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## **2014 TAX ORGANIZER**

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**This tax organizer has been prepared for your use in gathering the information needed for your 2014 tax return.**

**To save you time, selected information from your 2013 tax return has been entered in this organizer. Please line through any information that does not apply to your 2014 tax return.**

**In some cases, 2013 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**



# Personal Information

**Taxpayer:**

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

**Spouse:**

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

**Contact Information:**

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

Foreign Province or County \_\_\_\_\_

Foreign Country \_\_\_\_\_

Taxpayer Daytime/Work Phone \_\_\_\_\_ Spouse Daytime/Work Phone \_\_\_\_\_

Taxpayer Evening/Home Phone \_\_\_\_\_ Spouse Evening/Home Phone \_\_\_\_\_

Taxpayer Foreign Phone \_\_\_\_\_ Spouse Foreign Phone \_\_\_\_\_

Taxpayer Cell Phone \_\_\_\_\_ Spouse Cell Phone \_\_\_\_\_

Taxpayer Fax Number \_\_\_\_\_ Spouse Fax Number \_\_\_\_\_

Taxpayer Email Address \_\_\_\_\_

Spouse Email Address \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

May the IRS or other taxing authority discuss the return with the preparer? .....  
Is the taxpayer claimed as a dependent on someone else's tax return? .....

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

Are you considered legally blind per IRS regulations? .....  
Do you want to contribute to the Presidential Election Campaign Fund? .....

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

**Tax Organizer Legend:**

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



2014

# Dependents and Wages

### Dependent Information:

Did dependent have income over \$3,950?

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

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

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

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

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

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



2014

# Electronic Filing

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

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

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

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

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

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

|   |                          |                          |
|---|--------------------------|--------------------------|
| Would you like to use a randomly generated PIN? | <b>Yes</b>               | <b>No</b>                |
| Taxpayer .....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Spouse .....                                    | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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



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

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

**Account Information:**

Account owner .....  Taxpayer  Spouse  Joint

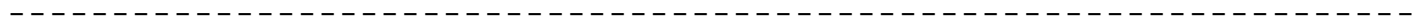
Type of account .....  Checking  Trad. Savings  IRA Savings  
 Archer MSA Savings  Coverdell Ed. Savings  HSA Savings

Account use (check all that apply) .....  Business  Federal estimate  State(s)  
 Federal return  Electronic withdrawal  
 Direct deposit

Name of financial institution ..... \_\_\_\_\_  
Routing Transit Number ..... \_\_\_\_\_  
Account number ..... \_\_\_\_\_

**If requesting electronic withdrawal:**

What amount do you want withdrawn, if not the entire balance due? ..... \_\_\_\_\_  
When should the withdrawal occur, if not the due date of the return? ..... \_\_\_\_\_



**Account Information:**

Account owner .....  Taxpayer  Spouse  Joint

Type of account .....  Checking  Trad. Savings  IRA Savings  
 Archer MSA Savings  Coverdell Ed. Savings  HSA Savings

Account use (check all that apply) .....  Business  Federal estimate  State(s)  
 Federal return  Electronic withdrawal  
 Direct deposit

Name of financial institution ..... \_\_\_\_\_  
Routing Transit Number ..... \_\_\_\_\_  
Account number ..... \_\_\_\_\_

**If requesting electronic withdrawal:**

What amount do you want withdrawn, if not the entire balance due? ..... \_\_\_\_\_  
When should the withdrawal occur, if not the due date of the return? ..... \_\_\_\_\_



2014

# U.S. Series I Savings Bonds Purchase

4B

Up to \$5,000 of your refund may be used to purchase U.S. Series I Savings Bonds for yourself, your spouse, and up to two other individuals, in \$50 increments.

Do you want to use any of your refund to purchase any U.S. Series I Savings Bonds? .....

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

If Yes, provide the information requested for each type of bond you want to purchase using your refund.

If the purchase is for someone other than the taxpayer or spouse, or if the bond should have a co-owner or beneficiary, provide the name of the person receiving the bond (if not the taxpayer or spouse), the name of the person being designated as the co-owner of the bond, if applicable, the name of the person designated as the beneficiary of the bond, if applicable, and the amount of the bond to be purchased.

