

# Christine E. Cassidy, P.A. – Questionnaire Tax Year 2014

All questions relate only to events occurring from January 1, 2014 through December 31, 2014.

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

| Y                        | N                        |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

All 2014 contributions to IRAs & Health Savings Accounts (HSA) **must be made by April 15, 2015.**

Did you receive a 6-digit identity protection pin from the IRS as a result of identity theft? Pin # is \_\_\_\_\_

Did your marital status change?

New Address? \_\_\_\_\_

Were there any changes in dependents? Or provide more than 50% support for a parent or a non-child dependent?

Do you have a dependent who will file their own return? If yes, tell them to check "dependent on another return".

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Did you have health insurance for everyone claimed on your return for all 12 months in 2014? \_\_\_\_\_

Did you enroll through the Health Insurance Exchange and receive Form 1095-A Health Ins Marketplace Statement?

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Enclose: W-2s, Social Security, Unemployment Income, Interest Received, Dividends Received & Broker Statements.

s  
Withdraw any amounts from IRA to pay for higher education for you, your spouse, your children or grandchildren?

Any contributions to or take any distributions from a traditional IRA, 401(k) or health savings account (HSA)?

Any conversions, in part or all, of a traditional, SEP or SIMPLE IRA to a Roth IRA?

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If self-employed, include a list of revenue & expenses, business & total mileage, health insurance & long and equipment/furniture/assets purchased term care premiums paid.

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Start or end a business, or acquire or end any interest in a partnership, S corporation, trust or REMIC?

Purchase, sell, exchange or refinance any other real estate holdings (land, investment property)?

Were there any debts that were cancelled/reduced, property repossessed or foreclosed upon?

Did you purchase, sell, refinance, take out a line of credit or home equity loan on your principle or second home?

(Please provide copies of closing/HUD statements).

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Was there any alimony/gambling winnings/jury duty/other income/moving expenses/student loan interest?

Pay any post-secondary education expenses, such as tuition, books and/or computer equipment?

a  
Pay any daycare costs for a dependent child under age 13, parent, or handicapped individual?

Were any vehicles used for work (other than commuting to and from place of work)?

Any unreimbursed employee business expenses?

Contribute to a 529 college savings plan or plans?

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If you own your own home, enter the amount of property tax paid: \$ \_\_\_\_\_

Enter the amount of property, casualty & flood insurance premiums: \$ \_\_\_\_\_

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Did you have direct or indirect interest in or signature authority over a foreign bank account, foreign securities account or any other financial account in any foreign country? Did you purchase or sell any foreign real estate?

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Do you have financial accounts maintained by a foreign (non US) bank or financial institution that totaled more than \$10,000 at any time during 2013?

| Federal Estimated Tax Payments Made |        |           |           | State Estimated Tax Payments Made |        |           |           |
|-------------------------------------|--------|-----------|-----------|-----------------------------------|--------|-----------|-----------|
| Due Date                            | Amount | Check No. | Date Sent | Date Due                          | Amount | Check No. | Date Sent |
| April 15, 2014                      |        |           |           |                                   |        |           |           |
| June 16, 2014                       |        |           |           |                                   |        |           |           |
| Sept 15, 2014                       |        |           |           |                                   |        |           |           |
| Jan 15, 2015                        |        |           |           |                                   |        |           |           |

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_



**Christine E. Cassidy, P.A.**

**To Our Clients:**

This is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to please read the following.

We will prepare your 2014 federal and requested state income tax returns from information that you will furnish 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.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. Please retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

We want to express our appreciation for this opportunity to work with you.





2014

## Personal Information

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**Taxpayer:**

First Name and Initial

Last Name

Social Security Number

Occupation

Date of Birth (Mo/Da/Yr)

Date of Death (Mo/Da/Yr)

**Spouse:**

First Name and Initial

Last Name

Social Security Number

Occupation

Date of Birth (Mo/Da/Yr)

Date of Death (Mo/Da/Yr)

**Contact Information:**

Street Address

Apartment Number

City

State

ZIP or Postal Code

Foreign Province or County

Foreign Country

Taxpayer Daytime/Work Phone

Spouse Daytime/Work Phone

Taxpayer Evening/Home Phone

Spouse Evening/Home Phone

Taxpayer Foreign Phone

Spouse Foreign Phone

Taxpayer Cell Phone

Spouse Cell Phone

Taxpayer Fax Number

Spouse Fax Number

Taxpayer Email Address

Spouse Email Address

Preferred Method of Contact

May the IRS or other taxing authority discuss the return with the preparer?

Is the taxpayer claimed as a dependent on someone else's tax return?

Yes

No

|  |
|--|
|  |
|  |

|  |
|--|
|  |
|  |

Taxpayer

Spouse

Yes

No

|  |
|--|
|  |
|  |

|  |
|--|
|  |
|  |

Yes

No

|  |
|--|
|  |
|  |

|  |
|--|
|  |
|  |

Are you considered legally blind per IRS regulations?

Do you want to contribute to the Presidential Election Campaign Fund?

