Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [ ] numbers are for preparer use only.

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) ____[1]

Mark if you were married but living apart all year ____[2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) ____[3]

	Taxpayer		Spouse	
Social security number	____[4]		____[5]	
First name	____[6]		____[7]	
Last name	____[8]		____[9]	
Occupation	____[10]		____[11]	
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	____[12]		____[14]	
Mark if dependent of another taxpayer	____[15]		____[16]	
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	____[17]			
Mark if legally blind	____[20]		____[21]	
Date of birth	____[22]		____[24]	
Date of death	____[26]		____[27]	
Work/daytime telephone number/ext number	____[28]	____[29]	____[30]	____[31]
Home/evening telephone number	____[32]		____[33]	
Do you authorize us to discuss your return with the IRS? (Y, N)	____[34]			

Present Mailing Address

Address ____[38]

Apartment number ____[39]

City, state postal code, zip code ____[40] ____[41] ____[42]

Foreign country name ____[44]

In care of addressee ____[47]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name[48]	Last Name	Date of Birth	Social Security No.	Relationship	Months*** in home	Dep Codes *	Dep Codes **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent ____[49]

Social security number of qualifying person ____[50]

Dependent Codes

*Basic
- 1 = Child who lived with you
- 2 = Child who did not live with you
- 3 = Other dependent
- 5 = Qualifying child for Earned Income Credit only
- 6 = Children who lived with you, but do not qualify for Earned Income Credit
- 7 = Children who lived with you, but do not qualify for Child Tax Credit
- 8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit

**Other
- 1 = Student (Age 19 - 23)
- 2 = Disabled dependent
- 3 = Dependent who is both a student and disabled

***Months
- 77 = Reported on odd year return
- 88 = Reported on even year return
- 99 = Not reported on return

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) ____[8]

Taxpayer email address ____________________[9]

Spouse email address ____________________[10]

	Taxpayer	Spouse
Fax telephone number	____________[11]	____________[19]
Mobile telephone number	____________[12]	____________[20]
Mobile telephone #2 number	____________[13]	____________[21]
Pager number	____________[14]	____________[22]
Other:	____________[15]	____________[23]
Telephone number	____________[16]	____________[24]
Extension	______[17]	______[25]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	____________[18]	____________[26]

NOTES/QUESTIONS:

Direct Deposit/Electronic Funds Withdrawal Information

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Primary account:

Financial institution routing transit number ______ [1]
Name of financial institution ______ [2]
Your account number ______ [3]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[4]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[5]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[6]
Enter the maximum dollar amount, or percentage of total refund Dollar ______ [7] or Percent (xxx.xx) ______ [8]

Secondary account #1:

Financial institution routing transit number ______ [23]
Name of financial institution ______ [24]
Your account number ______ [25]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[26]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[27]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[28]
Enter the maximum dollar amount, or percentage of total refund Dollar ______ [9] or Percent (xxx.xx) ______ [10]

Secondary account #2:

Financial institution routing transit number ______ [29]
Name of financial institution ______ [30]
Your account number ______ [31]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[32]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[33]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[34]
Enter the maximum dollar amount, or percentage of total refund Dollar ______ [13] or Percent (xxx.xx) ______ [14]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to $5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of $50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to $5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar ______ [11] or Percent (xxx.xx) ______ [12]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to $5,000), or percentage of refund used to purchase bonds Dollar ______ [15] or Percent (xxx.xx) ______ [16]
Owner's name (First Last) ______ [36] ______ [37]
Co-owner or beneficiary (First Last) ______ [38] ______ [39]
Mark if the name listed above is a beneficiary __[40]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to $5,000), or percentage of refund used to purchase bonds Dollar ______ [19] or Percent (xxx.xx) ______ [20]
Owner's name (First Last) ______ [41] ______ [42]
Co-owner or beneficiary (First Last) ______ [43] ______ [44]
Mark if the name listed above is a beneficiary __[45]

If you have an overpayment of 2014 taxes, do you want the excess:

Refunded ___[47]

Applied to 2015 estimated tax liability ___[48]

Do you expect a considerable change in your 2015 income? (Y, N) ___[49]

If yes, please explain any differences:

___[50]

___[51]

___[52]

___[53]

Do you expect a considerable change in your deductions for 2015? (Y, N) ___[54]

If yes, please explain any differences:

___[55]

___[56]

___[57]

___[58]

Do you expect a considerable change in the amount of your 2015 withholding? (Y, N) ___[59]

If yes, please explain any differences:

___[60]

___[61]

___[62]

___[63]

Do you expect a change in the number of dependents claimed for 2015? (Y, N) ___[64]

If yes, please explain any differences:

___[65]

___[66]

___[67]

___[68]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes ___[69]

2014 Federal Estimated Tax Payments

2013 overpayment applied to 2014 estimates + ___[1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. ___[4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/15/14	___[5]	+ ___[6]	___
2nd quarter payment	6/16/14	___[7]	+ ___[8]	___
3rd quarter payment	9/15/14	___[9]	+ ___[10]	___
4th quarter payment	1/15/15	___[11]	+ ___[12]	___
Additional payment		___[13]	+ ___[14]	