Joint:

Co-owner name .....

Beneficiary name .....

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds .....

Note: If filing a married filing joint return, bonds purchased will be jointly owned by the taxpayer and spouse. In this case, the spouse's name does not need to be entered as a co-owner. If the bonds will not be jointly owned by the taxpayer and spouse, the savings bond information should be entered in the taxpayer, spouse, or other owner areas below.

Taxpayer:

Co-owner name .....

Beneficiary name .....

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds .....

Spouse:

Co-owner name .....

Beneficiary name .....

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds .....

Bond purchases for someone other than the taxpayer or spouse:

Taxpayer name .....

Co-owner name .....

Beneficiary name .....

Amount of purchase .....

Taxpayer name .....

Co-owner name .....

Beneficiary name .....

Amount of purchase .....





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# Dividend Income

5B

## Dividend Information:

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

| TSJ          | Name of Payer | Box 1a<br>Total Ordinary<br>Dividends | Box 1b<br>Qualified<br>Dividends | Box 2a<br>Total Capital<br>Gain Distribution | U.S. Bond Interest<br>Amount or<br>Percent in Box 1a |
|--------------|---------------|---------------------------------------|----------------------------------|--|--|
| A            |               |                                       |                                  |  |  |
| B            |               |                                       |                                  |  |  |
| C            |               |                                       |                                  |  |  |
| D            |               |                                       |                                  |  |  |
| E            |               |                                       |                                  |  |  |
| F            |               |                                       |                                  |  |  |
| G            |               |                                       |                                  |  |  |
| H            |               |                                       |                                  |  |  |
| I            |               |                                       |                                  |  |  |
| J            |               |                                       |                                  |  |  |
| K            |               |                                       |                                  |  |  |
| L            |               |                                       |                                  |  |  |
| M            |               |                                       |                                  |  |  |
| N            |               |                                       |                                  |  |  |
| <b>Total</b> |               |                                       |                                  |  |  |

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

| Code         | Tax-Exempt<br>Interest | 2013 Gross<br>Dividends<br>Amount |
|--------------|------------------------|-----------------------------------|
| A            |                        |                                   |
| B            |                        |                                   |
| C            |                        |                                   |
| D            |                        |                                   |
| E            |                        |                                   |
| F            |                        |                                   |
| G            |                        |                                   |
| H            |                        |                                   |
| I            |                        |                                   |
| J            |                        |                                   |
| K            |                        |                                   |
| L            |                        |                                   |
| M            |                        |                                   |
| N            |                        |                                   |
| <b>Total</b> |                        |                                   |

## Enter Any Additional Information:

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

Note: List all items sold during the year on Form 7.





2014

# Foreign Assets

5C

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

## General Information:

TSJ ..... \_\_\_\_\_  
 Title of filer ..... \_\_\_\_\_  
 Enter all countries where you have foreign bank accounts ..... \_\_\_\_\_

## Foreign Identification:

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

Passport .....  
 Foreign TIN .....  
 If not passport or TIN, enter description ..... \_\_\_\_\_  
 Number ..... \_\_\_\_\_  
 Country of issue ..... \_\_\_\_\_

## Information on Foreign Financial Accounts:

1 - Bank Account    2 - Securities Account    3 - Other

| Account Type | If Other Account Type, Describe | Maximum Account Value | Account Number | Financial Institution Name |
|--------------|---------------------------------|-----------------------|----------------|----------------------------|
| A            |                                 |                       |                |                            |
| B            |                                 |                       |                |                            |

| Street Address | City |
|----------------|------|
| A              |      |
| B              |      |

| State | ZIP/Postal Code | Country |
|-------|-----------------|---------|
| A     |                 |         |
| B     |                 |         |

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN)    B - SSN or ITIN    C - Foreign

| Last Name or Organization Name | First Name | Middle Initial | Suffix | Taxpayer ID Number |  |
|--------------------------------|------------|----------------|--------|--------------------|--|
| A                              |            |                |        |                    |  |
| B                              |            |                |        |                    |  |

| # of Joint Owners | Street Address | City |
|-------------------|----------------|------|
| A                 |                |      |
| B                 |                |      |