**Tax Organizer Legend:**

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



2014

## Dependents and Wages

3A

### Dependent Information:

Did dependent have income over \$3,950?

| First Name and Initial | Last Name | Social Security Number | Date of Birth (Mo/Da/Yr) | Relationship to Taxpayer | Months Lived in Your Home | X if Disabled | Yes or No |
|------------------------|-----------|------------------------|--------------------------|--------------------------|---------------------------|---------------|-----------|
|                        |           |                        |                          |                          |                           |               |           |
|                        |           |                        |                          |                          |                           |               |           |
|                        |           |                        |                          |                          |                           |               |           |
|                        |           |                        |                          |                          |                           |               |           |
|                        |           |                        |                          |                          |                           |               |           |
|                        |           |                        |                          |                          |                           |               |           |
|                        |           |                        |                          |                          |                           |               |           |

Provide the name of any person living with you who is claimed as a dependent  
on someone else's tax return \_\_\_\_\_

List the years that a release of claim to exemption is given for a dependent child not living with you . . . . . \_\_\_\_\_

### Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

| TS | Employer's Name | Taxable Wages | Tax Withheld |            |          |       |       |
|----|-----------------|---------------|--------------|------------|----------|-------|-------|
|    |                 |               | Federal      | FICA/TIER1 | Medicare | State | Local |
|    |                 |               |              |            |          |       |       |
|    |                 |               |              |            |          |       |       |
|    |                 |               |              |            |          |       |       |
|    |                 |               |              |            |          |       |       |
|    |                 |               |              |            |          |       |       |
|    |                 |               |              |            |          |       |       |



2014

## Electronic Filing

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### Electronic Filing: Include all copies of your current year Forms W-2

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return ..... ☐

Do not electronically file the state return(s) ..... ☐

**Note:** The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN? 

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

Taxpayer ..... 

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Spouse ..... 

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_



2014

**Direct Deposit and Withdrawal****4A****Direct Deposit and Electronic Funds Withdrawal Account Information:**

The IRS and certain states allow refunds to be deposited directly into your financial institution account, regardless of the means used to file the return. For balance due returns to be filed electronically, the IRS and many states allow the entire amount due to be paid using electronic withdrawal. If you would like to have your refund deposited directly into your account or pay a balance due by using an electronic withdrawal, please complete the following information. If you selected either direct deposit or electronic withdrawal in 2013, your account information has already been included below.

**Account Information:**

|  |   |   |  |
|--|---|---|--|
| Account owner .....                      | <input type="checkbox"/> Taxpayer   | <input type="checkbox"/> Spouse   | <input type="checkbox"/> Joint   |
| Type of account .....                    | <input type="checkbox"/> Checking<br><input type="checkbox"/> Archer MSA Savings  | <input type="checkbox"/> Trad. Savings<br><input type="checkbox"/> Coverdell Ed. Savings    | <input type="checkbox"/> IRA Savings<br><input type="checkbox"/> HSA Savings |
| Account use (check all that apply) ..... | <input type="checkbox"/> Business<br><input type="checkbox"/> Federal return<br><input type="checkbox"/> Direct deposit | <input type="checkbox"/> Federal estimate<br><input type="checkbox"/> Electronic withdrawal | <input type="checkbox"/> State(s)  |
| Name of financial institution .....      | _____   |   |  |
| Routing Transit Number .....             | _____   |   |  |
| Account number .....                     | _____   |   |  |

**If requesting electronic withdrawal:**

What amount do you want withdrawn, if not the entire balance due? .....

When should the withdrawal occur, if not the due date of the return? .....

**Account Information:**

|  |   |   |  |
|--|---|---|--|
| Account owner .....                      | <input type="checkbox"/> Taxpayer   | <input type="checkbox"/> Spouse   | <input type="checkbox"/> Joint   |
| Type of account .....                    | <input type="checkbox"/> Checking<br><input type="checkbox"/> Archer MSA Savings  | <input type="checkbox"/> Trad. Savings<br><input type="checkbox"/> Coverdell Ed. Savings    | <input type="checkbox"/> IRA Savings<br><input type="checkbox"/> HSA Savings |
| Account use (check all that apply) ..... | <input type="checkbox"/> Business<br><input type="checkbox"/> Federal return<br><input type="checkbox"/> Direct deposit | <input type="checkbox"/> Federal estimate<br><input type="checkbox"/> Electronic withdrawal | <input type="checkbox"/> State(s)  |
| Name of financial institution .....      | _____   |   |  |
| Routing Transit Number .....             | _____   |   |  |
| Account number .....                     | _____   |   |  |

**If requesting electronic withdrawal:**

What amount do you want withdrawn, if not the entire balance due? .....

When should the withdrawal occur, if not the due date of the return? .....





## 5A

**Include copies of all Forms 1099-INT or other documents for interest received**

Total

**Address of Individual from Whom Mortgage Interest Was Received**

[illegible]**Worksheet: Interest**  
**Form IRS-1099INT**



## 5B

**Include copies of all Forms 1099-DIV or other documents for dividends received**

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

**Enter Any Additional Information:**

|        |       |
|--------|-------|
| DATE   | _____ |
| TIME   | _____ |
| NAME   | _____ |
| AGE    | _____ |
| SEX    | _____ |
| HEIGHT | _____ |
| WEIGHT | _____ |

