

Prepared By:

Accounting & Tax Solutions Inc.
710 Kipling St Ste 305
Lakewood, CO 80215-8006

Prepared For:

2014 Client Organizer

Accounting & Tax Solutions Inc.
710 Kipling St Ste 305
Lakewood, CO 80215-8006
303-232-8300

Dear :

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2014 personal income tax return. To help you complete the organizer with minimal time and effort, when available, you will find certain information from your 2013 personal income tax return.

****IT IS ABSOLUTELY ESSENTIAL THAT YOU COMPLETE THE ORGANIZER QUESTIONNAIRE FOR 2014 DUE TO THE AFORDABLE CARE ACT REQUIREMENTS.****

In your Tax Organizer, all social security numbers and bank account numbers have been replaced with asterisks (**_*_*_****) and (****1234) to protect your privacy and personal information. If you need to change or update a social security number or bank account information, please contact this office. Do not indicate the social security number or bank account change on your Tax Organizer. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. Report any discrepancies to this office immediately.

Enter 2014 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A for the advance payment of the Premium Tax Credit for lower cost health care coverage under healthcare.gov.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement you

return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

Thank you for the opportunity to serve you.

Sincerely,

Accounting & Tax Solutions Inc.

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you get married to a same-sex spouse in a state that legally recognizes same-sex marriage?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year and it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as home mortgage or student loans?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>

- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Do you expect a large fluctuation in income, deductions, or withholding next year?

Retirement Information

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

Education Information

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?
- Did anyone in your family receive a scholarship of any kind during the year?
- Did you make any withdrawals from an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Did you make any contributions to an education savings or 529 Plan account?

Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of 2014 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
- Did anyone in your family qualify for an exemption from the health care coverage mandate?
- Did you enroll for lower cost State or Federal Marketplace Coverage under the Affordable Care Act? If yes, provide any Form(s) 1095-A, B or C you received.
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- If you are a business owner, did you pay health insurance premiums for your employees this year?

Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?
- If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization.
- Did you have an expense account or allowance during the year?
- Did you use your car on the job, for other than commuting?
- Did you work out of town for part of the year?
- Did you have any expenses related to seeking a new job during the year?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

Miscellaneous Information

- Did you make gifts of more than \$14,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a job change?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the Internal Revenue Service?
- If yes, explain: _____
- Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If yes, attach the IRS letter.
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

General: 1040 **Personal Information**

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

Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

Taxpayer **Spouse**

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) 2

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y, N) Y

General: 1040, Contact **Present Mailing Address**

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040 **Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441 **Child and Dependent Care Expenses**

Provider information:

Business name _____

First and Last name _____

Street address _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____

Amount paid to care provider in 2014 _____

Taxpayer **Spouse**

Employer-provided dependent care benefits that were forfeited _____

General: Info **Direct Deposit/Electronic Funds Withdrawal Information**

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:

Financial institution: Routing transit number _____ Name _____

Your account number _____ Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

If you would like to use a refund to purchase U.S. Series I Savings bonds (in increments of \$50), enter a maximum amount (up to \$5,000).** _____

*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.

**To purchase U.S. Series I Savings bonds in someone else's name, please contact our office.

Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J _____ Payer's name _____ Payer's social security number _____
 Payer's address, city, state, zip code _____
 Amount received in 2014 _____ Amount received in 2013 _____

Income: B2 **Dividend Income**

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

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

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

	2014 Information		Prior Year Information
	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds	_____	_____	_____
Alimony received	_____	_____	_____
Unemployment compensation	_____	_____	_____
Unemployment compensation repaid	_____	_____	_____
Social security benefits	_____	_____	_____
Medicare premiums to be reported on Schedule A	_____	_____	_____
Railroad retirement benefits	_____	_____	_____

T/S/J	2014 Information	Prior Year Information
Other Income:	_____	_____
_____	_____	_____
_____	_____	_____

1040 Adj; IRA **Adjustments to Income - IRA Contributions**

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer Spouse

Traditional IRA Contributions for 2014 -

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2014

Roth IRA Contributions for 2014 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2014

Educate: Educate2 **Higher Education Deductions and/or Credits**

Complete this section if you paid interest on a qualified student loan in 2014 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2014 Information	Prior Year Information
___	_____	_____	_____
___	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2014. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction. The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj; 3903 **Job Related Moving Expenses**

Complete this section if you moved to a new home because of a new principal work place.