1 - No financial interest    2A - Joint ownership - spouse is joint owner    2B - Joint ownership - other joint owner

| State | ZIP/Postal Code | Country | Owner-ship Code | Filer's Title |
|-------|-----------------|---------|-----------------|---------------|
| A     |                 |         |                 |               |
| B     |                 |         |                 |               |

1 - Deposit    2 - Custodial

| Type | Foreign Currency | Exchange Rate | Source of Exchange | Acct Open | Acct Closed | Joint | No Tax Items Reported |
|------|------------------|---------------|--------------------|-----------|-------------|-------|-----------------------|
| A    |                  |               |                    |           |             |       |                       |
| B    |                  |               |                    |           |             |       |                       |



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

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

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

Did you have any of the following during the year?

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Mutual fund transactions .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Exchange of any securities or investments for something other than cash .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales of inherited property .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Commodity sales, short sales or straddles .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Debts that became uncollectible .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Securities that became worthless .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Sale of any property where you will receive payments in future years .....   | <input type="checkbox"/> | <input type="checkbox"/> |

| TSJ | Kind of Property and Description | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) | Gross Sales Price (Less Commissions) |
|-----|----------------------------------|--------------------------|----------------------|--------------------------------------|
| A   |                                  |                          |                      |                                      |
| B   |                                  |                          |                      |                                      |
| C   |                                  |                          |                      |                                      |
| D   |                                  |                          |                      |                                      |
| E   |                                  |                          |                      |                                      |
| F   |                                  |                          |                      |                                      |
| G   |                                  |                          |                      |                                      |
| H   |                                  |                          |                      |                                      |

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

**Installment Sales:** Do not include interest received in principal amount

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



**Sale or Exchange of Your Home:**

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

**Former Home Information:**

TSJ ..... \_\_\_\_\_

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

Date sold ..... (Mo/Da/Yr) \_\_\_\_\_

Selling price .....

**Original Cost and Cost of Improvements:**

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

**Sale Expenses:**

Commissions, legal fees, advertising and other expenses.

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

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

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

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

**Moving Expenses:**

TSJ ..... \_\_\_\_\_

Were the moving expenses reimbursed by your employer?  Yes  No

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

**Mileage:**

Number of miles from old home to new workplace .....

Number of miles from old home to old workplace .....

Number of automobile miles in move .....

**Transportation Expenses:**

Costs of transportation of household goods and personal effects .....

Costs of travel and lodging (do not include meals or automobile expenses) .....

Automobile expenses (gasoline, oil, etc.) .....

Meals (Pennsylvania only) .....





2014

# Pension, Annuity and Retirement Plan Information

9A

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

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

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

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

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

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

**Contributions to:**

Simplified employee pension plan .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

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





2014

# Partnership and S Corporation Business Expenses

11A

**Activity Name:** \_\_\_\_\_

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

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

|                               | 2014 Amount | 2013 Amount |
|-------------------------------|-------------|-------------|
| Parking fees and tolls .....  |             |             |
| Local transportation .....    |             |             |
| Travel expenses .....         |             |             |
| Meals and entertainment ..... |             |             |
| Other Business Expenses:      |             |             |

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

**Reimbursements:** List only reimbursements NOT reported in Box 1 of your Form W-2

|   | 2014 Amount | 2013 Amount |
|---|-------------|-------------|
| Amount received for other expenses .....          |             |             |
| Amount received for meals and entertainment ..... |             |             |

**Vehicle:**

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

Description of vehicle .....

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

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

Was your vehicle available for personal use during off-duty hours?  Yes  No

|   | 2014 | 2013 |
|---|------|------|
| Total miles .....                         |      |      |
| Total business miles .....                |      |      |
| Average daily commuting miles .....       |      |      |
| Total commuting miles for the year .....  |      |      |
| Gasoline and oil .....                    |      |      |
| Repairs .....                             |      |      |
| Insurance .....                           |      |      |
| Interest .....                            |      |      |
| Taxes .....                               |      |      |
| Value of employer provided vehicle .....  |      |      |
| Temporary vehicle rentals .....           |      |      |
| Fair market value of leased vehicle ..... |      |      |
| Vehicle leases .....                      |      |      |
| Other Vehicle Expenses:                   |      |      |

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



2014

# Passthrough Business Use of Home

11B

Activity Name: .....