Worksheet: Dividends  
Form IRS-1099DIV



2014

## Brokerage Statement Details

5EA

|   | TSJ | Payer Name | Account No. | Information Included (X or ✓) |
|---|-----|------------|-------------|-------------------------------|
| A |     |            |             |                               |
| B |     |            |             |                               |
| C |     |            |             |                               |
| D |     |            |             |                               |
| E |     |            |             |                               |
| F |     |            |             |                               |
| G |     |            |             |                               |
| H |     |            |             |                               |
| I |     |            |             |                               |
| J |     |            |             |                               |
| K |     |            |             |                               |
| L |     |            |             |                               |
| M |     |            |             |                               |
| N |     |            |             |                               |
| O |     |            |             |                               |
| P |     |            |             |                               |
| Q |     |            |             |                               |
| R |     |            |             |                               |
| S |     |            |             |                               |
| T |     |            |             |                               |

|   | Interest Income | U.S. Bonds and Obligations | Code | Tax-Exempt Interest | Box 1a Total Ordinary Dividends | Box 1b Qualified Dividends | Box 2a Total Capital Gain Distribution | U.S. Bond Interest Amount or Percent in Box 1a |
|---|-----------------|----------------------------|------|---------------------|---------------------------------|----------------------------|--|--|
| A |                 |                            |      |                     |                                 |                            |  |  |
| B |                 |                            |      |                     |                                 |                            |  |  |
| C |                 |                            |      |                     |                                 |                            |  |  |
| D |                 |                            |      |                     |                                 |                            |  |  |
| E |                 |                            |      |                     |                                 |                            |  |  |
| F |                 |                            |      |                     |                                 |                            |  |  |
| G |                 |                            |      |                     |                                 |                            |  |  |
| H |                 |                            |      |                     |                                 |                            |  |  |
| I |                 |                            |      |                     |                                 |                            |  |  |
| J |                 |                            |      |                     |                                 |                            |  |  |
| K |                 |                            |      |                     |                                 |                            |  |  |
| L |                 |                            |      |                     |                                 |                            |  |  |
| M |                 |                            |      |                     |                                 |                            |  |  |
| N |                 |                            |      |                     |                                 |                            |  |  |
| O |                 |                            |      |                     |                                 |                            |  |  |
| P |                 |                            |      |                     |                                 |                            |  |  |
| Q |                 |                            |      |                     |                                 |                            |  |  |
| R |                 |                            |      |                     |                                 |                            |  |  |
| S |                 |                            |      |                     |                                 |                            |  |  |
| T |                 |                            |      |                     |                                 |                            |  |  |

Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.



2014

**Consolidated Brokerage Statement Sales of Stocks,  
Securities, Capital Assets and Miscellaneous Income****5G****Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:****Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year**

Did you have any of the following during the year?

Mutual fund transactions .....

Exchange of any securities or investments for something other than cash .....

Sales of inherited property .....

Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days  
before or 30 days after the sale .....

Commodity sales, short sales or straddles .....

Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest .....

Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock .....

Securities which became worthless .....

| Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

| Kind of Property and Description | Gross Sales Price (Less Commissions) | Cost or Other Basis |
|----------------------------------|--------------------------------------|---------------------|
|                                  |                                      |                     |
|                                  |                                      |                     |
|                                  |                                      |                     |
|                                  |                                      |                     |

|   | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) | Federal Tax Withheld | State Tax Withheld |
|---|--------------------------|----------------------|----------------------|--------------------|
| A |                          |                      |                      |                    |
| B |                          |                      |                      |                    |
| C |                          |                      |                      |                    |
| D |                          |                      |                      |                    |

**Other Income:**

| Nature and Source | 2014 Amount | 2013 Amount |
|-------------------|-------------|-------------|
|                   |             |             |
|                   |             |             |

**Other Adjustments to Income:**

| Nature and Source | 2014 Amount | 2013 Amount |
|-------------------|-------------|-------------|
|                   |             |             |
|                   |             |             |

**Investment Interest Expense:**

Interest paid on money you borrowed that is allocable to property held for investment.

| Paid To | 2014 Amount | 2013 Amount |
|---------|-------------|-------------|
|         |             |             |
|         |             |             |

**Foreign Bank Accounts and Trusts:**

At any time during 2014, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? .....

If Yes, enter name of foreign country .....

| Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

Were you the grantor of, or transferor to, a foreign trust that existed during 2014, whether or not you had any beneficial interest in it? .....

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|



2014

**Business Income and Cost of Goods Sold**

6

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_

Employer ID number \_\_\_\_\_

Street address \_\_\_\_\_

City, state and ZIP code \_\_\_\_\_

Method of inventory \_\_\_\_\_

Method of accounting \_\_\_\_\_

**Business Questions for 2014:**

Did you dispose of this business? \_\_\_\_\_ (Mo/Da/Yr) \_\_\_\_\_

If Yes, what was the disposition date? \_\_\_\_\_

Was there a change in determining quantities, costs or valuations between opening and closing inventory? \_\_\_\_\_

Were you involved in the operations of this business on a regular, continuous and substantial basis? \_\_\_\_\_

Have you prepared or will you prepare all required Forms 1099? \_\_\_\_\_

| Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

| 2014 Amount | 2013 Amount |
|-------------|-------------|
|             |             |

**Income:**

Include all Forms 1099-K

Payment card and third party transactions:

| Description | 2014 Amount | 2013 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |

Miscellaneous income: Include all Forms 1099-MISC

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

Other Income:

