

# Miscellaneous Information

Name:

SSN:

Yes No

### General Information

- |  |  |  |
|--|--|--|
|  |  | 1. Were there any changes to your filing status or number of dependents during 2014?           |
|  |  | 2. Can you or your spouse be claimed as a dependent by someone else?                           |
|  |  | 3. Did you incur any childcare expenses?   |
|  |  | 4. Did you have a change in residence or job location during the year?                         |
|  |  | 5. Did you move during 2014? From where? _____ Date of move _____                              |
|  |  | 6. Did you reside in more than one state during 2014? If yes, which states? _____              |
|  |  | 7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach. |

Yes No

### Income Information

- |  |  |   |
|--|--|---|
|  |  | 1. Have you received all W-2s from all employers? How many W-2s are attached? _____   |
|  |  | 2. Did you use your vehicle on the job other than for commuting to work?  |
|  |  | 3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____                                  |
|  |  | 4. Did you work out of town at any time during the year?  |
|  |  | 5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____  |
|  |  | 6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?  |
|  |  | 7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.  |
|  |  | 8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?    |
|  |  | 9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?  |
|  |  | 10. Did you have any income from, or pay taxes to, a foreign country?   |
|  |  | 11. Did you engage in any bartering transactions during 2014?   |
|  |  | 12. Did you surrender any U.S. Savings Bonds during 2014?   |
|  |  | 13. Did you receive any state or local income tax refunds from prior years?   |
|  |  | 14. Do you or your spouse have any IRA accounts?  |
|  |  | 15. Did you recharacterize any IRAs this year?  |
|  |  | 16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?  |
|  |  | 17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.   |
|  |  | 18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.   |
|  |  | 19. Did you receive any type of prize, award, or gambling winnings during 2014?   |
|  |  | 20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____ |
|  |  | 21. Did you receive any income not shown in this organizer? If so, please list. _____   |
|  |  | 22. Does anyone owe you money that has become uncollectible?  |

Comments: \_\_\_\_\_  
\_\_\_\_\_

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Yes No

### Business Information

		1. Did you start a new business or purchase any rental property during 2014?
		2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
		3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
		4. Did you own rental property? What percentage of time did you spend managing your rentals? _____
		5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

Yes No

### Other Information

		1. Were any tuition costs paid during 2014 (even if classes were attended in another year)?
		2. Did anyone in your household attend higher education classes in 2014?
		3. Did you incur a loss due to damaged or stolen property?
		4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008 in which the First-Time Homebuyer Credit was taken on the home?
		5. Did you refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information.
		6. Did you purchase or sell a home that you used as a principal residence? If yes, please provide closing documentation.
		7. If yes to question 6, was the First-Time Homebuyer Credit taken?
		8. Did you make any gifts to any one person in 2014 in excess of \$14,000? If so, are you splitting this gift with your spouse?
		9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?
		10a. Did you have health care coverage for yourself and everyone claimed on the tax return for the entire year?
		10b. If yes, where did you purchase the health care coverage? <input type="checkbox"/> Employer <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Marketplace (Exchange) <input type="checkbox"/> Other

**To itemize deductions, bring receipts and documentation for these types of expenses:**

	Prescriptions, first-aid
	State/local income taxes
	Mortgage interest
	Tax preparation fees
	Gambling losses (up to amount of winnings)
	Cash donations to charity (provide all receipts)
	Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
	Real estate and personal property taxes paid in 2014
	Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
	Fair market value of property donated to charity
	Purchase price of new goods donated or used in volunteer work

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Miscellaneous Information

Name:

SSN:

### Information to bring to your appointment:

- Driver's license and social security card (for identity verification)
- Copy of your 2013 income tax return (for comparison and review for all includible information)
- Original W-2s and other statements of income received from employers
- 1099s and other statements reporting interest/dividend/miscellaneous income
- Records of other income received (tips, self-employment, SSI, combined bank reporting statements)
- Cancelled checking/savings slip (for direct deposit/direct debit information)
- 1095-A, 1095-B, 1095-C

Concerns to discuss with preparer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Preparer Notes

#### Miscellaneous Notes



## Health Care Coverage Questionnaire for taxpayer and spouse ( for preparer use)

**PRIMARY TAXPAYER**

All Year   January   February   March   April   May   June   July   August   September   October   November   December

Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Employer offered health coverage which was declined													
If YES, what would be the cost for SELF coverage?													
If YES, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

**SPOUSE**

All Year   January   February   March   April   May   June   July   August   September   October   November   December

Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Employer offered health coverage which was declined													
If YES, what would be the cost for SELF coverage?													
If YES, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

## Health Care Coverage Questionnaire for Dependents ( for preparer use)

All Year   January   February   March   April   May   June   July   August   September   October   November   December

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/>		AGI of that return?											