### Partial Use of Your Home for Business:

|      |
|------|
| 2014 |
|      |
|      |

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

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? ...  Yes  No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

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

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

Example: Real estate taxes.

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

### Other Expenses:

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

### Seller-Financed Mortgage Interest Information:

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





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

**Miscellaneous Income and Adjustments:**

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

**State and Local Income Tax Refunds:**

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

**Other Income:**

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

**Alimony Paid or Received:**

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



# Miscellaneous Adjustments

**Educator Expenses:** Deduction for amounts paid by educators of kindergarten through Grade 12

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

**Health Savings Accounts (HSAs)**

| TS | Description                                  | 2014 Amount | 2013 Amount |
|----|--|-------------|-------------|
|    | Contributions made for 2014                  |             |             |
|    | Distributions received from all HSAs in 2014 |             |             |

What type of coverage applies to your high deductible health plan?  Self only  Family

Were any HSA contributions listed above also shown on your Form W-2? ..... 

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

Were all distributions from your HSA for unreimbursed medical expenses? ..... 

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

Did you or your spouse enroll in Medicare? ..... 

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

If Yes, what month did you enroll? .....

What month did your spouse enroll? .....

**Other Adjustments to Income:** Include all Forms 1098-E for Student Loan Interest Paid

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



2014

# Ministerial Income

13B

TS .....

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

Are these deductions associated with a business? .....

If Yes, enter the name of the business: \_\_\_\_\_

Are these deductions employee business expenses? .....

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

If Yes, enter the occupation: \_\_\_\_\_

### Parsonage:

Fair rental value of parsonage provided by church .....

Utility allowance of parsonage .....

Actual expenses for utilities of parsonage .....

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

### Rental or Parsonage Allowance:

Parsonage or rental allowance .....

Utility allowance .....

Actual expenses for parsonage .....

Actual expenses for utilities .....

Fair rental value of home, plus the cost of utilities .....

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



# Itemized Deductions - Medical and Taxes

### Medical and Dental Expenses:

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

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

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

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

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

### Other Medical Expenses:

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

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

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

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

Itemize real estate taxes by state.

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

### Other Taxes Paid:

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

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



Mortgage Questions for 2014:

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

Home Mortgage Interest Paid To Financial Institutions:

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

Other Home Mortgage Interest Paid:

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

Deductible Points:

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

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

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

Investment Interest Expense:

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

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



Cash Contributions: Include all Forms 1098-C.

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

Table with 4 columns: TSJ, Organization or Description of Contribution, 2014 Amount, 2013 Amount

Table with 4 columns: TSJ, Conservation Real Property, 2014 Amount, 2013 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2014 Miles, 2013 Miles. Includes row for Number of miles traveled performing volunteer work for qualified charitable organizations.

Noncash Contributions Totaling \$500 or Less:

Table with 4 columns: TSJ, Description of Donated Property, 2014 Amount, 2013 Amount

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

TSJ Description of the donated property

Donee organization name

Donee organization address

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

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

Cost or basis of the donated property

Fair market value of the donated property

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

- Appraisal Thrift shop value Catalog Comparable sale

Other - please explain

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

- Purchase Gift Inheritance Exchange



Miscellaneous Itemized Deductions:

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

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

Other Itemized Deductions:

Examples:

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

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

Casualty or Theft Loss:

TSJ ..... \_\_\_\_\_  
 Property description ..... \_\_\_\_\_

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

- Personal use     Business use     Income producing     Employee Use     Personal use due to Hurricane Katrina
- Personal use attributable to a federally declared disaster between 2007 and 2009     Personal use attributable to Midwestern disaster area     Personal use attributable to Kansas disaster area
- Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_  
 Date damaged or lost ..... (Mo/Da/Yr) \_\_\_\_\_

Original cost or other basis .....

Fair market value before casualty .....

Fair market value after casualty .....

Cost of replacement .....

Insurance reimbursement .....