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

Other gross receipts or sales \_\_\_\_\_

Less returns and allowances \_\_\_\_\_

**Cost of Goods Sold:**

2014 Amount 2013 Amount

Beginning inventory \_\_\_\_\_

Purchases less cost of items withdrawn for personal use \_\_\_\_\_

Cost of labor (do not include amounts paid to yourself) \_\_\_\_\_

Materials and supplies \_\_\_\_\_

Other costs of goods sold: \_\_\_\_\_

| Description | 2014 Amount | 2013 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |

Ending inventory \_\_\_\_\_



## 6A

Name of Business: \_\_\_\_\_

Principal Business or Profession: ...

|  |       |
|--|-------|
| Advertising  | ..... |
| Car and truck expenses   | ..... |
| Parking fees and tolls   | ..... |
| Commissions and fees   | ..... |
| Contract labor   | ..... |
| Employee benefit programs and health insurance (other than pension and profit-sharing plans) | ..... |
| Insurance (other than health)  | ..... |
| Interest - mortgage (paid to banks, etc.)  | ..... |
| Interest - other   | ..... |
| Legal and professional fees  | ..... |
| Office expense   | ..... |
| Pension and profit-sharing plans   | ..... |
| Rent or lease - vehicles, machinery and equipment  | ..... |
| Rent or lease - other business property  | ..... |
| Repairs and maintenance  | ..... |
| Supplies (not included in Cost of Goods Sold)  | ..... |
| Taxes and licenses   | ..... |
| Travel   | ..... |
| Meals and entertainment  | ..... |
| Utilities  | ..... |
| Wages  | ..... |
| Dependent care benefits  | ..... |

[illegible][illegible]

|                         |                                   |                                     |             |
|-------------------------|-----------------------------------|-------------------------------------|-------------|
| <b>X if<br/>not new</b> | <b>Acquisitions - Description</b> | <b>Date Acquired<br/>(Mo/Da/Yr)</b> | <b>Cost</b> |
|                         |                                   |                                     |             |
|                         |                                   |                                     |             |
|                         |                                   |                                     |             |

  

|                                   |                                     |             |                                 |                      |
|-----------------------------------|-------------------------------------|-------------|---------------------------------|----------------------|
| <b>Dispositions - Description</b> | <b>Date Acquired<br/>(Mo/Da/Yr)</b> | <b>Cost</b> | <b>Date Sold<br/>(Mo/Da/Yr)</b> | <b>Selling Price</b> |
|                                   |                                     |             |                                 |                      |
|                                   |                                     |             |                                 |                      |
|                                   |                                     |             |                                 |                      |



2014

# Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

## Listed Property Questions for 2014:

|   |                          |                          |
|---|--------------------------|--------------------------|
| Do you have evidence to support your deduction? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have evidence to support the business use percentage claimed on listed property? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

## If you are an employer who provides vehicles for use by employees:

|  |                          |                          |
|--|--------------------------|--------------------------|
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

## Vehicle:

Description of vehicle .....

Date placed in service ..... (Mo/Da/Yr)

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

Was your vehicle available for use during off-duty hours? .....

## Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year .....

## Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....

| Vehicle 1  |             | Vehicle 2  |             |
|--|-------------|--|-------------|
| Description of vehicle .....   |             | Description of vehicle .....   |             |
| Date placed in service ..... (Mo/Da/Yr)  |             | Date placed in service ..... (Mo/Da/Yr)  |             |
| Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No |             | Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| Was your vehicle available for use during off-duty hours? .....  |             | Was your vehicle available for use during off-duty hours? .....  |             |
| 2014 Miles   | 2013 Miles  | 2014 Miles   | 2013 Miles  |
|  |             |  |             |
|  |             |  |             |
|  |             |  |             |
| 2014 Amount  | 2013 Amount | 2014 Amount  | 2013 Amount |
|  |             |  |             |
|  |             |  |             |
|  |             |  |             |
|  |             |  |             |



**6C**

Principal Business or Profession:

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business \_\_\_\_\_ %

| Other Business Expenses: |             |             |
|--------------------------|-------------|-------------|
| Description              | 2014 Amount | 2013 Amount |
|                          |             |             |
|                          |             |             |
|                          |             |             |

Amount received for other expenses . . . . .

Amount received for meals and entertainment . . . . .

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?

☐ Yes ☐ No

%

|  |     |  |    |
|--|-----|--|----|
|  | Yes |  | No |
|  | Yes |  | No |

| Other Vehicle Expenses: |             |             |
|-------------------------|-------------|-------------|
| Description             | 2014 Amount | 2013 Amount |
|                         |             |             |
|                         |             |             |
|                         |             |             |





2014

**Business Use of Home****6D**

Name of Business: .....

Principal Business or Profession: .....