NOTES/QUESTIONS:

2014 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J)	__[1]
State postal code	___[2]
Amount paid with 2013 return	+ ________[3]
2013 overpayment applied to '14 estimates	+ ________[4]
Treat calculated amounts as paid	__[8]

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	________[9]	+ ________[10]	________
2nd quarter payment	________[11]	+ ________[12]	________
3rd quarter payment	________[13]	+ ________[14]	________
4th quarter payment	________[15]	+ ________[16]	________
Additional payment	________[17]	+ ________[18]	

2014 City Estimated Tax Payments

City #1

City name	________[28]
Amount paid with 2013 return	+ ________[31]
2013 overpayment applied to '14 estimates	+ ________[32]
Treat calculated amounts as paid	__[36]

	Date Paid	Amount Paid
1st quarter payment	________[37]	+ ________[38]
2nd quarter payment	________[39]	+ ________[40]
3rd quarter payment	________[41]	+ ________[42]
4th quarter payment	________[43]	+ ________[44]

Calculated Amount

1st quarter payment	________
2nd quarter payment	________
3rd quarter payment	________
4th quarter payment	

City #2

City name	________[50]
Amount paid with 2013 return	+ ________[53]
2013 overpayment applied to '14 estimates	+ ________[54]
Treat calculated amounts as paid	__[58]

	Date Paid	Amount Paid
1st quarter payment	________[59]	+ ________[60]
2nd quarter payment	________[61]	+ ________[62]
3rd quarter payment	________[63]	+ ________[64]
4th quarter payment	________[65]	+ ________[66]

Calculated Amount

1st quarter payment	________
2nd quarter payment	________
3rd quarter payment	________
4th quarter payment	

City #3

City name	________[72]
Amount paid with 2013 return	+ ________[75]
2013 overpayment applied to '14 estimates	+ ________[76]
Treat calculated amounts as paid	__[80]

	Date Paid	Amount Paid
1st quarter payment	________[81]	+ ________[82]
2nd quarter payment	________[83]	+ ________[84]
3rd quarter payment	________[85]	+ ________[86]
4th quarter payment	________[87]	+ ________[88]

Calculated Amount

1st quarter payment	________
2nd quarter payment	________
3rd quarter payment	________
4th quarter payment	

City #4

City name	________[94]
Amount paid with 2013 return	+ ________[97]
2013 overpayment applied to '14 estimates	+ ________[98]
Treat calculated amounts as paid	__[102]

	Date Paid	Amount Paid
1st quarter payment	________[103]	+ ________[104]
2nd quarter payment	________[105]	+ ________[106]
3rd quarter payment	________[107]	+ ________[108]
4th quarter payment	________[109]	+ ________[110]

Calculated Amount

1st quarter payment	________
2nd quarter payment	________
3rd quarter payment	________
4th quarter payment	

Income Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attached 2 = N/A

Interest and Dividend Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all 1099-INT and 1099-DIV you received. To indicate which forms are attached, enter a "1" for attached in the field provided. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided. Otherwise, leave this field blank.

Form	T/S/J	Description	Mark if Foreign	1 = Attached 2 = N/A

Wages and Salaries #1

Please provide all copies of Form W-2.

		2014 Information	Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Employer name		[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)		[5]	
Mark if this is your current employer		[6]	
Federal wages and salaries (Box 1)	+	[10]	
Federal tax withheld (Box 2)	+	[12]	
Social security wages (Box 3) (If different than federal wages)	+	[14]	
Social security tax withheld (Box 4)	+	[16]	
Medicare wages (Box 5) (If different than federal wages)	+	[18]	
Medicare tax withheld (Box 6)	+	[21]	
SS tips (Box 7)	+	[23]	
Allocated tips (Box 8)	+	[25]	
Dependent care benefits (Box 10)	+	[27]	
Box 13 -			
Statutory employee		[29]	
Retirement plan		[30]	
Third-party sick pay		[31]	
State postal code (Box 15)		[32]	
State wages (Box 16) (If different than federal wages)	+	[34]	
State tax withheld (Box 17)	+	[36]	
Local wages (Box 18)	+	[38]	
Local tax withheld (Box 19)	+	[40]	
Name of locality (Box 20)		[43]	

Control Totals +

Wages and Salaries #2

Please provide all copies of Form W-2.

