

PERSONAL INFORMATION

Taxpayer name _____	Social Security Number _____
Spouse's name _____	Social Security Number _____
Home address _____	County _____
City _____	State _____ ZIP _____
Telephone _____	Email _____

	Birth date	Occupation	Blind?	Disabled?	Date of Death
Taxpayer	_____	_____	___	___	_____
Spouse	_____	_____	___	___	_____

FILING STATUS: Indicate the filing status to be used on your 2014 income tax return

Single Can someone else claim you as a dependent on their return? ___ Yes
 Married Filing Joint
 Married Filing Separate Did you live apart from your spouse for all of 2014? ___ Yes
 Head of Household
 Qualifying Widow(er) a. Did your spouse die in 2014? ___ Yes
b. Did you have a child living with you whom you can claim as a dependent? ___ Yes

OTHER INFORMATION

Do you wish to allocate \$3 to the Presidential Election campaign fund? (will not affect your refund or balance due)
 Taxpayer? ___ Yes Spouse? ___ Yes
 Do you want to allow the paid preparer to discuss your return with the IRS? ___ Yes
 Do you want your refund deposited directly into your checking or savings account? ___ Yes
 Name of Financial Institution _____ Routing # _____ Acct # _____
 Is your 2013 tax return available? ___ Yes

DEPENDENTS

First name	Last name	SSN	Birth date	Relationship	# of months lived with you in 2014	Child care expenses paid in 2014

INCOME: Please attach documentation for each item you mark "Yes".

Did you receive any notices or correspondence from the IRS or state agency during 2014? ___ Yes
 Do you have any children age 18 or under (or student under age 24) who had investment income of more than \$1,900? ___ Yes
 If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return? ___ Yes
 Did you pay any expenses related to the adoption of an eligible child? ___ Yes
 Did you pay a household employee cash wages of \$1,700 or more during 2014? ___ Yes
 Did you sell your home during 2014? ___ Yes
 Did you receive any unreported tip income during 2014? ___ Yes
 Did you refinance a mortgage during 2014? ___ Yes
 Did you earn any foreign income or have any foreign taxes paid during 2014? ___ Yes
 Did you use any special fuels for farming purposes or other non-highway uses? ___ Yes
 Did you purchase a new vehicle during 2014? ___ Yes
 Did you receive any distributions from a health savings account (HSA), Archer MSA, or Medicare Advantage (MA) MSA reported to you on Form 1099-SA? ___ Yes
 Did you pay any real estate taxes in 2014? ___ Yes
 Did you buy a home in 2008 and claim the First Time Homebuyer Credit? ___ Yes

INCOME: Please attach documentation for each item you mark "Yes", including W-2s, 1099s, K-1s, etc.

- Did you receive wages reported on form W-2? ___ Yes
- Did you receive income reported on form 1099-MISC? ___ Yes
- Did you receive income from work not reported on form W-2 or 1099-MISC? ___ Yes
 - Were there expenses associated with that income? ___ Yes
 - Do you have depreciable assets associated with that income? ___ Yes
- Did you receive interest income reported on form 1099-INT? ___ Yes
- Did you receive dividend income reported on form 1099-DIV? ___ Yes
- Did you receive any IRA/pension/annuity income? ___ Yes
- Did you receive income from a partnership, S Corporation, Estate or Trust? ___ Yes
- Did you receive any royalty income? ___ Yes
- Did you receive any rental income? ___ Yes
- Did you receive Social Security benefits or Railroad Retirement benefits? ___ Yes
- Did you receive unemployment benefits? ___ Yes
- Did you receive alimony or other spousal support payments? ___ Yes
- Did you receive any state or local tax refunds? ___ Yes
- Did you receive any other income such as gambling winnings, jury duty pay, etc.? Type _____ ___ Yes
- Did you have any capital gains or losses (such as from sale of stock or property)? ___ Yes

ADJUSTMENTS

- Did you have business expenses as a reservist, performing artist, or fee-basis official? ___ Yes
- Did you contribute to a health savings account? ___ Yes
- Did you pay for Self-employed health insurance? ___ Yes
- Did you incur a penalty for early withdrawal of savings? ___ Yes

ADJUSTMENTS

- Did you have expenses as an educator? \$ _____
- Did you have moving expenses associated with a job? \$ _____
- Did you contribute to a Self-employed SEP, SIMPLE, or qualified plan? \$ _____
- Did you pay alimony or spousal support? Recipient's SSN _____ \$ _____
- Did you make contributions to a traditional IRA for 2014? \$ _____
- Did you make contributions to a ROTH IRA? \$ _____
- Did you pay qualified student loan interest? (attach form 1098-E) \$ _____
- Did you have any other adjustments? (Explain and attach documents)
[type in space] \$ _____

AMOUNT

DEDUCTIONS

AMOUNT

Medical and Dental (Only complete if total is possibly over 10% of your gross income.)

- Did you pay medical/dental care insurance premiums (other than self-employed)? \$ _____
- Did you pay qualified long-term care premiums? \$ _____
- Did you pay doctor, dentist, and hospital fees? \$ _____
- Did you pay for prescription medicines and drugs? \$ _____
- Did you pay for medical aids such as eyeglasses, contact lenses, or hearing aids? \$ _____
- Did you pay for transportation expenses for medical care? \$ _____
- Do you have other medical and dental expenses (Explain and attach documents) \$ _____

Taxes Paid

- Did you pay state and local income taxes other than paycheck withholdings and quarterly estimates? \$ _____
- Did you pay any personal property taxes? \$ _____
- Did you pay sales tax on the purchase of a new vehicle? \$ _____

Interest Paid

Did you pay home mortgage interest to a financial institution? ___ Yes
 Did you pay home mortgage interest to an individual? ___ Yes
 Individual's name _____
 Individual's address _____
 Individual's ID number _____
 Did you pay qualified mortgage insurance premiums? (VA, FHA, RHS, or private) ___ Yes
 Did you have investment interest expense? ___ Yes

Charitable Contributions

Did you make cash/check contributions to qualified charities (501(c)(3) organizations)? ___ Yes

Name of organization	Date	Amount

Did you make any non-cash contributions to qualified charities? (Attach 1098-C for vehicle donation) ___ Yes

Name of organization	Date	Item	Cash Value

OTHER: Please attach documentation.

Did you pay for post-secondary education (college or other training) for you or dependents? ___ Yes
 Did you have any casualty or theft losses? ___ Yes
 If yes, attach supporting documentation with description of the casualty, description of the property, date acquired, cost of property, insurance reimbursements, and the fair market value before and after the casualty.
 Did you pay tax preparation fees? \$ _____
 Did you pay any other miscellaneous expenses? (Such items include safe deposit box rental, certain appraisal fees, expenses related to investment income, etc.) ___ Yes
 Are you eligible for any other miscellaneous deductions, such as gambling losses, estate tax deduction, amortization of bond premium, etc.?
 Did you use your vehicle for work (not commuting), volunteering, medical care, or rental property ownership? ___ Yes
 Vehicle make & model _____ Date placed in service _____
 Cost or basis (if vehicle has been previously depreciated or adjusted) \$ _____
 Business miles _____ Commuting miles _____ Other miles _____
 Actual expenses such as gas, oil, repairs, etc. \$ _____
 Did you use an area of your home exclusively for business purposes? ___ Yes
 Total area of home _____ Area used exclusively for business _____
 Date home placed in service _____ FMV of home \$ _____ Value of land \$ _____
 Repairs and maintenance \$ _____ Utilities and other expenses \$ _____
 Insurance \$ _____

ADDITIONAL COMMENTS OR QUESTIONS