**Partial Use of Your Home for Business:**

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

| 2014 | 2013 |
|------|------|
|      |      |
|      |      |
|      |      |

| Yes | No |
|-----|----|
|     |    |
|     |    |

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

|   | Direct Expenses |             | Indirect Expenses |             |
|---|-----------------|-------------|-------------------|-------------|
|   | 2014 Amount     | 2013 Amount | 2014 Amount       | 2013 Amount |
| Casualty losses .....                       |                 |             |                   |             |
| Deductible mortgage interest paid to:       |                 |             |                   |             |
| Financial institutions .....                |                 |             |                   |             |
| Individuals .....                           |                 |             |                   |             |
| Real estate taxes .....                     |                 |             |                   |             |
| Insurance .....                             |                 |             |                   |             |
| Qualified mortgage insurance premiums ..... |                 |             |                   |             |
| Repairs and maintenance .....               |                 |             |                   |             |
| Utilities .....                             |                 |             |                   |             |
| Rent .....                                  |                 |             |                   |             |

**Other Expenses:**

| Description | Direct Expenses |             | Indirect Expenses |             |
|-------------|-----------------|-------------|-------------------|-------------|
|             | 2014 Amount     | 2013 Amount | 2014 Amount       | 2013 Amount |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |

**Seller-Financed Mortgage Interest Information:**

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
|   |                                     |  |



2014

# Sales of Stocks, Securities, Capital Assets & Installment Sales

7

## Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

Mutual fund transactions .....  
 Exchange of any securities or investments for something other than cash .....  
 Sales of inherited property .....  
 Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days  
 before or 30 days after the sale .....  
 Commodity sales, short sales or straddles .....  
 Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest .....  
 Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock .....  
 Debts that became uncollectible .....  
 Securities that became worthless .....  
 Sale of any property where you will receive payments in future years .....

| Yes | No |
|-----|----|
|     |    |
|     |    |
|     |    |
|     |    |
|     |    |
|     |    |
|     |    |
|     |    |
|     |    |
|     |    |

| TSJ | Kind of Property and Description | Date Acquired<br>(Mo/Da/Yr) | Date Sold<br>(Mo/Da/Yr) | Gross Sales Price (Less Commissions) |
|-----|----------------------------------|-----------------------------|-------------------------|--------------------------------------|
|     |                                  |                             |                         |                                      |
|     |                                  |                             |                         |                                      |
|     |                                  |                             |                         |                                      |
|     |                                  |                             |                         |                                      |
|     |                                  |                             |                         |                                      |
|     |                                  |                             |                         |                                      |
|     |                                  |                             |                         |                                      |

|   | Cost or Other Basis | Federal Tax Withheld | State Tax Withheld |
|---|---------------------|----------------------|--------------------|
| A |                     |                      |                    |
| B |                     |                      |                    |
| C |                     |                      |                    |
| D |                     |                      |                    |
| E |                     |                      |                    |
| F |                     |                      |                    |
| G |                     |                      |                    |
| H |                     |                      |                    |

Installment Sales: Do not include interest received in principal amount

| TSJ | Property Description | Date Sold<br>(Mo/Da/Yr) | 2014<br>Principal Received | 2013<br>Principal Received |
|-----|----------------------|-------------------------|----------------------------|----------------------------|
|     |                      |                         |                            |                            |
|     |                      |                         |                            |                            |
|     |                      |                         |                            |                            |
|     |                      |                         |                            |                            |
|     |                      |                         |                            |                            |



## 8

**Include the closing statements from the purchase and sale of your former and new homes**

|               |                  |
|---------------|------------------|
| TSJ           | _____            |
| Date acquired | (Mo/Da/Yr) _____ |
| Date sold     | (Mo/Da/Yr) _____ |
| Selling price | _____            |

| Description | Amount |
|-------------|--------|
|             |        |
|             |        |
|             |        |

Commissions, legal fees, advertising and other expenses.

| Description | Amount |
|-------------|--------|
|             |        |
|             |        |
|             |        |

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? ☐ Yes ☐ No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? ☐ Yes ☐ No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated

TSJ .....

Were the moving expenses reimbursed by your employer? ☐ Yes ☐ No

Enter reimbursements not included in wages on your Form W-2

|  |       |
|--|-------|
| Number of miles from old home to new workplace | ..... |
| Number of miles from old home to old workplace | ..... |
| Number of automobile miles in move             | ..... |

|   |  |
|---|--|
| Costs of transportation of household goods and personal effects           |  |
| Costs of travel and lodging (do not include meals or automobile expenses) |  |
| Automobile expenses (gasoline, oil, etc.)                                 |  |
| Meals (Pennsylvania only)   |  |





2014

## Pension, Annuity and Retirement Plan Information

9A

**Pensions and Annuities:** Include all Forms 1099-R and any nontaxable distribution details

| TSJ | Name of Payer | 2014 Gross Distributions | Taxable Amount | Federal Tax Withheld | State Tax Withheld | Is this a Rollover? | 2013 Gross Distributions |
|-----|---------------|--------------------------|----------------|----------------------|--------------------|---------------------|--------------------------|
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |

**Self-Employed Retirement Plan:** Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....

Do you want to contribute the maximum amount allowed? .....

**Contributions to:**

Simplified employee pension plan .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

**Taxpayer**

Yes

No

☐☐

**Spouse**

Yes

No

☐☐

**2014 Amount**

|  |
|--|
|  |
|  |
|  |
|  |

**2014 Amount**

|  |
|--|
|  |
|  |
|  |
|  |



2014

**Rental and Royalty Income**

10

**Location of Property:**TSJ .....  
Type of property .....

Have you prepared or will you prepare all required Forms 1099? .....