Description of move _____

Taxpayer/Spouse/Joint (T, S, J) _____

Mark if the move was due to service in the armed forces _____

Number of miles from old home to new workplace _____

Number of miles from old home to old workplace _____

Mark if move is outside United States or its possessions _____

Transportation and storage expenses _____

Travel and lodging (not including meals) _____

Total amount reimbursed for moving expenses _____

1040 Adj; OtherAdj **Other Adjustments to Income**

Alimony Paid:

T/S	Recipient name	Recipient SSN	2014 Information	Prior Year Information
___	_____	_____	_____	_____
Street address		_____	_____	_____
City, State and Zip code		_____	_____	_____

Educator expenses:

Taxpayer	Spouse	Prior Year Information
_____	_____	_____
_____	_____	_____

Other adjustments:

_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

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
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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 _____ [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 _____ [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]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing ____[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) ____[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account ____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) ____[7]

Spouse self-selected Personal Identification Number (PIN) ____[8]

NOTES/QUESTIONS:

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:

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]	<table border="1" style="width:100%; height: 100px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					
2nd quarter payment _____ [11]	+ _____ [12]						
3rd quarter payment _____ [13]	+ _____ [14]						
4th quarter payment _____ [15]	+ _____ [16]						
Additional payment _____ [17]	+ _____ [18]						

2014 City Estimated Tax Payments

<p>City #1</p> <p>City name _____ [28]</p> <p>Amount paid with 2013 return + _____ [31]</p> <p>2013 overpayment applied to '14 estimates- _____ [32]</p> <p>Treat calculated amounts as paid _____ [36]</p>	<p>City #2</p> <p>City name _____ [50]</p> <p>Amount paid with 2013 return + _____ [53]</p> <p>2013 overpayment applied to '14 estimates- _____ [54]</p> <p>Treat calculated amounts as paid _____ [58]</p>
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<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Date Paid</th> <th style="width:20%;">Amount Paid</th> </tr> </thead> <tbody> <tr><td>1st quarter payment _____ [37]</td><td>+ _____ [38]</td></tr> <tr><td>2nd quarter payment _____ [39]</td><td>+ _____ [40]</td></tr> <tr><td>3rd quarter payment _____ [41]</td><td>+ _____ [42]</td></tr> <tr><td>4th quarter payment _____ [43]</td><td>+ _____ [44]</td></tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [37]	+ _____ [38]	2nd quarter payment _____ [39]	+ _____ [40]	3rd quarter payment _____ [41]	+ _____ [42]	4th quarter payment _____ [43]	+ _____ [44]	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Date Paid</th> <th style="width:20%;">Amount Paid</th> </tr> </thead> <tbody> <tr><td>1st quarter payment _____ [59]</td><td>+ _____ [60]</td></tr> <tr><td>2nd quarter payment _____ [61]</td><td>+ _____ [62]</td></tr> <tr><td>3rd quarter payment _____ [63]</td><td>+ _____ [64]</td></tr> <tr><td>4th quarter payment _____ [65]</td><td>+ _____ [66]</td></tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [59]	+ _____ [60]	2nd quarter payment _____ [61]	+ _____ [62]	3rd quarter payment _____ [63]	+ _____ [64]	4th quarter payment _____ [65]	+ _____ [66]
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1st quarter payment _____ [37]	+ _____ [38]																				
2nd quarter payment _____ [39]	+ _____ [40]																				
3rd quarter payment _____ [41]	+ _____ [42]																				
4th quarter payment _____ [43]	+ _____ [44]																				
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 _____

Calculated Amount

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

<p>City #3</p> <p>City name _____ [72]</p> <p>Amount paid with 2013 return + _____ [75]</p> <p>2013 overpayment applied to '14 estimates- _____ [76]</p> <p>Treat calculated amounts as paid _____ [80]</p>	<p>City #4</p> <p>City name _____ [94]</p> <p>Amount paid with 2013 return + _____ [97]</p> <p>2013 overpayment applied to '14 estimates- _____ [98]</p> <p>Treat calculated amounts as paid _____ [102]</p>
--	---