# Employee Business Expenses

TS: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, enter the percentage to apply to Schedule A \_\_\_\_\_ %

|                               | 2014 Amount | 2013 Amount |
|-------------------------------|-------------|-------------|
| Parking fees and tolls .....  |             |             |
| Local transportation .....    |             |             |
| Travel expenses .....         |             |             |
| Meals and entertainment ..... |             |             |
| Other Business Expenses:      |             |             |

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

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

|   | 2014 Amount | 2013 Amount |
|---|-------------|-------------|
| Amount received for other expenses .....          |             |             |
| Amount received for meals and entertainment ..... |             |             |

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

### Vehicle:

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service .....

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

Was your vehicle available for personal use during off-duty hours?  Yes  No

|   | 2014 | 2013 |
|---|------|------|
| Total miles .....                         |      |      |
| Total business miles .....                |      |      |
| Average daily commuting miles .....       |      |      |
| Total commuting miles for the year .....  |      |      |
| Gasoline and oil .....                    |      |      |
| Repairs .....                             |      |      |
| Insurance .....                           |      |      |
| Taxes .....                               |      |      |
| Value of employer provided vehicle .....  |      |      |
| Temporary vehicle rentals .....           |      |      |
| Fair market value of leased vehicle ..... |      |      |
| Vehicle leases .....                      |      |      |
| Other Vehicle Expenses:                   |      |      |

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





# Employee Business Expenses- Business Use of Home

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

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

Total square footage of home .....

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

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

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

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

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

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

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

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

**Other Expenses:**

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

**Seller-Financed Mortgage Interest Information:**

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



# Child/Dependent Care Expenses & Education Expenses

**Child/Dependent Care Expenses:**

**General Information:**

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No

Did you pay an individual for services performed in your home?  Yes  No

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

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

2013 carryover used in grace period .....

**Child/Dependent Care Providers:**

**Provider 1:**

Name .....

Street address .....

City, state and ZIP code .....

Social security number OR  
Employer identification number .....

Telephone number (California only) .....

|  | 2014 Amount | 2013 Amount |
|--|-------------|-------------|
| Expenses incurred and paid in 2014 .....     |             |             |
| Expenses incurred and not paid in 2014 ..... |             |             |

**Provider 2:**

Name .....

Street address .....

City, state and ZIP code .....

Social security number OR  
Employer identification number .....

Telephone number (California only) .....

|  | 2014 Amount | 2013 Amount |
|--|-------------|-------------|
| Expenses incurred and paid in 2014 .....     |             |             |
| Expenses incurred and not paid in 2014 ..... |             |             |

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

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

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

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

Include copies of all Forms 1098-T

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



# Household Employment Taxes

**General Information:**

TSJ .....

Employer identification number .....

Did you pay any one household employee cash wages of \$1,900 or more in 2014?  Yes  No

Did you withhold any federal income tax from wages paid to any household employee?  Yes  No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2013 or 2014?  Yes  No

**Social Security, Medicare and Income Taxes:**

Cash wages subject to social security taxes .....

Cash wages subject to Medicare taxes (if different than cash wages subject to social security) .....

Cash wages subject to additional Medicare tax withholding .....

Federal income tax withheld .....

State disability plan payments subject to social security taxes .....

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) .....

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

**Federal Unemployment (FUTA) Tax:**

Did you pay unemployment contributions to more than one state?  Yes  No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax?  Yes  No

| State | Total Cash Wages Subject to FUTA | 2013 Amount |
|-------|----------------------------------|-------------|
|       |                                  |             |
|       |                                  |             |
|       |                                  |             |
|       |                                  |             |

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2015

| Name of State | Total Taxable Wages | Contribution Paid to Unemployment Fund | X | 2013 Amount |
|---------------|---------------------|--|---|-------------|
|               |                     |  |   |             |
|               |                     |  |   |             |
|               |                     |  |   |             |
|               |                     |  |   |             |
|               |                     |  |   |             |



2014

# Federal Tax Payments

## Refund Application:

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

Refunded .....  Yes  No  
 Applied to your 2015 estimated tax liability  Yes  No

## Federal Estimated Tax Payments:

2014 1st Quarter Estimate ..... (Due 04-15-2014)  
 2014 2nd Quarter Estimate ..... (Due 06-16-2014)  
 2014 3rd Quarter Estimate ..... (Due 09-15-2014)  
 2014 4th Quarter Estimate ..... (Due 01-15-2015)

| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|------------|--------------------------------------|-------------|
|            |                                      |             |
|            |                                      |             |
|            |                                      |             |
|            |                                      |             |

2013 overpayment applied to 2014 estimate .....