All Year   January   February   March   April   May   June   July   August   September   October   November   December

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/>		AGI of that return?											

All Year   January   February   March   April   May   June   July   August   September   October   November   December

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/>		AGI of that return?											

## Personal Data

Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er)	
Taxpayer Name	SSN
Spouse Name	SSN
Address	Apt no.
City	State Zip
Foreign State/Province	Foreign Postal Code
Foreign Country	
Taxpayer Date of Birth	Spouse Date of Birth
Occupation	Occupation
Daytime phone: Ext:	Daytime phone: Ext:
Evening phone: Ext:	Evening phone: Ext:
Cell:	Cell:
E-mail	E-mail
<input type="checkbox"/> Full time student <input type="checkbox"/> Blind	<input type="checkbox"/> Full time student <input type="checkbox"/> Blind
Do you want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>	Does your spouse want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>
Date and time of this year's appointment	

### Income Taxes Paid

Federal	2014 estimate date due	2014 estimated amount	Amount paid	Date paid	Check no.
2013 Refund	April 17, 2014				
2013 Refund applied to 2014	June 15, 2014				
2013 Balance Due	Sept. 15, 2014				
	Jan. 15, 2015				
Additional payments made	Amount paid	Date paid	Check no.	Amount paid	Date paid

Resident State	2014 estimate date due	2014 estimated amount	Amount paid	Date paid	Check no.
2013 Refund	April 17, 2014				
2013 Refund applied to 2014	June 15, 2014				
2013 Balance Due	Sept. 17, 2014				
	Jan. 15, 2015				
Additional payments made	Amount paid	Date paid	Check no.	Amount paid	Date paid

Local	2014 estimate date due	2014 estimated amount	Amount paid	Date paid	Check no.
2013 Refund	April 17, 2014				
2013 Refund applied to 2014	June 15, 2014				
2013 Balance Due	Sept. 17, 2014				
	Jan. 15, 2015				
Additional payments made	Amount paid	Date paid	Check no.	Amount paid	Date paid

## Dependents

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over \$1000? <input type="checkbox"/>		<b>2014</b>	<b>2013</b>
Is this dependent required to file a tax return? <input type="checkbox"/> If yes, what is their AGI?					
Child Care Credit - qualifying expenses incurred and paid in 2014					
Child Care Credit - portion of qualifying expenses provided by employer					
First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over \$1000? <input type="checkbox"/>		<b>2014</b>	<b>2013</b>
Is this dependent required to file a tax return? <input type="checkbox"/> If yes, what is their AGI?					
Child Care Credit - qualifying expenses incurred and paid in 2014					
Child Care Credit - portion of qualifying expenses provided by employer					
First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over \$1000? <input type="checkbox"/>		<b>2014</b>	<b>2013</b>
Is this dependent required to file a tax return? <input type="checkbox"/> If yes, what is their AGI?					
Child Care Credit - qualifying expenses incurred and paid in 2014					
Child Care Credit - portion of qualifying expenses provided by employer					
First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over \$1000? <input type="checkbox"/>		<b>2014</b>	<b>2013</b>
Is this dependent required to file a tax return? <input type="checkbox"/> If yes, what is their AGI?					
Child Care Credit - qualifying expenses incurred and paid in 2014					
Child Care Credit - portion of qualifying expenses provided by employer					



## Child and Dependent Care

<b>Name:</b>		<b>SSN:</b>	
Child Care Provider's Information		2014	2013
Social Security Number or Employer ID Number	Amount Paid		
Name			
Street Address			
City		Phone	
<b>U.S. Only</b>	State, ZIP		
<b>Foreign Only</b>	Province/State, Country, Postal Code		
		2014	2013
Social Security Number or Employer ID Number	Amount Paid		
Name			
Street Address			
City		Phone	
<b>U.S. Only</b>	State, ZIP		
<b>Foreign Only</b>	Province/State, Country, Postal Code		
		2014	2013
Social Security Number or Employer ID Number	Amount Paid		
Name			
Street Address			
City		Phone	
<b>U.S. Only</b>	State, ZIP		
<b>Foreign Only</b>	Province/State, Country, Postal Code		