		2014 Information	Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Employer name		[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)		[5]	
Mark if this your current employer		[6]	
Federal wages and salaries (Box 1)	+	[10]	
Federal tax withheld (Box 2)	+	[12]	
Social security wages (Box 3) (If different than federal wages)	+	[14]	
Social security tax withheld (Box 4)	+	[16]	
Medicare wages (Box 5) (If different than federal wages)	+	[18]	
Medicare tax withheld (Box 6)	+	[21]	
SS tips (Box 7)	+	[23]	
Allocated tips (Box 8)	+	[25]	
Dependent care benefits (Box 10)	+	[27]	
Box 13 -			
Statutory employee		[29]	
Retirement plan		[30]	
Third-party sick pay		[31]	
State postal code (Box 15)		[32]	
State wages (Box 16) (If different than federal wages)	+	[34]	
State tax withheld (Box 17)	+	[36]	
Local wages (Box 18)	+	[38]	
Local tax withheld (Box 19)	+	[40]	
Name of locality (Box 20)		[43]	

Control Totals +

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

*Whole numbers will be treated as $ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)			Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* $ or %	Tax Exempt* $ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer							
			Amounts	+						
		2	Payer							
			Amounts	+						
		3	Payer							
			Amounts	+						
		4	Payer							
			Amounts	+						
		5	Payer							
			Amounts	+						
		6	Payer							
			Amounts	+						
		7	Payer							
			Amounts	+						
		8	Payer							
			Amounts	+						
		9	Payer							
			Amounts	+						
		10	Payer							
			Amounts	+						

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

	Control Totals +		Form ID: B-1

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

*Whole numbers will be treated as $ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code (**See codes below)			Ordinary Dividends [2]	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* $ or %	Tax Exempt* $ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer											
			Amounts	+										
		2	Payer											
			Amounts	+										
		3	Payer											
			Amounts	+										
		4	Payer											
			Amounts	+										
		5	Payer											
			Amounts	+										
		6	Payer											
			Amounts	+										
		7	Payer											
			Amounts	+										
		8	Payer											
			Amounts	+										
		9	Payer											
			Amounts	+										
		10	Payer											
			Amounts	+										

**Dividend Codes	
Blank = Other	3 = Nominee

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S

Did you have any securities become worthless during 2014? (Y, N) __[8]

Did you have any debts become uncollectible during 2014? (Y, N) __[9]

Did you have any commodity sales, short sales, or straddles? (Y, N) __[10]

Did you exchange any securities or investments for something other than cash? (Y, N) __[12]

T/S/J	Description of Property [1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
				+	+
				+	+
				+	+
				+	+
				+	+
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	Control Totals +		Form ID: D

Other Income

	2014 Information		Prior Year Information
State and local income tax refunds		+ ________ [1]	________
	Taxpayer	Spouse	
Alimony received	+ ________ [3]	+ ________ [4]	________
Unemployment compensation	+ ________ [8]	+ ________ [9]	________
Unemployment compensation federal withholding	+ ________ [8]	+ ________ [9]	________
Unemployment compensation state withholding	+ ________ [8]	+ ________ [9]	________
Unemployment compensation repaid	+ ________ [11]	+ ________ [12]	________
Alaska Permanent Fund dividends	+ ________ [17]	+ ________ [18]	________

Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships

T/S/J	Self-Employment Income ? (Y, N)		2014 Information	Prior Year Information
__	__	________	+ ________ [14]	________
__	__	________	+ ________	________
__	__	________	+ ________	________
__	__	________	+ ________	________
__	__	________	+ ________	________
__	__	________	+ ________	________
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__	__	________	+ ________	________
__	__	________	+ ________	________
__	__	________	+ ________	________
__	__	________	+ ________	________
__	__	________	+ ________	________
__	__	________	+ ________	________
__	__	________	+ ________	

NOTES/QUESTIONS:

	Control Totals +		Form ID: Income

Gambling Winnings #1

Please provide all copies of Form W-2G.

		2014 Information	Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Payer name		[3]	
State postal code		[4]	
Mark if professional gambler		[9]	
Gross winnings (Box 1)	+	[11]	
Date won (Box 2)		[13]	
Type of wager (Box 3)		[15]	
Federal withholding (Box 4)	+	[17]	
Transaction (Box 5)		[19]	
Race (Box 6)		[21]	
Identical wager winnings (Box 7)	+	[23]	
Cashier (Box 8)		[25]	
Taxpayer identification number (Box 9)		[27]	
Window (Box 10)		[28]	
First ID (Box 11)		[30]	
Second ID (Box 12)		[31]	
Payer's state ID no. (Box 13)		[32]	
State winnings (Box 14)	+	[33]	
State withholding (Box 15)	+	[35]	
Local winnings (Box 16)	+	[37]	
Local withholding (Box 17)	+	[39]	
Name of locality (Box 18)		[42]	

	Control Totals +	

Gambling Winnings #2

Please provide all copies of Form W-2G.