## Tax Planning Information for Tax Year 2015:

Do you expect any of the following to occur in 2015?

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| A change in your marital status .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| A change in the number of your dependents ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your income .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your withholding .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in deductions .....        | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above questions, provide details.

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



2014

# State and City Tax Payments

20A

## State and City Estimated Tax Payments:

| TSJ _____        |                                      |             |
|------------------|--------------------------------------|-------------|
| State/City _____ |                                      |             |
| Amount Due       | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|                  |                                      |             |
|                  |                                      |             |
|                  |                                      |             |
|                  |                                      |             |

2014 1st Quarter Estimate .....

2014 2nd Quarter Estimate .....

2014 3rd Quarter Estimate .....

2014 4th Quarter Estimate .....

2013 overpayment applied to 2014 estimate .....

Balance of prior year(s)' tax paid in 2014 plus  
amount paid with 2013 extensions .....

Estimated tax payments for 2013 paid in 2014 .....

## State and City Estimated Tax Payments:

| TSJ _____        |                                      |             |
|------------------|--------------------------------------|-------------|
| State/City _____ |                                      |             |
| Amount Due       | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|                  |                                      |             |
|                  |                                      |             |
|                  |                                      |             |
|                  |                                      |             |

2014 1st Quarter Estimate .....

2014 2nd Quarter Estimate .....

2014 3rd Quarter Estimate .....

2014 4th Quarter Estimate .....

2013 overpayment applied to 2014 estimate .....

Balance of prior year(s)' tax paid in 2014 plus  
amount paid with 2013 extensions .....

Estimated tax payments for 2013 paid in 2014 .....

## State and City Estimated Tax Payments:

| TSJ _____        |                                      |             |
|------------------|--------------------------------------|-------------|
| State/City _____ |                                      |             |
| Amount Due       | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|                  |                                      |             |
|                  |                                      |             |
|                  |                                      |             |
|                  |                                      |             |

2014 1st Quarter Estimate .....

2014 2nd Quarter Estimate .....

2014 3rd Quarter Estimate .....

2014 4th Quarter Estimate .....

2013 overpayment applied to 2014 estimate .....

Balance of prior year(s)' tax paid in 2014 plus  
amount paid with 2013 extensions .....

Estimated tax payments for 2013 paid in 2014 .....





# Foreign Employment Information (Page 1 of 3)

### General Information:

TS ..... \_\_\_\_\_

Foreign address ..... \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of employer ..... \_\_\_\_\_

Employer's U.S. address ..... \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer's foreign address ..... \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer type: Foreign entity, U.S. company,  
 Foreign affiliate of a U.S. company, Self ..... \_\_\_\_\_

Enter the last year that Form 2555 was filed to  
 claim either of the exclusions ..... \_\_\_\_\_

Type of exclusions revoked in prior years ..... \_\_\_\_\_

Year exclusion revoked ..... \_\_\_\_\_

If a separate foreign residence was maintained for your  
 family due to adverse living conditions, please provide  
 the city, country, and number of days maintained ..... \_\_\_\_\_

List tax home(s) during tax year and dates established ..... \_\_\_\_\_

Country of citizenry or nationality ..... \_\_\_\_\_

Qualified housing expenses for the tax year .....

Adjustment to employer provided amounts for qualified  
 housing expense .....

### Tax Home History:

|                                | Principal City and Country of Employment | Start Date (Mo/Da/Yr) | End Date (Mo/Da/Yr) |
|--------------------------------|--|-----------------------|---------------------|
| Most recent tax home .....     |  |                       |                     |
| First previous tax home .....  |  |                       |                     |
| Second previous tax home ..... |  |                       |                     |
| Third previous tax home .....  |  |                       |                     |



# Foreign Employment Information (Page 2 of 3)

### Bona Fide Residence Test Information:

Beginning date for foreign residence ..... (Mo/Da/Yr) \_\_\_\_\_  
 Ending date for foreign residence ..... (Mo/Da/Yr) \_\_\_\_\_

Kind of foreign living quarters:  
 Purchased house, Rented house or apartment, Rented room,  
 Quarters furnished by employer .....

If any family members lived abroad with you during any part  
 of the tax year, enter their names. Include the dates when  
 the family members lived with you

| Relationship | First Name | MI | Last Name | Date Arrived | Date Left | X if Entire Period |
|--------------|------------|----|-----------|--------------|-----------|--------------------|
|              |            |    |           |              |           |                    |
|              |            |    |           |              |           |                    |
|              |            |    |           |              |           |                    |
|              |            |    |           |              |           |                    |

|   |     |    |
|---|-----|----|
| Was a statement made to foreign country authorities declaring you were not a resident of their country? ..... | Yes | No |
| Were you required to pay income tax in that country? .....  |     |    |
| Does the foreign country have an income tax? .....  |     |    |

State any contractual terms or other conditions relating to the length of employment abroad .....

What type of visa was used to enter the foreign country? .....

Explain any limitations of the visa as to length of stay or employment in a foreign country .....

If a home was maintained in U.S. while residing abroad, show address, whether rented, names and relationships of occupants

Address

Street address .....

City .....

State .....

ZIP Code .....

X if rented .....

| Occupants  |    |           |              |
|------------|----|-----------|--------------|
| First Name | MI | Last Name | Relationship |
|            |    |           |              |
|            |    |           |              |
|            |    |           |              |
|            |    |           |              |







2014

# Foreign Wages and Other Income (Page 1 of 2)

### Foreign Questions for 2014:

- If you will be outside the U.S., do you want an automatic extension if you qualify? .....
- Will any tax due be paid with the extension? .....
- If you were working outside the U.S., did you terminate your foreign employment in 2014? .....
- Did you have foreign income derived from sources within designated "Boycott Activities"? .....
- If Yes, provide all information pertaining to the boycott activities.

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

### Foreign Source Wages and Salaries:

**Include all copies of your current year Forms W-2 or other wage statements**

TS \_\_\_\_\_ Employer name .....

Employer address .....

Employer city .....

Employer state .....

Employer ZIP .....

Employer foreign country .....

|   | 2014 Amount | 2013 Amount |
|---|-------------|-------------|
| Base wages .....  |             |             |
| Federal tax withheld .....                              |             |             |
| FICA withheld .....                                     |             |             |
| Medicare tax withheld .....                             |             |             |
| Days in foreign country before foreign assignment ..... |             |             |
| Days in foreign country after foreign assignment .....  |             |             |
| Days in U.S. while on foreign assignment .....          |             |             |

### Allowances and Reimbursements:

|  | 2014 Amount | 2013 Amount |
|--|-------------|-------------|
| Cost of living and overseas differential ..... |             |             |
| Moving expense reimbursement .....             |             |             |
| Family .....                                   |             |             |
| Education .....                                |             |             |
| Home leave .....                               |             |             |
| Quarters .....                                 |             |             |
| Bonus .....                                    |             |             |
| Stock option - current year .....              |             |             |
| Foreign tax reimbursement .....                |             |             |
| Survivor's insurance .....                     |             |             |
| Automobile .....                               |             |             |
| Hardship premium .....                         |             |             |
| Home gross salary .....                        |             |             |
| Tax adjustment - current year .....            |             |             |
| Gross up .....                                 |             |             |
| Mobility premium .....                         |             |             |
| Relocation allocation .....                    |             |             |
| Wire transfer allowance .....                  |             |             |
| Home housing allowance .....                   |             |             |
| Home gross entitlement .....                   |             |             |
| Home net entitlement .....                     |             |             |
| Variable pay awards .....                      |             |             |
| Miscellaneous .....                            |             |             |
| Imputed tax preparation fees .....             |             |             |
| Home country pension cost .....                |             |             |
| 401(k) reductions .....                        |             |             |







# Gifts Made Outright to an Individual

**NOTE: Only complete Forms 34 and/or 35 if in 2014:**

- You made gifts of cash or marketable securities to an individual that exceeded \$14,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

