Information	1
------	------	----	--------------------	---

**T. James Williams & Co., A.C.**  
 7080 N. Whitney Ave., #103  
 Fresno, CA 93720-0154  
 Telephone number: (559) 322-9100  
 Fax number: (559) 322-1098  
 E-mail address: jimw@tjwco.com

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2014 tax return. Please add, change, or delete information as appropriate.

**CLIENT INFORMATION**

Filing Status	Filing status (table) .....		<p align="center"><b>Filing Status</b></p> <p>1 = Single                  2 = Married filing joint                  3 = Married filing separate                  4 = Head of household                  5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse .....		
	Year spouse died, if qualifying widow(er) (2012 or 2013) .....		
Taxpayer	First name and initial .....		
	Last name .....		
	Title/suffix .....		
	Social security number .....		
	Occupation .....		
	Date of birth (m/d/y) .....		
	Date of death (m/d/y) .....		
1=blind .....			
Spouse	First name and initial .....		
	Last name .....		
	Title/suffix .....		
	Social security number .....		
	Occupation .....		
	Date of birth (m/d/y) .....		
	Date of death (m/d/y) .....		
1=blind .....			
Address	In care of .....		
	Street address .....		
	Apartment number .....		
	City .....		
	State .....		
Foreign Address	ZIP code .....		
	Region .....		
	Postal code .....		
	Country .....		

Please add, change or delete information for 2014.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone .....		<b>Daytime Phone</b>  1 = Work 2 = Home 3 = Mobile
	Work phone .....		
	Work extension .....		
	Daytime phone (table) .....		
	Mobile phone .....		
	Pager number .....		
	Fax number .....		
	E-mail address .....		
Spouse Contact Information	Home phone .....		
	Work phone .....		
	Work extension .....		
	Daytime phone (table) .....		
	Mobile phone .....		
	Pager number .....		
	Fax number .....		
	E-mail address .....		

**Please add, change or delete information for 2014.**

**DEPENDENTS**

	Dependent	Dependent	
First name.....			<p><b>Type of Dependent</b></p> <p>1 = Child living w/taxpayer                  2 = Child not living w/taxpayer                  3 = Dependent other than child                  4 = Head of household only, not a dependent                  5 = Earned income credit only, not a dependent</p> <p><b>Earned Income Credit</b></p> <p>1 = When applicable (default)                  2 = Student age 19 to 23                  3 = Disabled                  4 = Force                  5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> <li>1. School records or statement</li> <li>2. Landlord or property management statement</li> <li>3. Health care provider statement</li> <li>4. Medical records</li> <li>5. Child care provider records</li> <li>6. Placement agency statement</li> <li>7. Social service records or statement</li> <li>8. Place of worship statement</li> <li>9. Indian tribe office statement</li> <li>10. Employer statement</li> </ol> <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> <li>1. Doctor statement</li> <li>2. Other health care provider statement</li> <li>3. Social services agency or program statement</li> </ol>
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			

<b>2014</b>	<b>1040</b>	<b>US</b>	<b>Wages, Pensions, Gambling Winnings</b>	<b>10, 13.1, 13.2</b>
-------------	-------------	-----------	---	-----------------------

Please enter all pertinent 2014 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

**WAGES, SALARIES, TIPS (10)**

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2013 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/14	2013 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE							
		1=spouse							

**GAMBLING WINNINGS (W-2G) (13.2)**

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2013 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

**GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)**

	<b>2014 Amount</b>	<b>TS</b>		<b>2013 Amount</b>
Total gambling losses .....				
Winnings not reported on Form W-2G .....				

**10, 13.1, 13.2**

<b>2014</b>	<b>1040</b>	<b>US</b>	<b>Interest &amp; Dividend Income</b>	<b>11, 12</b>
-------------	-------------	-----------	---------------------------------------	---------------

Please enter all pertinent 2014 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.  
Last year's amounts are provided for your reference.

**INTEREST INCOME (11)**

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2013 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

**DIVIDEND INCOME (12)**

No.	Name of Payer	1=tp 2=sp	Dividend Income				Tax-Exempt Interest		Foreign Tax Paid (Box 6)	2013 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

2014

1040

US

Miscellaneous Income

14.1

Please enter all pertinent 2014 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

**MISCELLANEOUS INCOME**

	2014 Amount		2013 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5) .....				
Medicare premiums paid (SSA-1099) .....				
Tier 1 RR retirement benefits (RRB-1099, box 5) ..				
1=lump-sum election for SS benefits .....				
Alimony received .....				
Taxable scholarships and fellowships .....				
Jury duty pay .....				
Household employee income not on W-2 .....				
Excess minister's allowance .....				
Alaska permanent fund dividends .....				
Income from rental of personal property .....				
Income subject to S/E tax:				
_____				
_____				
_____				
_____				
Other income (1099-MISC, box 3, 8)				
_____				
_____				
_____				
_____				

**TAX WITHHELD** (not entered elsewhere)

Federal income tax withheld .....				
State income tax withheld .....				
Local income tax withheld .....				

14.1

2014

1040

US

State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2014 information as appropriate.  
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /  
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2014 1099-G Amount

No. <input style="width: 40px; height: 15px;" type="text"/>	Name of payer .....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1) .....		
	2014 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund .....		
	Tax year for box 2 if not 2013 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6) .....		
	State taxable amount, if different.....		
	Farm amounts:		
	Agriculture payments (Box 7).....		
1=agriculture payments are from conservation reserve program .....			
Market gain (Box 9).....			
Number of farm .....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

No. <input style="width: 40px; height: 15px;" type="text"/>	Name of payer .....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1) .....		
	2014 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund .....		
	Tax year for box 2 if not 2013 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6) .....		
	State taxable amount, if different.....		
	Farm amounts:		
	Agriculture payments (Box 7).....		
1=agriculture payments are from conservation reserve program .....			
Market gain (Box 9).....			
Number of farm .....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

14.2

Please enter all pertinent 2014 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040...	
City, if different from Form 1040.....	
State, if different from Form 1040.....	
ZIP code, if different from Form 1040.....	
Foreign region.....	
Foreign postal code.....	
Foreign country.....	
Employer identification number.....	
Other accounting method.....	

Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		
1=trader in financial instruments or commodities.....		

**INCOME**

	2014 Amount	2013 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		
_____		
_____		
_____		

**COST OF GOODS SOLD**

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		
_____		
_____		
_____		
Inventory at end of the year.....		



Please enter all pertinent 2014 amounts. Last year's amounts are provided for your reference.

**EXPENSES**

	2014 Amount	2013 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals and entertainment in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

_____		
_____		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2014

1040

US

# Capital Gains & Losses (Schedule D)

17

If you sold any stocks, bonds, or other investment property in 2014, please list the pertinent information for each sale below or provide a spreadsheet file with this information.  
Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)

17

2014

1040

US

Rental & Royalty Income (Schedule E)

No.

18

Please enter all pertinent 2014 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

	2014 Amount	2013 Amount
Description of property.....		<b>Type of Property</b> 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address.....		
City.....		
State.....		
ZIP code.....		
Type of property (see table)....		
Other type of property.....		
Number of days rented.....		

Percentage of ownership if not 100% (.xxxx).....	
Percentage of tenant occupancy if not 100% (.xxxx).....	
1=spouse, 2=joint.....	
1=qualified joint venture.....	
1=nonpassive activity, 2=passive royalty.....	

1=did not actively participate... 1=RE prof., activity is trade or business, 2=RE prof., not trade or business.....	
1=rental other than real estate.....	
1=investment..... 1=single member limited liability company.....	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....	

**INCOME**

	2014 Amount	2013 Amount
Rents or royalties received.....		

**DIRECT EXPENSES**

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere).....		
Cleaning and maintenance.....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.).....		
Qualified mortgage insurance premiums.....		
Excess mortgage interest.....		
Other interest (not entered elsewhere).....		
Painting and decorating.....		
Pest control.....		
Plumbing and electrical.....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Utilities.....		
Wages and salaries.....		
Other:		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2014 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

**GENERAL INFORMATION**

Foreign region .....	
Foreign postal code .....	
Foreign country .....	

**OIL AND GAS**

	2014 Amount	2013 Amount
Production type (preparer use only) .....		
Cost depletion .....		
Percentage depletion rate or amount .....		
State cost depletion, if different (-1 if none) .....		
State % depletion rate or amount, if different (-1 if none) .....		

**VACATION HOME**

Number of days personal use .....	
Number of days owned (if optional method elected) .....	

**INDIRECT EXPENSES**

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising .....		
Association dues .....		
Auto and travel (not entered elsewhere) .....		
Cleaning and maintenance .....		
Commissions .....		
Gardening .....		
Insurance .....		
Legal and professional fees .....		
Licenses and permits .....		
Management fees .....		
Miscellaneous .....		
Mortgage interest (paid to banks, etc.) .....		
Qualified mortgage insurance premiums .....		
Excess mortgage interest .....		
Other interest (not entered elsewhere) .....		
Painting and decorating .....		
Pest control .....		
Plumbing and electrical .....		
Repairs .....		
Supplies .....		
Taxes - real estate .....		
Taxes - other (not entered elsewhere) .....		
Telephone .....		
Utilities .....		
Wages and salaries .....		
Other:		
_____		
_____		
_____		
_____		
_____		

Please enter all pertinent 2014 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Principal product .....	<input style="width:98%;" type="text"/>
Employer ID number .....	<input style="width:98%;" type="text"/>

Agricultural activity code .....	<input style="width:98%;" type="text"/>	
Accounting method: 1=cash, 2=accrual .....	<input style="width:98%;" type="text"/>	
1=spouse, 2=joint .....	<input style="width:98%;" type="text"/>	
1=farm rental (Form 4835) .....	<input style="width:98%;" type="text"/>	
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other .....	<input style="width:98%;" type="text"/>	
1=crop insurance proceeds election .....	<input style="width:98%;" type="text"/>	
Received applicable subsidy this year: 1=yes, 2=no .....	<input style="width:98%;" type="text"/>	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no .....	<input style="width:98%;" type="text"/>	
1=did not "materially participate" (Schedule F only) .....	<input style="width:98%;" type="text"/>	
1=did not actively participate (Farm rental only) .....	<input style="width:98%;" type="text"/>	
<small>1=real estate professional, activity is trade or business, 2=real estate professional, not trade or business (farm rental only)</small> .....	<input style="width:98%;" type="text"/>	
1=single member limited liability company .....	<input style="width:98%;" type="text"/>	
% of ownership if not 100% (.xxxx) (Farm rental only) .....	<input style="width:98%;" type="text"/>	

**FARM INCOME**

	2014 Amount	2013 Amount
<b>Cash method:</b>		
Sales of livestock and other resale items .....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Cost or basis of livestock or other resale items .....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Sales of products raised .....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
<b>Accrual method:</b>		
Sales of livestock, produce, etc. ....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Beginning inventory of livestock, etc. ....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Cost of livestock, etc. purchased .....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Ending inventory of livestock, etc. ....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
<b>Other farm income:</b>		
Total cooperative distributions .....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Taxable cooperative distributions .....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Total agricultural program payments (other than CRP) .....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Taxable agricultural program payments (other than CRP) .....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Total conservation reserve program payments .....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Taxable conservation reserve program payments .....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Commodity credit loans reported under election .....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Total commodity credit loans forfeited or repaid .....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Taxable commodity credit loans forfeited or repaid .....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Total crop insurance proceeds received in 2014 .....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Taxable crop insurance proceeds received in 2014 .....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Taxable crop insurance proceeds deferred from 2013 .....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Custom hire (machine work) income not included above .....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>

Please enter all pertinent 2014 amounts. Last year's amounts are provided for your reference.

**FARM INCOME (continued)**

Other income:

	2014 Amount	2013 Amount
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

**FARM EXPENSES**

Car and truck expenses (not entered elsewhere).....		
Chemicals.....		
Conservation expenses.....		
Custom hire (machine work).....		
Employee benefit programs.....		
Feed purchased.....		
Fertilizers and lime.....		
Freight and trucking.....		
Gasoline, fuel, and oil.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Labor hired.....		
Pension and profit sharing - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Rent - vehicles, machinery, and equipment (not entered elsewhere).....		
Rent - other (land, animals, etc.).....		
Repairs and maintenance.....		
Seeds and plants purchased.....		
Storage and warehousing.....		
Supplies purchased.....		
Taxes (not entered elsewhere).....		
Utilities.....		
Veterinary, breeding, and medicine.....		
Capitalized preproductive period expenses (also enter below).....		

Other expenses:

_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

**2014**

**1040**

**US**

**Asset Acquisition List**

**22** p2

**If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2014, please enter all pertinent information below.**

No.	Description of Property	Related Business or Activity	Preparer Use Only			Date Placed in Service	Cost or Basis	Preparer Use Only	
			Form	No. of Form	Category			Current Section 179	Method

**22** p2

Please enter all pertinent 2014 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

	2014 Amount	2013 Amount
Description of vehicle.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=vehicle used primarily by more than 5% owner.....		
Number of months of business use if changed from 100% personal use.....		

**AUTOMOBILE MILEAGE**

Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		

**ACTUAL EXPENSES**

Parking fees and tolls (business portion only).....		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		



Please enter all pertinent 2014 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

	2014 Amount		2013 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).....				
Contributions made to date .....				
1=covered by plan, 2=not covered.....				
2014 payments from 1/1/15 to 4/15/15.....				

**ROTH IRA CONTRIBUTIONS**

	2014 Amount	2013 Amount
	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).....		
Contributions made to date .....		

**SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)**

	2014 Amount		2013 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Defined benefit contributions you expect to make .....				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Plan contribution rate if not .25 (.xxxx) .....				
Individual 401k: SE elective deferrals (except Roth) (1=max.) .....				
Individual 401k: SE designated Roth contributions (1=max.) .....				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum) .....				
Employer matching rate if not .03 (.xxxx) .....				
1=nonelective contributions (2%) .....				
Contributions made to date .....				

**ADJUSTMENTS TO INCOME**

	2014 Amount		2013 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Self-employed health insurance:				
Total premiums (excluding long-term care).....				
Long-term care premiums.....				
Student loan interest paid (1098-E, box 1) .....				
Educator expenses (kindergarten thru grade 12) .....				
Jury duty pay given to employer.....				
Expenses from rental of personal property.....				
Other adjustments to income:				
_____				
_____				
_____				

	2014 Amount		2013 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Alimony paid:				
Recipient's first name.....				
Recipient's last name.....				
Recipient's SSN.....				
Amount paid .....				
			2013 amt:	2013 amt:

Please enter all pertinent 2014 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

**MEDICAL AND DENTAL EXPENSES**

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2014 Amount	TS	2013 Amount
Prescription medicines and drugs .....			
Doctors, dentists and nurses .....			
Hospitals and nursing homes .....			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer .....			
Long-term care premiums - spouse .....			
Insurance reimbursement (enter as a positive number) .....			
Lodging and transportation:			
Out-of-pocket expenses .....			
Medical miles driven .....			
Other medical and dental expenses:			
_____			
_____			
_____			

**TAXES PAID** (State and local withholding and 2014 estimates are automatic.)

State income taxes - 1/14 payment on 2013 state estimate .....			
State income taxes - paid with 2013 state return extension .....			
State income taxes - paid with 2013 state return .....			
State income taxes - paid for prior years and/or to other state .....			
City/local income taxes - 1/14 payment on 2013 city/local estimate .....			
City/local income taxes - paid with 2013 city/local extension .....			
City/local income taxes - paid with 2013 city/local return .....			

**SALES AND USE TAXES PAID**

State and local sales taxes (except autos and special items) .....			
Use taxes paid on 2014 purchases .....			
Use taxes paid with 2013 state return .....			
Sales tax on autos not included above .....			
Sales tax on boats, aircraft, other special items .....			

**OTHER TAXES PAID**

Real estate taxes - principal residence:			
_____			
_____			
_____			
Real estate taxes - property held for investment .....			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..			
Foreign income taxes .....			
Other taxes:			
_____			
_____			
_____			

Please enter all pertinent 2014 amounts. Last year's amounts are provided for your reference.

**INTEREST PAID**

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2014 Amount

TS

2013 Amount

_____			
_____			
_____			

Home mortgage interest not reported on Form 1098:

Payee's name . . . . .	_____
Payee's SSN or FEIN . . . . .	_____
Payee's street address . . . . .	_____
Payee's city . . . . .	_____
Payee's state . . . . .	_____
Payee's ZIP code . . . . .	_____
Payee's region . . . . .	_____
Payee's postal code . . . . .	_____
Payee's country . . . . .	_____

Amount paid . . . . .			
-----------------------	--	--	--

Points not reported on Form 1098:

_____			
_____			

Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . .

--	--	--

Investment interest (interest on margin accounts):

_____			
_____			

Passive interest . . . . .

--	--	--

Certain home mortgage interest included above (6251) . . . . .

--	--	--

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

**CASH CONTRIBUTIONS**

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

_____			
_____			
_____			
_____			

Volunteer expenses (out-of-pocket) . . . . .

--	--	--

Number of charitable miles . . . . .

--	--	--

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

_____			
_____			
_____			
_____			

Volunteer expenses (out-of-pocket) . . . . .

--	--	--

Number of charitable miles . . . . .

--	--	--

Please enter all pertinent 2014 amounts. Last year's amounts are provided for your reference.

**NONCASH CONTRIBUTIONS**

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2014 Amount

TS

2013 Amount


30% limitation (see above):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


30% capital gain property (gifts of capital gain property to 50% limit orgs.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


**MISCELLANEOUS DEDUCTIONS** (subject to 2% AGI limit)

Union and professional dues .....

--	--	--

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


Investment expense:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


Tax return preparation fee .....

Safe deposit box rental .....


Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


Please enter all pertinent 2014 amounts. Last year's amounts are provided for your reference.

**OTHER MISCELLANEOUS DEDUCTIONS**

	2014 Amount	TS	2013 Amount
Estate tax, section 691(c).....			
Other miscellaneous deductions:			

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- Total home equity debt exceeded \$100,000 at any time during 2014 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
- Total home acquisition debt exceeded \$1,000,000 at any time during 2014 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2014 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

	2014 Amount	TS	2013 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

**LOAN INFORMATION**

Loan #1

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2014			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2014			
Grandfather debt balance - beginning of year			

Loan #2

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2014			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2014			
Grandfather debt balance - beginning of year			

**Form**  
 1 = Schedule A (default)  
 2 = Business use of home  
 3 = Schedule E

Please enter all pertinent 2014 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

<b>DEPENDENT CARE EXPENSES (33.1)</b>	2014 Amount		2013 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2014. . . . .				
Employer-provided benefits forfeited in 2014. . . . .				

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input style="width:40px;" type="text"/>	First name. . . . .		
	Last name. . . . .		
	Title or suffix. . . . .		
	Date of birth (m/d/y). . . . .		
	Social security number. . . . .		
	Qualified dependent care expenses incurred and paid in 2014. . . . .		<b>2013 amt:</b>
	1=disabled. . . . .		
1=spouse, 2=joint . . . . .			

No. <input style="width:40px;" type="text"/>	First name. . . . .		
	Last name. . . . .		
	Title or suffix. . . . .		
	Date of birth (m/d/y). . . . .		
	Social security number. . . . .		
	Qualified dependent care expenses incurred and paid in 2014. . . . .		<b>2013 amt:</b>
	1=disabled. . . . .		
1=spouse, 2=joint . . . . .			

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input style="width:40px;" type="text"/>	Name of provider. . . . .		
	Street address . . . . .		
	City. . . . .		
	State. . . . .		
	ZIP code. . . . .		
	Foreign region . . . . .		
	Foreign postal code . . . . .		
	Foreign country . . . . .		
	Identification number (SSN or EIN). . . . .		
	Amount paid to care provider in 2014. . . . .		<b>2013 amt:</b>
	1=spouse, 2=joint . . . . .		

Please complete the information below if you paid qualified education expenses in 2014 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

**STUDENT INFORMATION**

1=taxpayer, 2=spouse .....		
First name .....		
Last name .....		
Social security number.....		
Number of years hope credit claimed .....		
Number of years American opportunity credit claimed.....		
1=student was NOT enrolled at least half-time for at least one academic period that began in 2014 at an eligible institution in a qualified program .....		
1=student completed first four years of post-secondary education before 2014.....		
1=student was convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance.....		

**EDUCATIONAL INSTITUTION ATTENDED (#1)**

Name .....		
Street address .....		
City.....		
State .....		
ZIP code.....		
1=2014 Form 1098-T was NOT received.....		
1=2014 Form 1098-T received with Box 2 & 7 completed.....		
1=2013 Form 1098-T received with Box 2 & 7 completed.....		
Federal ID number from Form 1098-T.....		

**EDUCATIONAL INSTITUTION ATTENDED (#2)**

Name .....		
Street address .....		
City.....		
State .....		
ZIP code.....		
1=2014 Form 1098-T was NOT received.....		
1=2014 Form 1098-T received with Box 2 & 7 completed.....		
1=2013 Form 1098-T received with Box 2 & 7 completed.....		
Federal ID number from Form 1098-T.....		

**QUALIFIED EDUCATION EXPENSES**

	2014 Amount	2013 Amount
Qualified tuition & fees paid in 2014 (net of refund or assistance, & not entered elsewhere) ..		
Books & supplies required to be purchased from institution.....		
Books & supplies not entered above.....		
Amount of prior year refund or assistance * .....		

\* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.



Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C.

**GENERAL INFORMATION**

1=entire household covered for all months, 2=no months

**COVERED INDIVIDUAL (#1)**

(a) First name ..

(a) Last name ..

(b) ID number (SSN or TIN) . . . . .

(c) Date of birth (m/d/y) . . . . .

(d) 1=covered all 12 months . . . . .

(e) Months of coverage:

1=January . . . . .	<input type="text"/>
1=February . . . . .	<input type="text"/>
1=March . . . . .	<input type="text"/>
1=April . . . . .	<input type="text"/>
1=May . . . . .	<input type="text"/>
1=June . . . . .	<input type="text"/>
1=July . . . . .	<input type="text"/>
1=August . . . . .	<input type="text"/>
1=September . . . . .	<input type="text"/>
1=October . . . . .	<input type="text"/>
1=November . . . . .	<input type="text"/>
1=December . . . . .	<input type="text"/>

**COVERED INDIVIDUAL (#2)**

(a) First name ..

(a) Last name ..

(b) ID number (SSN or TIN) . . . . .

(c) Date of birth (m/d/y) . . . . .

(d) 1=covered all 12 months . . . . .

(e) Months of coverage:

1=January . . . . .	<input type="text"/>
1=February . . . . .	<input type="text"/>
1=March . . . . .	<input type="text"/>
1=April . . . . .	<input type="text"/>
1=May . . . . .	<input type="text"/>
1=June . . . . .	<input type="text"/>
1=July . . . . .	<input type="text"/>
1=August . . . . .	<input type="text"/>
1=September . . . . .	<input type="text"/>
1=October . . . . .	<input type="text"/>
1=November . . . . .	<input type="text"/>
1=December . . . . .	<input type="text"/>

**COVERED INDIVIDUAL (#3)**

(a) First name ..

(a) Last name ..

(b) ID number (SSN or TIN) . . . . .

(c) Date of birth (m/d/y) . . . . .

(d) 1=covered all 12 months . . . . .

(e) Months of coverage:

1=January . . . . .	<input type="text"/>
1=February . . . . .	<input type="text"/>
1=March . . . . .	<input type="text"/>
1=April . . . . .	<input type="text"/>
1=May . . . . .	<input type="text"/>
1=June . . . . .	<input type="text"/>
1=July . . . . .	<input type="text"/>
1=August . . . . .	<input type="text"/>
1=September . . . . .	<input type="text"/>
1=October . . . . .	<input type="text"/>
1=November . . . . .	<input type="text"/>
1=December . . . . .	<input type="text"/>

**COVERED INDIVIDUAL (#4)**

(a) First name ..

(a) Last name ..

(b) ID number (SSN or TIN) . . . . .

(c) Date of birth (m/d/y) . . . . .

(d) 1=covered all 12 months . . . . .

(e) Months of coverage:

1=January . . . . .	<input type="text"/>
1=February . . . . .	<input type="text"/>
1=March . . . . .	<input type="text"/>
1=April . . . . .	<input type="text"/>
1=May . . . . .	<input type="text"/>
1=June . . . . .	<input type="text"/>
1=July . . . . .	<input type="text"/>
1=August . . . . .	<input type="text"/>
1=September . . . . .	<input type="text"/>
1=October . . . . .	<input type="text"/>
1=November . . . . .	<input type="text"/>
1=December . . . . .	<input type="text"/>