		2014 Information	Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Payer name		[3]	
State postal code		[4]	
Mark if professional gambler		[9]	
Gross winnings (Box 1)	+	[11]	
Date won (Box 2)		[13]	
Type of wager (Box 3)		[15]	
Federal withholding (Box 4)	+	[17]	
Transaction (Box 5)		[19]	
Race (Box 6)		[21]	
Identical wager winnings (Box 7)	+	[23]	
Cashier (Box 8)		[25]	
Taxpayer identification number (Box 9)		[27]	
Window (Box 10)		[28]	
First ID (Box 11)		[30]	
Second ID (Box 12)		[31]	
Payer's state ID no. (Box 13)		[32]	
State winnings (Box 14)	+	[33]	
State withholding (Box 15)	+	[35]	
Local winnings (Box 16)	+	[37]	
Local withholding (Box 17)	+	[39]	
Name of locality (Box 18)		[42]	

	Control Totals +	

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

		2014 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of payer		____[3]	
State postal code		___[5]	
Gross distributions received (Box 1)	+	____[7]	____
Taxable amount received (Box 2a)	+	____[9]	____
Federal withholding (Box 4)	+	____[11]	____
Distribution code (Box 7)		__[14]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__[16]	
State withholding (Box 12)	+	____[17]	____
Local withholding (Box 15)	+	____[19]	____
Amount of rollover	+	____[21]	____
Mark if distribution was due to a pre-retirement age disability		__[23]	
Mark if distribution was from an inherited IRA		__[24]	

Control Totals +

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

		2014 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of payer		____[3]	
State postal code		___[5]	
Gross distributions received (Box 1)	+	____[7]	____
Taxable amount received (Box 2a)	+	____[9]	____
Federal withholding (Box 4)	+	____[11]	____
Distribution code (Box 7)		__[14]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__[16]	
State withholding (Box 12)	+	____[17]	____
Local withholding (Box 15)	+	____[19]	____
Amount of rollover	+	____[21]	____
Mark if distribution was due to a pre-retirement age disability		__[23]	
Mark if distribution was from an inherited IRA		__[24]	

Control Totals +

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

		2014 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of payer		____[3]	
State postal code		___[5]	
Gross distributions received (Box 1)	+	____[7]	____
Taxable amount received (Box 2a)	+	____[9]	____
Federal withholding (Box 4)	+	____[11]	____
Distribution code (Box 7)		__[14]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__[16]	
State withholding (Box 12)	+	____[17]	____
Local withholding (Box 15)	+	____[19]	____
Amount of rollover	+	____[21]	____
Mark if distribution was due to a pre-retirement age disability		__[23]	
Mark if distribution was from an inherited IRA		__[24]	

Control Totals +

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) __[1]

State postal code ___[2]

Social Security Benefits

		2014 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:			
Net Benefits for 2014 (Box 3 minus Box 4) (Box 5)	+	____________ [8]	____________
Voluntary Federal Income Tax Withheld (Box 6)	+	____________ [10]	____________
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:			
Medicare premiums	+	____________ [12]	____________
Prescription drug (Part D) premiums	+	____________ [14]	

Tier 1 Railroad Benefits

		2014 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:			
Net Social Security Equivalent Benefit:			
Portion of Tier 1 Paid in 2014 (Box 5)	+	____________ [22]	____________
Federal Income Tax Withheld (Box 10)	+	____________ [25]	____________
Medicare Premium Total (Box 11)	+	____________ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2014 or receive any prior year benefits in 2014. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

____ [38]

____ [39]

____ [40]

____ [41]

____ [42]

NOTES/QUESTIONS:

	Control Totals +		Form ID: SSA-1099

Traditional IRA

		Taxpayer		Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)		__[1]		__[2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)		__[3]		__[4]
Enter the total traditional IRA contributions made for use in 2014	+	____[5]	+	____[6]

		Taxpayer		Spouse
Enter the nondeductible contribution amount made for use in 2014	+	____[11]	+	____[12]
Enter the nondeductible contribution amount made in 2015 for use in 2014	+	____[13]	+	____[14]
Traditional IRA basis	+	____[15]	+	____[16]
Value of all your traditional IRA's on December 31, 2014:				
____	+	____[17]	+	____[18]
____	+	____	+	____
____	+	____	+	____
____	+	____	+	____
____	+	____	+	____

Roth IRA

Please provide copies of any 1998 through 2013 Form 8606 not prepared by this office

		Taxpayer		Spouse
Mark if you want to contribute the maximum Roth IRA contribution		__[27]		__[28]
Enter the total Roth IRA contributions made for use in 2014	+	____[29]	+	____[30]
Enter the total amount of Roth IRA conversion recharacterizations for 2014	+	____[37]	+	____[38]
Enter the total contribution Roth IRA basis on December 31, 2013	+	____[41]	+	____[42]
Enter the total Roth IRA contribution recharacterizations for 2014	+	____[43]	+	____[44]
Enter the Roth conversion IRA basis on December 31, 2013	+	____[45]	+	____[46]
Value of all your Roth IRA's on December 31, 2014:				
____	+	____[47]	+	____[48]
____	+	____	+	____
____	+	____	+	____
____	+	____	+	____
____	+	____	+	____

NOTES/QUESTIONS:

Schedule C - General Information

Preparer use only

	2014 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	__[2]	
Employer identification number	[3]	
Business name	[5]	
Principal business/profession	[6]	
Business code	[11]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	[14]	
City/State/Zip	[15] [16] [17]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	[18]	
If other:	[20]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	[21]	
If other enter explanation:	[23]	
Enter an explanation if there was a change in determining your inventory:	[24]	
Did you "materially participate" in this business? (Y, N)	[25]	
If not, number of hours you did significantly participate	[27]	
Mark if you began or acquired this business in 2014	[29]	
Did you make any payments in 2014 that require you to file Form(s) 1099? (Y, N)	[30]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[32]	
Mark if this business is considered related to qualified services as a minister or religious worker	[34]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	[36]	
Medical insurance premiums paid by this activity	+ [40]	
Long-term care premiums paid by this activity	+ [42]	
Amount of wages received as a statutory employee	+ [45]	

Business Income

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

Cost of Goods Sold

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

	Control Totals +		Form ID: C-1

Preparer use only

Principal business or profession ____________________

	2014 Information		Prior Year Information
Advertising	+ ________	[6]	________
Car and truck expenses	+ ________	[8]	________
Commissions and fees	+ ________	[10]	________
Contract labor	+ ________	[12]	________
Depletion	+ ________	[14]	________
Depreciation	+ ________	[16]	________
Employee benefit programs (Include Small Employer Health Ins Premiums credit):			
________	+ ________	[18]	________
________	+ ________		________
Insurance (Other than health):			
________	+ ________	[20]	________
________	+ ________		________
Interest:			
Mortgage (Paid to banks, etc.)			
________	+ ________	[22]	________
________	+ ________		________
________	+ ________		________
Other:			
________	+ ________	[24]	________
________	+ ________		________
Legal and professional services	+ ________	[26]	________
Office expense	+ ________	[29]	________
Pension and profit sharing:			
________	+ ________	[31]	________
________	+ ________		________
Rent or lease:			
Vehicles, machinery, and equipment	+ ________	[33]	________
Other business property	+ ________	[35]	________
Repairs and maintenance	+ ________	[37]	________
Supplies	+ ________	[39]	________
Taxes and licenses:			
________	+ ________	[41]	________
________	+ ________		________
________	+ ________		________
________	+ ________		________
________	+ ________		________
Travel, meals, and entertainment:			
Travel	+ ________	[43]	________
Meals and entertainment	+ ________	[45]	________
Meals (Enter 100% subject to DOT 80% limit)	+ ________	[47]	________
Utilities	+ ________	[51]	________
Wages (Less employment credit):			
________	+ ________	[53]	________
________	+ ________		________
Other expenses:			
________	+ ________	[55]	________
________	+ ________		________
________	+ ________		________
________	+ ________		________
________	+ ________		________
________	+ ________		________
________	+ ________		________
________	+ ________		________
________	+ ________		________
________	+ ________		________

	Control Totals +		

Rent and Royalty Property - General Information

Preparer use only

	2014 Information	Prior Year Information
Description	[2]	
Taxpayer/Spouse/Joint (T, S, J) [3] State postal code	[4]	
Physical address: Street	[5]	
City, state, zip code	[6] [7] [8]	
Foreign country	[10]	
Foreign province/county	[11]	
Foreign postal code	[12]	
Type (1 = Single-family, 2 = Multi-family, 3 = Vacation/short-term, 4 = Commercial, 5 = Land, 6 = Royalties, 7 = Self-rental, 8 = Other)	[13]	
Description of other type (Type code #8)	[14]	
Did you make any payments in 2014 that require you to file Form(s) 1099? (Y,N)	[16]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[18]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)	[20]	
Percentage of ownership if not 100%	[22]	
Business use percentage, if not 100% (Not vacation home percentage)	[24]	

Rent and Royalty Income

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

Rent and Royalty Expenses

	2014 Information	Percent if not 100%	Prior Year Information
Advertising	+ [35]	[36]	
Auto	+ [38]	[39]	
Travel	+ [41]	[42]	
Cleaning and maintenance	+ [44]	[45]	
Commissions:			
	+ [47]	[49]	
	+		
Insurance:			
	+ [50]	[52]	
	+		
Legal and professional fees	+ [54]	[55]	
Management fees:			
	+ [57]	[59]	
	+		
Mortgage interest paid to banks, etc (Form 1098)			
	+ [60]	[62]	
	+		
Other mortgage interest	+ [63]	[65]	
Qualified mortgage insurance premiums	+ [66]	[67]	
Other interest:			
	+ [69]	[71]	
	+		
Repairs	+ [72]	[73]	
Supplies	+ [75]	[76]	
Taxes:			
	+ [78]	[80]	
	+		
Utilities	+ [81]	[82]	
Depreciation	+ [84]	[85]	
Depletion	+ [87]	[88]	
Other expenses:			
	+ [90]		
	+		
	+		
	+		

