

**F  
R  
O  
M**

## **2014 TAX ORGANIZER**

**T  
O**

**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

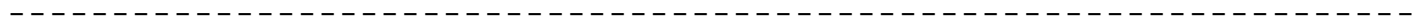
Type of account .....  Checking  Trad. Savings  IRA Savings  
 Archer MSA Savings  Coverdell Ed. Savings  HSA Savings

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 .....





2014

# Dividend Income

5B

## Dividend Information:

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

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or 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 Interest	2013 Gross Dividends 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

# Interest Income and Foreign Information

5A

**Include all Forms 1099-INT or other documents for interest received**

**Interest Income:**

(List all items sold during the year on Form 7.)

Special Interest Code: 1 - Qualified Educational Series EE Bonds    2 - Seller Financed Mortgage Interest    3 - Early Withdrawal Penalty    4 - Nominee Interest    5 - Accrued Interest    6 - Original Issue Discount Adjustment    7 - Amortizable Bond Premium Adjustment

TSJ	Source	Interest Income	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Tax-Exempt Interest Code: 1 - 1099-INT    2 - Private Activity Bond    3 - Both

Social Security No. of Home Buyer	Address of Individual from Whom Mortgage Interest Was Received	Code	Tax-Exempt Interest
A			
B			
C			
D			
E			

Federal Withholding	State Withholding	Investment Expenses	Tax Exempt Paid CUSIP No.	2013 Interest Amount
A				
B				
C				
D				
E				

**Foreign Taxes Paid or Accrued:**

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

**Additional State Information:**

Payer ID	New Hampshire Reason Interest is Nontaxable
A	
B	
C	
D	
E	

**Foreign Bank Accounts and Trusts:**

At any time during 2014, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?  Yes     No

If Yes, enter name of foreign country \_\_\_\_\_

Were you the grantor of, or transferor to, a foreign trust that existed during 2014, whether or not you had any beneficial interest in it?



# Dividend Income and Foreign Information

**Dividend Income:** Include all Forms 1099-DIV or other documents for dividends received  
(List all items sold during the year on Form 7.)

TSJ	Source	Form 1099-DIV				
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code	Tax-Exempt Interest
A						
B						
C						
D						
E						

Form 1099-DIV					
Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	2013 Gross Dividends Amount
A					
B					
C					
D					
E					

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

Form 1099-DIV		
Box 4 Federal Withholding	Box 5 Investment Expenses	State Withholding
A		
B		
C		
D		
E		

### Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

### Additional State Information:

Payer ID	New Hampshire Reason Dividend is Nontaxable
A	
B	
C	
D	
E	

### Foreign Bank Accounts and Trusts:

At any time during 2014, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?  Yes  No

If Yes, enter name of foreign country \_\_\_\_\_

Were you the grantor of, or transferor to, a foreign trust that existed during 2014, whether or not you had any beneficial interest in it?



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	Ownership 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							



2014

# Foreign Assets

5D

### Asset Information:

Description	Identifying Number	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Jointly Owned	No Tax Items Reported

Value	Foreign Currency	Exchange Rate	Source of Exchange Rate

### If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Partnership   2 - Corporation   3 - Trust   4 - Estate

Name of Foreign Entity	Type of Foreign Entity	Mailing Address of Foreign Entity

City or Town of Foreign Entity	Province, County or State of Foreign Entity	Country of Foreign Entity	Postal Code of Foreign Entity

### If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Issuer   2 - Counterparty

1 - U.S. person  
2 - Foreign person

Name of Issuer	Issuer Code	Type of Issuer	Residence of Issuer

1 - Individual   2 - Partnership   3 - Corporation   4 - Trust   5 - Estate

Mailing Address of Issuer	City or Town of Issuer

Province, County or State of Issuer	Country of Issuer	Postal Code of Issuer

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

Foreign assets were acquired or sold during the tax year .....

### Foreign Bank Accounts and Trusts:

At any time during 2014, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?

If Yes, enter name of foreign country .....

Were you the grantor of, or transferor to, a foreign trust that existed during 2014, whether or not you had any beneficial interest in it?



# Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

5G

## 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		
Exchange of any securities or investments for something other than cash		
Sales of inherited property		
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		
Commodity sales, short sales or straddles		
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest		
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock		
Securities which became worthless		

	Kind of Property and Description	Gross Sales Price (Less Commissions)	Cost or Other Basis
A			
B			
C			
D			

	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				

## Other Income:

Nature and Source	2014 Amount	2013 Amount

## Other Adjustments to Income:

Nature and Source	2014 Amount	2013 Amount

## Investment Interest Expense:

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

Paid To	2014 Amount	2013 Amount

## Foreign Bank Accounts and Trusts:

At any time during 2014, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?  Yes  No

If Yes, enter name of foreign country \_\_\_\_\_

Were you the grantor of, or transferor to, a foreign trust that existed during 2014, whether or not you had any beneficial interest in it?  Yes  No



2014

# Business Income and Cost of Goods Sold

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_  
 Employer ID number \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state and ZIP code \_\_\_\_\_  
 Method of inventory \_\_\_\_\_  
 Method of accounting \_\_\_\_\_

### Business Questions for 2014:

	Yes	No
Did you dispose of this business? _____	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date? _____ (Mo/Da/Yr)		
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

2014 Amount	2013 Amount

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

### Income:

Include all Forms 1099-K

Payment card and third party transactions:

Description	2014 Amount	2013 Amount

Miscellaneous income:  Include all Forms 1099-MISC


Other Income:


Other gross receipts or sales \_\_\_\_\_  
 Less returns and allowances \_\_\_\_\_

### Cost of Goods Sold:

2014 Amount	2013 Amount

Beginning inventory \_\_\_\_\_  
 Purchases less cost of items withdrawn for personal use \_\_\_\_\_  
 Cost of labor (do not include amounts paid to yourself) \_\_\_\_\_  
 Materials and supplies \_\_\_\_\_  
 Other costs of goods sold: \_\_\_\_\_

Description	2014 Amount	2013 Amount

Ending inventory \_\_\_\_\_



Name of Business: .....

Principal Business or Profession: .....

**Expenses:**

- Advertising .....
- Car and truck expenses .....
- Parking fees and tolls .....
- Commissions and fees .....
- Contract labor .....
- Employee benefit programs and health insurance (other than pension and profit-sharing plans) .....
- Insurance (other than health) .....
- Interest - mortgage (paid to banks, etc.) .....
- Interest - other .....
- Legal and professional fees .....
- Office expense .....
- Pension and profit-sharing plans .....
- Rent or lease - vehicles, machinery and equipment .....
- Rent or lease - other business property .....
- Repairs and maintenance .....
- Supplies (not included in Cost of Goods Sold) .....
- Taxes and licenses .....
- Travel .....
- Meals and entertainment .....
- Utilities .....
- Wages .....
- Dependent care benefits .....

2014 Amount	2013 Amount

**Other Expenses:**

Description	2014 Amount	2013 Amount

Property and Equipment:  Include a list if more space is needed

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price



## Business Expenses - Vehicle and Other Listed Property

**Name of Business:** .....

**Principal Business or Profession:** .....

**Listed Property Questions for 2014:**

Do you have evidence to support your deduction? .....	<b>Yes</b>	<b>No</b>
If Yes, is the evidence written? .....		
Do you have evidence to support the business use percentage claimed on listed property? .....		
If Yes, is the evidence written? .....		

**If you are an employer who provides vehicles for use by employees:**

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<b>Yes</b>	<b>No</b>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..		
Do you treat all use of vehicles by employees as personal use? .....		
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....		
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....		

**Vehicle:**

Description of vehicle .....

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

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

Was your vehicle available for use during off-duty hours? .....

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2014 Miles</b>	<b>2013 Miles</b>
<b>2014 Amount</b>	<b>2013 Amount</b>

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2014 Miles</b>	<b>2013 Miles</b>
<b>2014 Amount</b>	<b>2013 Amount</b>

**Mileage:**

Total miles .....

Total business miles .....

Total commuting miles for the year ..

**Actual Expenses:**

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....





2014

# Business Use of Home

6D

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Partial Use of Your Home for Business:

	2014	2013
Square footage of home used exclusively for business .....		
Total square footage of home .....		
Total hours home was used for day care during the year .....		