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

Ownership percentage if not 100% .....  
How many days was this property rented at fair market value? .....  
How many days was this property used personally (including use by family members)? .....

| 2014   | 2013 |
|--------|------|
| .....% |      |
| .....  |      |
| .....  |      |

**Income:**Rents received .....  
Royalties received .....

| 2014 Amount | 2013 Amount |
|-------------|-------------|
| .....       |             |
| .....       |             |

Payment card and third party transactions: Include all Forms 1099-K

| Description | 2014 Amount | 2013 Amount |
|-------------|-------------|-------------|
| .....       |             |             |
| .....       |             |             |
| .....       |             |             |
| .....       |             |             |

Miscellaneous income: Include all Forms 1099-MISC

| Description | 2014 Amount | 2013 Amount |
|-------------|-------------|-------------|
| .....       |             |             |
| .....       |             |             |
| .....       |             |             |
| .....       |             |             |

Other income:

| Description | 2014 Amount | 2013 Amount |
|-------------|-------------|-------------|
| .....       |             |             |
| .....       |             |             |
| .....       |             |             |
| .....       |             |             |



**10A**

**Expenses:**

|                                       |  |
|---------------------------------------|--|
| Advertising                           |  |
| Auto and travel                       |  |
| Cleaning and maintenance              |  |
| Commissions                           |  |
| Insurance                             |  |
| Legal and other professional fees     |  |
| Management fees                       |  |
| Mortgage interest paid to banks, etc. |  |
| Mortgage interest paid to individuals |  |
| Other interest                        |  |
| Repairs                               |  |
| Supplies                              |  |
| Taxes                                 |  |
| Utilities                             |  |
| Dependent care benefits               |  |
| Employee benefits                     |  |
| Other Expenses:                       |  |

[illegible]



2014

# Rental and Royalty Property and Equipment & Depletion

10B

Location of Property: \_\_\_\_\_

Property and Equipment: Include a list if more space is needed

## Acquisitions:

| X if<br>not new | Description | Date Acquired<br>(Mo/Da/Yr) | Cost |
|-----------------|-------------|-----------------------------|------|
|                 |             |                             |      |
|                 |             |                             |      |
|                 |             |                             |      |
|                 |             |                             |      |
|                 |             |                             |      |
|                 |             |                             |      |
|                 |             |                             |      |
|                 |             |                             |      |
|                 |             |                             |      |

## Dispositions:

| Description | Date Acquired<br>(Mo/Da/Yr) | Cost | Date Sold<br>(Mo/Da/Yr) | Selling Price |
|-------------|-----------------------------|------|-------------------------|---------------|
|             |                             |      |                         |               |
|             |                             |      |                         |               |
|             |                             |      |                         |               |
|             |                             |      |                         |               |
|             |                             |      |                         |               |
|             |                             |      |                         |               |
|             |                             |      |                         |               |
|             |                             |      |                         |               |
|             |                             |      |                         |               |

## Percentage Depletion Information:

| Production Type | Royalty Income |             |
|-----------------|----------------|-------------|
|                 | 2014 Amount    | 2013 Amount |
|                 |                |             |
|                 |                |             |
|                 |                |             |
|                 |                |             |
|                 |                |             |
|                 |                |             |
|                 |                |             |
|                 |                |             |
|                 |                |             |





2014

## Partnership, S Corporation, Estate, Trust and REMIC Income

11

Partnership Income: Include all Schedules K-1

| TSJ | Entity Name | Employer ID Number | Health Insurance Paid by Entity |
|-----|-------------|--------------------|---------------------------------|
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |

S Corporation Income: Include all Schedules K-1

| TSJ | Entity Name | Employer ID Number | Health Insurance Paid by Entity |
|-----|-------------|--------------------|---------------------------------|
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |
|     |             |                    |                                 |

Estate and Trust Income: Include all Schedules K-1

| TSJ | Entity Name | Employer ID Number |
|-----|-------------|--------------------|
|     |             |                    |
|     |             |                    |
|     |             |                    |
|     |             |                    |
|     |             |                    |
|     |             |                    |
|     |             |                    |
|     |             |                    |
|     |             |                    |

Real Estate Mortgage Investment Conduit (REMIC) Income: Include all Schedules Q

| TSJ | Entity Name | Employer ID Number |
|-----|-------------|--------------------|
|     |             |                    |
|     |             |                    |
|     |             |                    |



2014

**Miscellaneous Income, Adjustments and Alimony**

13

Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-G and 1098-E

**Miscellaneous Income and Adjustments:**

|  | TSJ _____   |             | TSJ _____   |             |
|--|-------------|-------------|-------------|-------------|
|  | 2014 Amount | 2013 Amount | 2014 Amount | 2013 Amount |
| Taxable pensions and annuities received            |             |             |             |             |
| Nontaxable pensions and annuities received         |             |             |             |             |
| Federal withholding on pensions and annuities      |             |             |             |             |
| State withholding on pensions and annuities        |             |             |             |             |
| Unemployment compensation received                 |             |             |             |             |
| Unemployment compensation repaid in 2014           |             |             |             |             |
| Social security benefits received                  |             |             |             |             |
| Social security benefits repaid in 2014            |             |             |             |             |
| Medicare premiums withheld                         |             |             |             |             |
| Tier 1 railroad retirement benefits received       |             |             |             |             |
| Tier 1 railroad retirement benefits repaid in 2014 |             |             |             |             |
| Taxable IRA distributions                          |             |             |             |             |
| Nontaxable IRA distributions                       |             |             |             |             |
| Total lump sum social security received            |             |             |             |             |
| Lump sum taxable social security                   |             |             |             |             |
| Other federal withholding                          |             |             |             |             |
| Other state withholding                            |             |             |             |             |