Control Totals +

Preparer use only

Description

Refinancing Points

Preparer - Enter on Screen Rent

	2014 Information	Prior Year Information
Refinancing points paid -		
Recipient's/Lender's name	[92]	
Date of refinance		
Total # Payments		
Reported on 1098 in 2014		
Total points paid		
Points deemed as paid in current year (Preparer use only)		
Refinancing points paid -		
Recipient's/Lender's name		
Date of refinance		
Total # Payments		
Reported on 1098 in 2014		
Total points paid		
Points deemed as paid in current year (Preparer use only)		
Refinancing points paid -		
Recipient's/Lender's name		
Date of refinance		
Total # Payments		
Reported on 1098 in 2014		
Total points paid		
Points deemed as paid in current year (Preparer use only)		

Vacation Home Information

	2014 Information	Prior Year Information
Number of days home was used personally	[6]	
Number of days home was rented	[8]	
Number of day home owned, if not 365	[10]	
Carryover of disallowed operating expenses into 2014	+ [20]	
Carryover of disallowed depreciation expenses into 2014	+ [21]	

Passive and Other Information

Preparer use only

Carryovers	Regular	AMT
Operating	+ [29]	+ [30]
Short-term capital	+ [31]	+ [32]
Long-term capital	+ [33]	+ [34]
28% rate capital	+ [35]	+ [36]
Section 1231 loss	+ [37]	+ [38]
Ordinary business gain/loss	+ [39]	+ [40]
Comm revitalization	+ [41]	+ [42]
Section 179	+ [43]	+ [44]

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

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

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

Amount of annual deductible	+	______[24]	______
Enter compensation from employer maintaining high deductible health plan	+	______[27]	______
If self-employed, enter earned income from business under which plan was established	+	______[31]	

Complete this section if your account is an HSA

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

NOTES/QUESTIONS:

	Control Totals +		Form ID: 5498SA

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

	2014 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__[1]	
Name of Trustee	______________________[4]	
State postal code	___[2]	
Gross distributions received (Box 1)	+ ____________[7]	____________
Earnings on excess contributions (Box 2)	+ ____________[9]	____________
Distribution code (Box 3)	__[11]	
Fair Market Value on date of death (Box 4)	+ ____________[12]	
Box 5 -		
HSA	__[13]	
Archer MSA	__[14]	
MA MSA	__[15]	
All distributions were used to pay unreimbursed qualified medical expenses	__[17]	__
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2014	+ ____________[19]	____________
Withdrawal of excess contributions by the due date of the return	+ ____________[21]	____________
Amount of distribution rolled over for 2014	+ ____________[23]	____________
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ ____________[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/13	+ ____________[27]	____________
For HSA accounts:		
Was the high deductible health plan coverage started in 2013 and in effect for the month of December 2013? (Y, N)	__[29]	
Was the high deductible health plan coverage ended before 12/31/14? (Y, N)	__[30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2014 Information	Prior Year Information
Name of the insured chronically ill individual	______________________[39]	
Social security number of insured	____________[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+ ____________[42]	____________
Accelerated death benefits paid (Box 2)	+ ____________[44]	____________
Check one (Box 3)		
Per diem	__[46]	
Reimbursed amount	__[47]	
Qualified contract (Box 4)	__[48]	
Check, if applicable (Box 5)		
Chronically ill	__[49]	
Terminally ill	__[50]	
Are there other individuals who received LTC payments during 2014? (Y, N)	__[52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	__[53]	
Number of days during the long-term care period	_____[54]	
Cost incurred for qualified long-term care services during the long-term care period	+ ____________[55]	

NOTES/QUESTIONS:

Qualified Education Programs

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S)	__	[1]
Payer name	____	[3]
State postal code	____	[4]
Type of account (1= Private QTP, 2 = State QTP, 3 = ESA)	____	[6]
Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither)	____	[7]
Final distribution	____	[8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number	____	[11]
First name	____	[12]
Last name	____	[13]

	2014 Information		Prior Year Information
Amount contributed in current year	+ ____	[14]	____
Basis of this account at 12/31/13	+ ____	[17]	____
Value of this account at 12/31/14	+ ____	[19]	____
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ ____	[24]	

Payments from Qualified Education Programs

	2014 Information		Prior Year Information
Gross distribution (Box 1)	+ ____	[30]	____
Earnings (Box 2)	+ ____	[32]	____
Basis (Box 3)	+ ____	[34]	____
Trustee-to-trustee rollover (Box 4)	____	[36]	
Trustee-to-trustee rollover amount if different than Box 1	+ ____	[37]	____
Box 5 -			
Private QTP	____	[39]	
State QTP	____	[40]	
Coverdell ESA	____	[41]	
Check if the recipient is not the designated beneficiary (Box 6)	____	[42]	
Qualified education expenses	+ ____	[43]	____
Elementary and secondary education expenses	+ ____	[45]	