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

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

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

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

### 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



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:

Table with 2 columns: Description, Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Table with 2 columns: Description, Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?
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?
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?
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

# Rental and Royalty Income

**Location of Property:** \_\_\_\_\_

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

Type of property . . . . . \_\_\_\_\_

Have you prepared or will you prepare all required Forms 1099?  Yes  No

Ownership percentage if not 100% . . . . . \_\_\_\_\_ %

How many days was this property rented at fair market value? . . . . . \_\_\_\_\_

How many days was this property used personally (including use by family members)? . . . . . \_\_\_\_\_

2014	2013

**Income:**

Rents received . . . . . \_\_\_\_\_

Royalties received . . . . . \_\_\_\_\_

2014 Amount	2013 Amount

Payment card and third party transactions:  Include all Forms 1099-K

Description	2014 Amount	2013 Amount

Miscellaneous income:  Include all Forms 1099-MISC

Description	2014 Amount	2013 Amount

Other income:

Description	2014 Amount	2013 Amount





2014

# Rental and Royalty Property and Equipment & Depletion

10B

Location of Property: \_\_\_\_\_

Property and Equipment:  Include a list if more space is needed

**Acquisitions:**

X if not new	Description	Date Acquired (Mo/Da/Yr)	Cost

**Dispositions:**

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

**Percentage Depletion Information:**

Production Type	Royalty Income	
	2014 Amount	2013 Amount



# Rental and Royalty Vehicle and Other Listed Property

Location of Property: \_\_\_\_\_

**Listed Property Questions for 2014:**

	<b>Yes</b>	<b>No</b>
Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

**If you are an employer who provides vehicles for use by employees:**

	<b>Yes</b>	<b>No</b>
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Vehicle:**

Description of vehicle .....

Date placed in service . . . . (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for your personal use? .....

Was your vehicle available for use during off-duty hours? .....

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2014 Miles	2013 Miles
2014 Amount	2013 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2014 Miles	2013 Miles
2014 Amount	2013 Amount

**Mileage:**

Total miles .....

Total business miles .....

Total commuting miles for the year ..

**Actual Expenses:**

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....







2014

# Farm Income (Page 1 of 2)

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

TSJ \_\_\_\_\_  
Employer identification number \_\_\_\_\_  
Method of accounting \_\_\_\_\_

### Farm Questions for 2014:

Did you dispose of this farm?  Yes  No  
If Yes, what was the disposition date? \_\_\_\_\_ (Mo/Da/Yr)  
Have you prepared or will you prepare all required Forms 1099?

2014 Amount	2013 Amount
Health insurance premiums paid for yourself and your dependents _____	

### Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

Description	2014		2013	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

### Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

### Income:

	2014 Amount	2013 Amount
Sales of livestock, produce, grains, etc. you raised		
Total cooperative distributions (Forms 1099-PATR)		
Taxable cooperative distributions		
Total agricultural program payments		
Taxable agriculture program payments		
Total Commodity Credit Corporation (CCC) loans		
Total crop insurance proceeds and certain disaster payments received in 2014		
Taxable crop insurance proceeds received		
Crop insurance proceeds deferred from prior year		
Custom hire (machine work) income		
Federal gasoline tax or fuel tax credit or refund		
State gasoline tax or fuel tax credit or refund		



2014

# Farm Income (Page 2 of 2)

12A

Proprietor's Name: .....

Principal Crop or Activity: ..

**Income:**

Payment card and third party transactions:  Include all Forms 1099-K

Description	2014 Amount	2013 Amount

Government payments:  Include all Forms 1099-G

Description	2014 Amount	2013 Amount

Miscellaneous income:  Include all Forms 1099-MISC

Description	2014 Amount	2013 Amount

Other income:

Description	2014 Amount	2013 Amount





2014

# Farm Vehicle and Other Listed Property

12C

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

### Listed Property Questions for 2014:

Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

### If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle:

Description of vehicle .....

Date placed in service . . . (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for your personal use? .....

Was your vehicle available for use during off-duty hours? .....

Vehicle 1	
Description of vehicle .....	
Date placed in service . . . (Mo/Da/Yr) _____	
Do you (or your spouse) have another vehicle available for your personal use? .....	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? .....	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2014 Miles	2013 Miles
2014 Amount	2013 Amount

Vehicle 2	
Description of vehicle .....	
Date placed in service . . . (Mo/Da/Yr) _____	
Do you (or your spouse) have another vehicle available for your personal use? .....	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? .....	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2014 Miles	2013 Miles
2014 Amount	2013 Amount



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





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 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 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

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 ..... (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 .....		
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



# 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



# 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 .....



# Gambling Winnings

Include all of your current year Forms W-2G

TS	Name of Payer	Gross Winnings	Tax Withheld	
			Federal	State



# 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





# Foreign Housing Expenses Worksheet

Indicate below (for yourself, spouse and dependents living with you) the amount of housing expenses incurred (whether paid by you or your employer) in the foreign country. If expenses are listed in foreign currency, indicate dates of payment to the left of the amount boxes and enter type of currency.

Type of currency . . . . .	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses
Rent . . . . .			
Fair market value of employer-owned housing furnished to you (Without reduction for U.S. equivalent housing charge) . . . . .			
Foreign real estate, occupancy taxes or television taxes (not included on Medical Expenses and Taxes form, detail by country on continuation sheet) . . . . .			
Utilities (but not telephone charges) . . . . .			
Real and personal property insurance . . . . .			
"Key money" or other similar nonrefundable deposits paid to secure a lease . . . . .			
Repairs and maintenance . . . . .			
Furniture rental . . . . .			
Lodging portion of temporary living expenses (Do not include on Moving Expenses page) . . . . .			

Other Expenses:

Description	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses

Total expenses . . . . . 

--	--	--

Indicate if meals and/or lodging were provided by or on behalf of your employer on his business premises: (If you resided in a camp, you are considered to be on the business premises of your employer.)

To you . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
To your family members . . . . .	<input type="checkbox"/>	<input type="checkbox"/>



2014

# Foreign Travel and Workdays Information Worksheet

30D

Complete for every month even if this may have been your first or last year in the U.S.

Travel To/From the U.S.				Days in Month	Days Worked In and Outside U.S.				
Dates (Mo/Da/Yr)		Dates (Mo/Da/Yr)			Days Not Worked*		Days Worked**		
Left Foreign Country	Arrived U.S.	Left U.S.	Arrived Foreign Country		U.S.	Foreign	U.S.	Foreign	
				January	31				
				February	28				
				March	31				
				April	30				
				May	31				
				June	30				
				July	31				
				August	31				
				September	30				
				October	31				
				November	30				
				December	31				
				Total	365				

\* Weekends, holidays, vacation, sick, etc.

\*\* Include weekends and holidays if you worked on these days.

During 2014, in which state(s)/city(ies) did you work?

List the dates

State/City	From (Mo/Da/Yr)	To (Mo/Da/Yr)	Days Worked

Total (must agree with U.S. days worked shown above)

Days in U.S. for any reason in ..... 2013 \_\_\_\_ 2012 \_\_\_\_



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 (e.g., son, granddaughter or friend) .....	_____		
Age of the person .....	_____		
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 .....	<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 (e.g., son, granddaughter or friend) .....	_____		
Age of the person .....	_____		
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 .....	<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 (Mo/Da/Yr)	To (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:**

	Dependent 1	Dependent 2
Dependent's name .....		
Dependent's grade .....		
Qualified expenses .....		
Type of school (public, private, home) .....		
Type of expense (Classes, Individual instruction, Textbooks, Computer, Tuition, Transportation, Musical instrument) .....		
Type of Instruction (Class or Individual) .....		
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.

Policy Owner	Policy Company Name	Policy Number
Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		
Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		



2014

Property Tax Refund Information:

Include Statement of Property Taxes Payable in 2015

County of residence .....

Are you a mobile home owner who rented a lot? .....

Yes No

Were you or your spouse disabled on or before December 31, 2014? .....

Yes No

Are you living in a nursing home or health care facility? .....

Yes No

Did you own AND occupy your homestead on BOTH January 2, 2014 and January 2, 2015? .....

Yes No

Enter the percent of your home that is NOT used for business or rented to others ..... %

Enter the amount of property tax refund received .....

Text input box

Employer Transit Pass Credit:

Did your business buy Transit passes to resell or give to your employees? .....

Yes No

If Yes, what was the original cost of the passes? .....

Text input box

What amount was charged to employees for the passes? .....

Text input box

What is your Minnesota ID number? .....

Enter Any Additional Minnesota Information:

Large empty table for additional information