**State and Local Income Tax Refunds:**

| TSJ | State | City | Tax Year | Income Tax Refund |       |
|-----|-------|------|----------|-------------------|-------|
|     |       |      |          | State             | Local |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |

**Other Income:**

| TSJ | Nature and Source | 2014 Amount | 2013 Amount |
|-----|-------------------|-------------|-------------|
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |

**Alimony Paid or Received:**

| TSJ | Recipient's Name | Recipient's Social Security No. | Alimony Received? | 2014 Amount | 2013 Amount |
|-----|------------------|---------------------------------|-------------------|-------------|-------------|
|     |                  |                                 |                   |             |             |
|     |                  |                                 |                   |             |             |
|     |                  |                                 |                   |             |             |
|     |                  |                                 |                   |             |             |
|     |                  |                                 |                   |             |             |
|     |                  |                                 |                   |             |             |



2014

**Itemized Deductions - Medical and Taxes**

14

**Medical and Dental Expenses:**

Prescription medicines and drugs .....  
 Total medical insurance premiums paid \* .....  
 Long-term care expenses .....  
 Total insurance reimbursement .....  
 Number of miles traveled for medical care .....  
 Lodging .....  
 Doctors, dentists, etc. ....  
 Hospitals .....  
 Lab fees .....  
 Eyeglasses and contacts .....  
 Cobra assistance premiums in 2014 .....

| TSJ | 2014 Amount | 2013 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |

Taxpayer long-term care insurance premiums paid .....  
 Spouse long-term care insurance premiums paid .....

| 2014 Amount | 2013 Amount |
|-------------|-------------|
|             |             |
|             |             |

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

**Other Medical Expenses:**

| TSJ | Description | 2014 Amount | 2013 Amount |
|-----|-------------|-------------|-------------|
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |

**Taxes Paid:** Include copies of your tax bills

Personal property taxes paid (include vehicle taxes) .....  
 General sales taxes paid on specified items .....

| TSJ | 2014 Amount | 2013 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |

Itemize real estate taxes by state.

| TSJ | Real Estate Taxes | 2014 Amount | 2013 Amount |
|-----|-------------------|-------------|-------------|
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |

**Other Taxes Paid:**

| TSJ | Description | 2014 Amount | 2013 Amount |
|-----|-------------|-------------|-------------|
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |

If you purchased or sold your home in 2014, did you include any taxes from your closing statement in the amounts above? ☐ Yes ☐ No



2014

**Itemized Deductions - Mortgage Interest and Points****14A****Mortgage Questions for 2014:**

|  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                |
| If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance your home? (If Yes, enclose the closing statement.) . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many years is your new mortgage loan? . . .  |                          |                          |
| Did you purchase a new home or sell your former home during the year? . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enclose the closing statements from the purchase and sale of your new and former homes.  |                          |                          |
| If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Home Mortgage Interest Paid To Financial Institutions:**

| TSJ | Paid To | Did You Receive Form 1098? |    | 2014 Amount | 2013 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
|     |         | Yes                        | No |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |

**Other Home Mortgage Interest Paid:**

| TSJ | Paid To |         | ID Number | 2014 Amount | 2013 Amount |
|-----|---------|---------|-----------|-------------|-------------|
|     | Name    | Address |           |             |             |
|     |         |         |           |             |             |
|     |         |         |           |             |             |
|     |         |         |           |             |             |

**Deductible Points:**

| TSJ | Paid To | Did You Receive Form 1098? |    | 2014 Amount | 2013 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
|     |         | Yes                        | No |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |

**Mortgage Insurance Premiums:**

Premiums paid or accrued for qualified mortgage insurance.

| TSJ | 2014 Amount | 2013 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |
|     |             |             |

**Investment Interest Expense:**

Interest paid on money you borrowed that is allocable to property held for investment.

| TSJ | Paid To | 2014 Amount | 2013 Amount |
|-----|---------|-------------|-------------|
|     |         |             |             |
|     |         |             |             |
|     |         |             |             |



2014

**Itemized Deductions - Contributions**

15

**Cash Contributions:** Include all Forms 1098-C.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

| TSJ | Organization or Description of Contribution | 2014 Amount | 2013 Amount |
|-----|---|-------------|-------------|
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |

| TSJ | Conservation Real Property | 2014 Amount | 2013 Amount |
|-----|----------------------------|-------------|-------------|
|     | 100% limit                 |             |             |
|     | 50% limit                  |             |             |

| TSJ | Description   | 2014 Miles | 2013 Miles |
|-----|---|------------|------------|
|     | Number of miles traveled performing volunteer work for qualified charitable organizations |            |            |

**Noncash Contributions Totaling \$500 or Less:**

| TSJ | Description of Donated Property | 2014 Amount | 2013 Amount |
|-----|---------------------------------|-------------|-------------|
|     |                                 |             |             |
|     |                                 |             |             |

**Noncash Contributions Totaling More Than \$500:** Include all Forms 1098-C or other documentation.

TSJ .....  
 Description of the donated property .....

Donee organization name .....

Donee organization address .....

Date the property was acquired by the taxpayer (Mo/Da/Yr) .....

Date the property was donated (Mo/Da/Yr) .....

Cost or basis of the donated property .....

Fair market value of the donated property .....

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

☐ Appraisal ☐ Thrift shop value ☐ Catalog ☐ Comparable sale

Other - please explain .....

Which of the following describes how this donated property was acquired?

☐ Purchase ☐ Gift ☐ Inheritance ☐ Exchange



2014

**Itemized Deductions - Miscellaneous**

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**Miscellaneous Itemized Deductions:**

Union and professional dues .....  
 Tax preparation fee .....  
 Professional subscriptions .....  
 Hobby expense (To extent of income) .....  
 Safe deposit box .....  
 Uniforms and protective clothing .....  
 Work tools .....  
 Gambling losses .....  
 Estate taxes .....

| TSJ | 2014 Amount | 2013 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |

**Other Itemized Deductions:**Examples:

- Certain legal and accounting fees
- Investment expenses
- Custodial fees
- Employment agency fees
- Certain educational expenses

| TSJ | Description | 2014 Amount | 2013 Amount |
|-----|-------------|-------------|-------------|
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |

**Casualty or Theft Loss:**

TSJ .....

Property description .....

Which of the following describes the type of property that sustained the casualty or theft loss?

☐ Personal use   
 ☐ Business use   
 ☐ Income producing   
 ☐ Employee Use   
 ☐ Personal use due to Hurricane Katrina

☐ Personal use attributable to a federally declared disaster between 2007 and 2009   
 ☐ Personal use attributable to Midwestern disaster area   
 ☐ Personal use attributable to Kansas disaster area

Date acquired ..... (Mo/Da/Yr) .....

Date damaged or lost ..... (Mo/Da/Yr) .....

☐ Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Original cost or other basis ..... Fair market value before casualty ..... Fair market value after casualty ..... Cost of replacement ..... Insurance reimbursement .....



2014

## Employee Business Expenses- Business Use of Home

17A

**Partial Use of Your Home for Business:**

Square footage of home used exclusively for business .....  
Total square footage of home .....  
Total hours home was used for day care during the year .....

| 2014 | 2013 |
|------|------|
|      |      |
|      |      |
|      |      |

Was your home used for day care purposes for the entire year? .....  
Were improvements made to the home and/or home office since the time you began using the home for business? .....

| Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

|   | Direct Expenses |             | Indirect Expenses |             |
|---|-----------------|-------------|-------------------|-------------|
|   | 2014 Amount     | 2013 Amount | 2014 Amount       | 2013 Amount |
| Casualty losses .....                       |                 |             |                   |             |
| Deductible mortgage interest paid to:       |                 |             |                   |             |
| Financial institutions .....                |                 |             |                   |             |
| Individuals .....                           |                 |             |                   |             |
| Real estate taxes .....                     |                 |             |                   |             |
| Insurance .....                             |                 |             |                   |             |
| Qualified mortgage insurance premiums ..... |                 |             |                   |             |
| Repairs and maintenance .....               |                 |             |                   |             |
| Utilities .....                             |                 |             |                   |             |
| Rent .....                                  |                 |             |                   |             |

**Other Expenses:**

| Description | Direct Expenses |             | Indirect Expenses |             |
|-------------|-----------------|-------------|-------------------|-------------|
|             | 2014 Amount     | 2013 Amount | 2014 Amount       | 2013 Amount |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
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|             |                 |             |                   |             |
|             |                 |             |                   |             |

**Seller-Financed Mortgage Interest Information:**

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
|   |                                     |  |



2014

# **Child/Dependent Care Expenses & Education Expenses**

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## **Child/Dependent Care Expenses:**

### **General Information:**

TSJ .....

Were you or your spouse a full time student or disabled? .....

☐ Yes ☐ No

Did you pay an individual for services performed in your home? .....

☐ Yes ☐ No

Expenses incurred in 2013 but paid in 2014 .....

Employer-provided dependent care benefits that were forfeited in 2014 .....

2013 carryover used in grace period .....

|  |
|--|
|  |
|  |
|  |

### **Child/Dependent Care Providers:**

#### **Provider 1:**

Name .....

Street address .....

City, state and ZIP code .....

Social security number OR .....

Employer identification number .....

Telephone number (California only) .....

**2014 Amount**

**2013 Amount**

Expenses incurred and paid in 2014 .....

Expenses incurred and not paid in 2014 .....

| 2014 Amount | 2013 Amount |
|-------------|-------------|
|             |             |
|             |             |

#### **Provider 2:**

Name .....

Street address .....

City, state and ZIP code .....

Social security number OR .....

Employer identification number .....

Telephone number (California only) .....

**2014 Amount**

**2013 Amount**

Expenses incurred and paid in 2014 .....

Expenses incurred and not paid in 2014 .....

| 2014 Amount | 2013 Amount |
|-------------|-------------|
|             |             |
|             |             |

### **Qualifying Persons for Child/Dependent Care Expenses:**

| First Name and Initial | Last Name | Social Security Number | 2014 Expenses Incurred | 2013 Expenses Incurred |
|------------------------|-----------|------------------------|------------------------|------------------------|
|                        |           |                        |                        |                        |
|                        |           |                        |                        |                        |
|                        |           |                        |                        |                        |

### **Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:**

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

**Include copies of all Forms 1098-T**

| First Name and Initial | Last Name | Social Security Number | 2014 Qualified Expenses |
|------------------------|-----------|------------------------|-------------------------|
|                        |           |                        |                         |
|                        |           |                        |                         |
|                        |           |                        |                         |