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

T/S/J		2014 Information	Prior Year Information
	Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received		
__[1]		+ [2]	
__		+	
__		+	
__		+	
__		+	
__		+	
	Medical insurance premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.)		
__[4]		+ [5]	
__		+	
__		+	
__		+	
	Long-term care premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.))		
__[7]		+ [8]	
__		+	
	Prescription medicines and drugs:		
__[10]		+ [11]	
__		+	
__		+	
__[13]	Miles driven for medical items	[14]	

Schedule A - Tax Expenses

T/S/J		2014 Information	Prior Year Information
	State/local income taxes paid:		
__[18]		+ [19]	
__		+	
__		+	
__		+	
__		+	
	2013 state and local income taxes paid in 2014:		
__[21]		+ [22]	
__		+	
__		+	
	Real estate taxes paid:		
__[24]		+ [25]	
__		+	
__		+	
	Personal property taxes:		
__[27]		+ [28]	
__		+	
	Other taxes, such as: foreign taxes and State disability taxes		
__[30]		+ [31]	
__		+	
__		+	
	Sales tax paid on major purchases:		
__[36]		+ [37]	
__		+	
	Sales tax paid on actual expenses:		
__[39]		+ [40]	
__		+	
__		+	

	Control Totals +		Form ID: A-1

T/S/J	Home mortgage interest: From Form 1098	2014 Interest Paid[2]	2014 Points Paid	Type*	2014 Mortgage Ins. Premiums Paid	Prior Year Information
[1]		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	

*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home
1 = Not used to buy, build, improve home or investment
2 = Used to pay off previous mortgage
3 = Used to pay off previous mortgage, excess proceeds invested
4 = Taken out before 7/1/82 and secured by home used by taxpayer

Other, such as: Home mortgage interest paid to individuals

T/S/J	Payee's Name	SSN or EIN	2014 Information	Prior Year Information
[4]			+ [5]	
Address				
City, state and zip code				
			+	
Address				
City, state and zip code				

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

Payer's/Borrower's name [7]
Street Address
City/State/Zip code

Refinancing Points paid in 2014 -
Taxpayer/Spouse/Joint (T, S, J) [11]
Recipient/Lender name
Total points paid at time of refinance
Percentage of principal exceeding original mortgage (For AMT adjustment)
Points deemed as paid in 2014 (Preparer use only) + [12]
Date of refinance
Term of new loan (in months)
Reported on Form 1098 in 2014
Taxpayer/Spouse/Joint (T, S, J)
Recipient/Lender name
Total points paid at time of refinance
Percentage of principal exceeding original mortgage (For AMT adjustment)
Points deemed as paid in 2014 (Preparer use only) +
Date of refinance
Term of new loan (in months)
Reported on Form 1098 in 2014

T/S/J	Investment interest expense, other than on Schedule(s) K-1:	2014 Information	Prior Year Information
[15]		+ [16]	
		+	
		+	
		+	
		+	
		+	
		+	
		+	

Control Totals +

Charitable Contributions

T/S/J		2014 Information	Prior Year Information
	Contributions made by cash or check (including out-of-pocket expenses)		
__[2]		+ [3]	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
__[5]	Volunteer miles driven	[6]	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		
__[8]		+ [9]	
		+	
		+	
		+	
		+	
		+	

Miscellaneous Deductions

T/S/J		2014 Information	Prior Year Information
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
__[11]		+ [12]	
		+	
		+	
		+	
		+	
	Union dues:		
__[14]		+ [15]	
		+	
__[17]	Tax preparation fees	+ [18]	
	Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees		
__[20]		+ [21]	
		+	
		+	
		+	
__[23]	Safe deposit box rental	+ [24]	
	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:		
__[26]		+ [27]	
		+	
		+	
	Other expenses, not subject to the 2% AGI limit:		
__[30]		+ [31]	
		+	
		+	
		+	
	Gambling losses: (Enter only if you have gambling income)		
__[33]		+ [34]	
		+	

Employee Business Expenses

Preparer use only

		2014 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[2]	
Occupation in which expenses were incurred		____[3]	
State postal code		____[5]	
If the employee expenses were from an occupation listed below, enter the applicable code 1 = Qualified performing artist, 2 = Handicapped employee, 3 = Fee-basis official		__[6]	__
Mark if these employee expenses are related to qualified services as a minister or religious worker		__[10]	
Parking fees and tolls	+	____[17]	____
Local transportation	+	____[19]	____
Travel expenses	+	____[22]	____
Other business expenses:			
____	+	____[25]	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
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____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
Nonvehicle depreciation	+	____[28]	____
Meals and entertainment	+	____[31]	____
Meals for individuals subject to DOT hours of service limitation	+	____[33]	

Employer Reimbursements

Enter Reimbursements not entered on Screen W2, Box 12, Code L

		2014 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2	+	____[60]	____
Reimbursements for meals and entertainment not included on Form W-2	+	____[62]	____
Reimbursements for meals for DOT service limitation not included on Form W-2	+	____[64]	

	Control Totals +		Form ID: 2106

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

Mark if your entire family was covered for the full year with minimum essential health care coverage __[2]

If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage.
Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming.
Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.