<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Date Paid</th> <th style="width:20%;">Amount Paid</th> </tr> </thead> <tbody> <tr><td>1st quarter payment _____ [81]</td><td>+ _____ [82]</td></tr> <tr><td>2nd quarter payment _____ [83]</td><td>+ _____ [84]</td></tr> <tr><td>3rd quarter payment _____ [85]</td><td>+ _____ [86]</td></tr> <tr><td>4th quarter payment _____ [87]</td><td>+ _____ [88]</td></tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [81]	+ _____ [82]	2nd quarter payment _____ [83]	+ _____ [84]	3rd quarter payment _____ [85]	+ _____ [86]	4th quarter payment _____ [87]	+ _____ [88]	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Date Paid</th> <th style="width:20%;">Amount Paid</th> </tr> </thead> <tbody> <tr><td>1st quarter payment _____ [103]</td><td>+ _____ [104]</td></tr> <tr><td>2nd quarter payment _____ [105]</td><td>+ _____ [106]</td></tr> <tr><td>3rd quarter payment _____ [107]</td><td>+ _____ [108]</td></tr> <tr><td>4th quarter payment _____ [109]</td><td>+ _____ [110]</td></tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [103]	+ _____ [104]	2nd quarter payment _____ [105]	+ _____ [106]	3rd quarter payment _____ [107]	+ _____ [108]	4th quarter payment _____ [109]	+ _____ [110]
Date Paid	Amount Paid																				
1st quarter payment _____ [81]	+ _____ [82]																				
2nd quarter payment _____ [83]	+ _____ [84]																				
3rd quarter payment _____ [85]	+ _____ [86]																				
4th quarter payment _____ [87]	+ _____ [88]																				
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 _____

Calculated Amount

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

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 <small>(**See codes below)</small>	Interest Income ^[1]	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

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 Type J Code (**See codes below)	Ordinary Dividends	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

	2014 Information		Prior Year Information
	Taxpayer	Spouse	
State and local income tax refunds	+ _____ [1]	+ _____ [1]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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]	

T/S/J	Self-Employment Income? (Y, N)	2014 Information		Prior Year Information
		Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships		
—	—	_____	+ _____ [14]	<div style="border: 1px solid black; height: 200px; width: 100%;"></div>
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
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—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	

NOTES/QUESTIONS:

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]	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
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:		<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
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:

Form ID: IRA	Traditional IRA	23
--------------	------------------------	-----------

	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:

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]	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
		+		
		+		
		+		
		+		
		+		

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]	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
		+		
		+		
		+		
		+		

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]	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
		+		

Prescription medicines and drugs:

[10]		+	[11]	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
		+		
		+		

[13]	Miles driven for medical items		[14]	<div style="border-bottom: 1px solid black; height: 15px;"></div>
------	--------------------------------	--	------	---

Schedule A - Tax Expenses

T/S/J

2014 Information

Prior Year Information

State/local income taxes paid:

[18]		+	[19]	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
		+		
		+		
		+		
		+		

2013 state and local income taxes paid in 2014:

[21]		+	[22]	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
		+		
		+		

Real estate taxes paid:

[24]		+	[25]	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
		+		
		+		

Personal property taxes:

[27]		+	[28]	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
		+		

Other taxes, such as: foreign taxes and State disability taxes

[30]		+	[31]	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
		+		
		+		

Sales tax paid on major purchases:

[36]		+	[37]	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
		+		

Sales tax paid on actual expenses:

[39]		+	[40]	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
		+		
		+		

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]	_____	+	_____	+	_____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>										
—	_____	+	_____	+	_____											
—	_____	+	_____	+	_____											
—	_____	+	_____	+	_____											
—	_____	+	_____	+	_____											
—	_____	+	_____	+	_____											
—	_____	+	_____	+	_____											
—	_____	+	_____	+	_____											
—	_____	+	_____	+	_____											
—	_____	+	_____	+	_____											

***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

T/S/J	Payee's Name	SSN or EIN	2014 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[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]
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	

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]	
—	_____	+ _____	