### Gift 1:

|  |   |                                 |                                |
|--|---|---------------------------------|--------------------------------|
| Person giving the gift .....   | <input type="checkbox"/> Taxpayer         | <input type="checkbox"/> Spouse | <input type="checkbox"/> Joint |
| Name of person receiving the gift .....  | _____                                     |                                 |                                |
| Address of person .....  | _____                                     |                                 |                                |
| Your relationship to the person<br>(e.g., son, granddaughter or friend) .....                        | _____                                     |                                 |                                |
| Age of the person .....  | _____                                     |                                 |                                |
| Date(s) of gift(s) .....   | (Mo/Da/Yr) _____                          |                                 |                                |
| Description and amount of assets gifted<br>(e.g., \$14,000 in cash or 500 shares of ABC stock) ..... | _____                                     |                                 |                                |
| Cost basis of assets gifted if other than cash .....   | <input style="width: 100%;" type="text"/> |                                 |                                |
| Value of assets gifted if other than cash .....  | <input style="width: 100%;" type="text"/> |                                 |                                |

### Gift 2:

|  |   |                                 |                                |
|--|---|---------------------------------|--------------------------------|
| Person giving the gift .....   | <input type="checkbox"/> Taxpayer         | <input type="checkbox"/> Spouse | <input type="checkbox"/> Joint |
| Name of person receiving the gift .....  | _____                                     |                                 |                                |
| Address of person .....  | _____                                     |                                 |                                |
| Your relationship to the person<br>(e.g., son, granddaughter or friend) .....                        | _____                                     |                                 |                                |
| Age of the person .....  | _____                                     |                                 |                                |
| Date(s) of gift(s) .....   | (Mo/Da/Yr) _____                          |                                 |                                |
| Description and amount of assets gifted<br>(e.g., \$14,000 in cash or 500 shares of ABC stock) ..... | _____                                     |                                 |                                |
| Cost basis of assets gifted if other than cash .....   | <input style="width: 100%;" type="text"/> |                                 |                                |
| Value of assets gifted if other than cash .....  | <input style="width: 100%;" type="text"/> |                                 |                                |



**NOTE: Complete this form only if you have made gifts in or to a trust during the year.**

**For each gift made in trust during the year, provide the following information:**

Name of trust receiving the gift . . . . . \_\_\_\_\_

Name of the trustee . . . . . \_\_\_\_\_

Address of the trustee . . . . . \_\_\_\_\_

Trust identification number . . . . . \_\_\_\_\_

Name of the beneficiary of the trust . . . . . \_\_\_\_\_

Your relationship to the beneficiary  
(e.g., son, granddaughter or friend) . . . . . \_\_\_\_\_

Age of the beneficiary . . . . . \_\_\_\_\_

Date(s) of gift(s) . . . . . (Mo/Da/Yr) \_\_\_\_\_

Description and amount of assets gifted  
(e.g., \$14,000 in cash or 500 shares of ABC stock) . . . . . \_\_\_\_\_

Cost basis of assets gifted if other than cash . . . . .

Value of assets gifted if other than cash . . . . .

For gifts other than cash, include a copy of any appraisal(s) of assets. If no appraisal is available, describe how the value was determined.

\_\_\_\_\_

**Include a copy of the following:**

**A copy of the trust document(s) unless previously furnished to us.**

**A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.**



2014

Residency Information:

|                    |                  |
|--------------------|------------------|
| From<br>(Mo/Da/Yr) | To<br>(Mo/Da/Yr) |
|--------------------|------------------|

If you did not live in Minnesota for all of 2014, enter the dates you did live in Minnesota .....

Enter the state names other than Minnesota where you had income .....

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to the Nongame Wildlife Fund .....

Do you wish to designate \$5.00 on your 2014 tax return to the state elections campaign fund?

If Yes, select one of the following: Democratic Farmer - Labor, General Campaign Fund, Libertarian, Independent, Republican or Grassroots.

Taxpayer .....
Spouse .....

Qualified School Expenses for Dependents:

Table with 2 columns: Dependent 1, Dependent 2. Rows include: Dependent's name, Dependent's grade, Qualified expenses, Type of school, Type of expense, Type of Instruction, Instructor or organization, Type of class, Type of musical instrument.

Long Term Care Insurance:

If you had long term care insurance, list the policy owner, policy company name and policy number below.

Table with 3 columns: Policy Owner, Policy Company Name, Policy Number. Policy Owner options: Taxpayer, Spouse, Joint.