Social Security No.	First Name	Last Name	Exemption Certificate Number	Other Exemption Type *	Full Year	Start Month	End Month
							[6]

*Other Exemption Type Codes	
A = Unaffordable coverage	F = Incarcerated individual
B = Short coverage gap	G = Hardship (combined coverage unaffordable, initial open enrollment, CHIP)
C = Exempt noncitizen	H = Medicaid/TRICARE/Fiscal year employer plan
D = Health care sharing ministry	
E = Indian tribe member	X = Insured with minimum essential coverage

NOTES/QUESTIONS:

Child and Dependent Care Expenses

Please enter all amounts paid in 2014 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2013 employer-provided dependent care benefits used during 2014 grace period	+ ____ [3]	+ ____ [4]
Employer-provided dependent care benefits that were forfeited in 2014	+ ____ [5]	+ ____ [6]
Total qualified expenses incurred in 2014		____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	____ [10]	____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		____ [12]

Business name of provider ____
First and last name of provider ____ ____
Street address of provider ____
City, State and Zip code ____ ____ ____
Social security number OR Employer identification number ____
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) ____
Amount paid to care provider in 2014 + ____ [7]
Foreign province or state of provider ____
Foreign country and Foreign postal code of provider ____ ____

Business name of provider ____
First and last name of provider ____ ____
Street address of provider ____
City, State and Zip code ____ ____ ____
Social security number OR Employer identification number ____
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) ____
Amount paid to care provider in 2014 + ____
Foreign province or state of provider ____
Foreign country and Foreign postal code of provider ____ ____

Business name of provider ____
First and last name of provider ____ ____
Street address of provider ____
City, State and Zip code ____ ____ ____
Social security number OR Employer identification number ____
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) ____
Amount paid to care provider in 2014 + ____
Foreign province or state of provider ____
Foreign country and Foreign postal code of provider ____ ____

Business name of provider ____
First and last name of provider ____ ____
Street address of provider ____
City, State and Zip code ____ ____ ____
Social security number OR Employer identification number ____
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) ____
Amount paid to care provider in 2014 + ____
Foreign province or state of provider ____
Foreign country and Foreign postal code of provider ____ ____

Business name of provider ____
First and last name of provider ____ ____
Street address of provider ____
City, State and Zip code ____ ____ ____
Social security number OR Employer identification number ____
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) ____
Amount paid to care provider in 2014 + ____
Foreign province or state of provider ____
Foreign country and Foreign postal code of provider

Connecticut Charitable Contributions

Amount of contributions you wish to make to:

AIDS Research	____ [1]	Safety Net Services	____ [5]
Organ Transplant	____ [2]	Military Relief	____ [6]
Endangered Species/Wildlife Fund	____ [3]	CHET Baby Scholar	____ [7]
Breast Cancer Research	____ [4]		

Use Tax Information

Use Tax-Enter any out-of-state purchases made on which sales tax was not paid to the seller:

Purchase 1	Description	____	Date of purchase	____ [8]
	Retailer/Service Provider:	____	Purchase price	____
	Type Code:	____	Out of state tax paid	____
Purchase 2	Description	____	Date of purchase	____
	Retailer/Service Provider:	____	Purchase price	____
	Type Code:	____	Out of state tax paid	____

Use Tax Type Codes

1 = Computer & data processing services
2 = General sales tax
3 = Luxury items

Property Tax Information

Enter property taxes paid on primary residence and/or motor vehicle:

Primary Residence Description (Enter street address)(Resident only) ____ [9]
Auto 1 Description (Enter year, make and model)(Resident only) ____ [10]
Auto 2 Description (Enter year, make and model)(MFJ Resident only) ____ [11]

	Name of CT Tax Town or District	Date Paid	Date Paid	Amount Paid
Primary Residence (Resident only)	____ [12]	____ [13]	____ [14]	
Auto 1 (Resident only)	____ [15]	____ [16]	____ [17]	____ [18]
Auto 2 (MFJ Resident only)	____ [19]	____ [20]	____ [21]	____ [22]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Connecticut:

	Taxpayer	Spouse
Enter residency dates:		
From	____ [23]	____ [25]
To	____ [24]	____ [26]
Indicate type of move (1 = Moved into Connecticut, 2 = Moved out of Connecticut)	____ [27]	____ [30]
Did you earn income from Connecticut sources during nonresident period? (Y, N)	____ [28]	____ [31]
State of prior or new residence	____ [29]	____ [32]

Enter the following amounts only if you do NOT know the exact amount of your Connecticut source information

Basis for calculating apportionment (1 = Working days, 2 = Sales, 3 = Mileage) ____ [33]
Working days (or other basis) outside Connecticut ____ [34]
Working days (or other basis) inside Connecticut ____ [35]
Nonworking days (holidays, weekends, etc) ____ [36]
Total income being apportioned ____ [37]

NOTES/QUESTIONS: