



www.FullertonBusinessService.com

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Please take time to review and complete this organizer.

This organizer helps us accurately prepare and timely file your returns.

New clients:
Please bring your returns
from 2012 and 2013

PERSONAL INFORMATION (Returning clients please list any changes from last year)

Taxpayer	Name	SSN	Birthdate	Phone No.	Occupation	
Spouse	Name	SSN	Birthdate	Phone No.	Occupation	
Address	Street	City		State	ZIP	
	Taxpayer Email Address	Spouse Email Address				
Dependents (if dependent filing own return, provide a copy to FBS)	Name	SSN	Birthdate	No. of Months Lived with You	Income	Childcare Expenses

HEALTH CARE COVERAGE:

Did you have **HEALTH CARE** coverage for yourself and **EVERYONE** claimed on tax return for **ENTIRE YEAR**?
 Yes No (If no, **YOU MUST COMPLETE PAGE 5**)

If **YES**, where was **HEALTH CARE** coverage obtained?
 Employer Medicaid/MediCal Medicare Marketplace (Exchange) Other _____

Did anyone besides taxpayer or spouse pay for **HEALTH CARE** coverage for anyone listed above?
 Yes No

POST-HIGH SCHOOL EDUCATION (Post-High School Expenses) **Please provide us with Form 1098-T.**

Students	Name	Name of Institution	Tuition and Fees Paid	Room and Board	Books and Supplies	Grants and Scholarships

INCOME & EXPENSE DOCUMENTS: (list on separate sheet if desired)

<input checked="" type="checkbox"/>	Income Documents Needed (Please provide these documents)	<input checked="" type="checkbox"/>	Expense Documents Needed (Please provide these documents)	
	W-2s : Wages/salaries from ALL employers		1095-A: Health Insurance Marketplace Statement	
	1099-INT & 1099-DIV : Interest & Dividends - ALL accounts		1095-B / 1095-C: Issuance optional in 2014	
	1099-B : Sales of Securities, Mutual Funds, etc.		1098: Mortgage Interest	
	Year-End : Investment statements, Mutual Fund supplements		5498-SA-HSA: Health Savings Account	
	1099-SSA / 1099-RRB : Social Security & Railroad Retirement		Other Income	Amount
	1099-R : Income from Pension, IRAs and Annuities		Alimony Received	
	1099-G : Unemployment Compensation, State Tax Refund		Scholarships, Fellowships and Grants	
	K-1 : Partnerships, Trusts, Estates and S-Corporations		Tips Received	
	1099 - MISC : Non-Employee Comp, Rents, Royalties		Disability and Sick Pay	
	1099-SA HSA or MSA : Health Savings Accounts		Gambling Winnings (Provide W-2G)	
	1099-Q : Payments from Qualified Education Accounts		Business Income (Please see the FBS Business Organizer)	

2014 ITEMIZED DEDUCTIONS

NAME: _____

Medical Expenses 3	Amount
Insurance Premiums	
<small>(Do not include Medicare Premiums deducted directly from Social Security)</small>	
Long-term Care Insurance Prem - Taxpayer	
Long-term Care Insurance Prem - Spouse	
Prescriptions (co-pay, out-of-pocket)	
Doctor, Dentist, Chiropractor	
Hospital, Nursing Home, Home Health Care	
Glasses, Hearing Aids & Batteries	
Medical Equipment, Supplies & Rentals	
Miles Driven for Medical Reasons	
Lodging, Airfare	
Parking, Transportation or Ambulance	
Other:	
<small>3 Do not include insurance reimbursements or expenses paid by FLEX or HSA accounts</small>	

Taxes Paid in 2014	Amount
Real Estate (primary residence)	
Real Estate (secondary residence)	
Sales Tax on Large Purchases (boat, RV, auto)	
Personal Property Tax (e.g. DMV)	

Home Mortgage Interest - Provide 1098	Primary Residence	Secondary Residence
First Mortgage		
Second Mortgage		
Home Equity Line		
Points Paid		
Paid to an Individual - Provide Name, Address & SS# below		
Other Investment Interest:		

Unreimbursed Job-Related Expenses 8	Taxpayer	Spouse
Union and Professional Dues		
Education and Seminars (tuition & fees)		
Books and Supplies		
Insurance: E&O, Malpractice		
Job Tools, Supplies and Equipment		
Meals & Entertainment		
Phone / Internet		
Publications and Journals		
Travel		
Uniforms (purchasing, cleaning) 9		
Other:		
<small>8 Self-Employed Individuals: For business-related expenses, please see Business Organizer</small>		
<small>9 Uniforms must be exclusive to your work and not appropriate as normal attire.</small>		



Charitable Contributions 4 (documentation required)	Amount
Total Cash and Check Contributions	
Miles Driven for Charitable Purposes	
Travel for Charitable Purposes/Volunteer Expenses	
Non-Cash (In-Kind) Donations	
Other:	
<small>4 All donations must be made to qualified non-profit organizations such as religious charity or schools. Gifts of \$250 or more require donation receipt. If non-cash donation over \$500.00, see 8283 worksheet at www.FullertonBusinessService.com/tax-tools to provide details.</small>	

Miscellaneous Deductions	Taxpayer	Spouse
Atty Fees (protect taxable income)		
Gambling Losses		
Investment Publications & Journals		
Investment Exp (incl custodial fee)		
Investment Advisory Fees Paid		
Job Search Expense		
Job Seeking Mileage		
Safe Deposit Box		
Tax Preparation & Consulting Fees		
Other:		

Unreimbursed Job-Related Mileage	Taxpayer or Vehicle 1	Spouse or Vehicle 2
Vehicle Make / Model		
Cost or Fair Market Value		
Date Placed in Service		
Parking Fees / Tolls / Loan Int		

2014 Mileage Detail	Taxpayer	Spouse
Total Miles 2014	mi.	mi.
For Employer (business related)	mi.	mi.
To and From Work (commuting)	mi.	mi.
Written Mileage Log?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reimbursement Received	\$	\$
Actual Expense Method	Taxpayer	Spouse
Fuel	\$	\$
Repairs & Maintenance	\$	\$
Auto Insurance	\$	\$
Lease Payments or Loan Interest	\$	\$
Other:	\$	\$

Office In Home Deduction for W-2 Employees		
Must be required as condition of employment; office not provided at work	Taxpayer	Spouse
Office Square Feet		
Home Square Feet		
Repairs & Maintenance		
Utilities		
Insurance		
HOA & Mgmt Fees		
Rent		

2014 OTHER INFORMATION

NAME:

Child or Dependent Care Expenses		
Provider Name		
Phone		
Address		
City, State, ZIP		
SSN or EIN		
Amount Paid*	\$	\$
Were dependent care benefits excluded from taxable wage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
* Please enter amount paid per child on page 1		

Other Adjustments to Income	Taxpayer	Spouse
Student Loan Interest		
K-12 Teacher Supplies		
Self Employed Health Ins Premiums		
Alimony Paid		
Alimony Recipient's SSN		
HSA Contribution		
Moving Expenses 7		
7 Related to change of employment (50 miles difference in commute miles required)		

Estimated Taxes Paid				
Due Date	Federal	Fed Date Paid	State	State Date Paid
April 15, 2014	\$		\$	
June 16, 2014	\$		\$	
September 15, 2014	\$		\$	
January 15, 2015	\$		\$	

2014 Retirement Contributions		
	Taxpayer	Spouse
Traditional IRA		
Roth IRA		
SEP IRA		
SIMPLE IRA		

<input checked="" type="checkbox"/>	Please check your choices:
<input type="checkbox"/>	I'd like to purchase Triple Protection Plan coverage (see back of letter for details)
<input type="checkbox"/>	I'd like to receive a password-protected, electronic copy of my return (PDF) in lieu of a paper copy.
<input type="checkbox"/>	I do NOT wish to allow my preparer to discuss my return with the IRS. Do not check this box on my return.
<input type="checkbox"/>	Please mail my tax documents to the address on my return. (If not selected, we will call you to pick up documents)

E-FILE INFORMATION

<input checked="" type="checkbox"/>	Send E-File Authorization forms via:
<input type="checkbox"/>	E-mail : (please list email address on page 1)
<input type="checkbox"/>	I'll pick up : (please list phone # on page 1)

<input checked="" type="checkbox"/>	Apply Refund to 2015 Taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Entire Refund
<input type="checkbox"/>	1st Quarter Estimated Payment Only
<input type="checkbox"/>	Other Amount : \$

Direct Deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Electronic Funds W/D? <input type="checkbox"/> Yes <input type="checkbox"/> No
Bank Name:	Please select one <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Routing #:	
Bank Account #:	
To ensure accuracy, please fill in above even if you have previously provided	

Notes / Questions



NAME:

QUESTIONS (provide details for any "yes" including applicable documents)

Yes No DURING 2014, DID YOU OR YOUR SPOUSE...

Table with 2 columns (Yes/No) and 30 rows of questions regarding 2014 events such as tax designations, family changes, gifts, foreign accounts, trusts, alimony, real estate, retirement accounts, debt forgiveness, student loans, residence moves, insurance, IRS notices, taxes, sales tax, property loss, investment fees, education expenses, solar/geothermal improvements, electric vehicles, college savings, household employees, out-of-state purchases, stock options, health care, rental, dependent children, and income reporting.

NAME:

2014 HEALTH COVERAGE FORM

Please complete if you or a family member did not have health coverage part or all of the year:

Name of Individual (list all names on tax return)	SSN	Date of Birth	Covered all 12 months	If no full-year coverage, indicate which months had coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	

Answer this section if you or a family member did not have health coverage part or all of the year:

Answer YES if it applies to any member of the household

- Yes No Was your previous insurance policy cancelled in 2014?
- Yes No Do you have an Exemption from the Marketplace (also called the Exchange)?
- Yes No Was coverage offered by the taxpayer's or spouse's employer?
If yes, what was the expected annual out-of-pocket cost for the employee-only portion? \$ _____
- Yes No Are you a member of a federally-recognized Indian tribe?
- Yes No Are you eligible for services through an Indian health care provider?
- Yes No Are you a member of a health care sharing ministry?
- Yes No Did you live in the United States the entire year?
- Yes No Are you enrolled in TRICARE?
- Yes No Did you apply for CHIP coverage?
- Yes No Do any of the following apply to you? If yes, do NOT indicate which one.
 - Became homeless
 - Evicted in the past six months, or facing eviction or foreclosure
 - Received a shut-off notice from a utility company
 - Recently experienced domestic violence
 - Recently experienced the death of a close family member
 - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
 - Filed for bankruptcy in the last six months
 - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
 - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member



FULLERTON BUSINESS SERVICE