Miscellaneous Information SSN: Name: **General Information** Yes No 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. Income Information Yes No 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? 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:

Name: SSN:				Miscellaneous Information	Page 2								
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 is for an antiached sheet the date placed in service, cost or basis of asset, business use percentage, etc. 3. Did you sipose of any business assets (including real estate)? If yes, please list on an attached sheet the date premoved from service, selling price and expense of saise. 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 Homeburyer 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 secroe, closing, and other perintent documentation and information. 6. Did you purchase or sell a home that you used as a principal residence? If yes, please provide all escroe, closing, and other perintent documentation and information. 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 (babysiter, housekeeper, nanny, etc.)? 10a. Did you have health gare coverage for yourself and everyone claimed on the tax return for the entire year? 10b. If yes, where did you purchase for household maketiplace (Exchange) Other To itemize deductions, bring receipts and documentation for these types of expenses: Prescriptions, fir	N	ame:		SSN:									
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 lipaced 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, selfing 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? 4. Did you refinance your principal home or your second home or make a home equity loan during the year? 4. Did you purchase or sell a home that you used as a principal residence? 5. Did you refinance your principal home or your second home or make a home equity loan during the year? 6. Did you purchase or sell a home that you used as a principal residence? 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? 10b. Hyes, where did you purchase repair of yourself and everyone claimed on the tax return for the ertirite year? 10c. Hyes, where did you purchase repair of yourself and everyone claimed on the tax return for the ertirite year? 11c. Hyes, where did you purchase the health care coverage? 12c. Employer Medicaid Medicare Marketplace (Exchange) Other 13c. D	Yes	No		Business Information									
Yes No Other Information			2. 3. 4.	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. 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. Did you own rental property? What percentage of time did you spend managing your rentals?									
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 closing you do 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? 10b. If yes, where did you purchase the health care coverage? Prescriptions, first-aid State/local income taxes Mortgage interest Tax preparation fees Gambling losses (up to amount of winnings) Cash donations to charify (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			5.										
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 reinance 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 perinent 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 entitle year? 10b. If yes, where did you purchase the health care coverage? 10b. If yes, where did you purchase the health care coverage? 10c 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	Yes	No											
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 reincase or self a home that you used as a principal residence? If yes, please provide all escrow, closing, and other pertinent documentation and information. 6. Did you purchase or self 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? Employer Medicaid Medicare Marketplace (Exchange) 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			1										
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? Employer Medicaid Medicare Marketplace (Exchange) 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			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? 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. Did you purchase or sell a home that you used as a principal residence?									
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 10b. If yes, where did you purchase the health care coverage? Employer Medicaid Medicare Marketplace (Exchange) Other To itemize deductions, bring receipts and documentation for these types of expenses: Prescriptions, first-aid			7.										
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			9. 10a	Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)? Did you have health care coverage for yourself and everyone claimed on the tax return for the entire year? If yes, where did you purchase the health care coverage?									
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	То	item	ize										
		Pres Stat Mor Tax Gar Cas Med Rea Unr Fair	script te/loc rtgage prep mbline sh doi dical/l al esta eeimb	tions, first-aid al income taxes e interest aration fees g losses (up to amount of winnings) nations to charity (provide all receipts) Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals) ate and personal property taxes paid in 2014 ursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C) ket value of property donated to charity e price of new goods donated or used in volunteer work									

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:
Drawaran Natas
Preparer Notes
Miscellaneous Notes

Health Care Coverage Questionnaire									
Name: SSN:									
Had health care coverage:	For the entire year	For part of the year (Less than 12 months)	No health care coverage at all						
YES NO Did anyone besides	s taxpayer or spo	ouse pay for health care coverage	ge for anyone listed abo	ove?					
YES NO Did you pay for hea	alth care coveraç	ge for anyone not listed above?							
If you had coverage for any part of the Where was the policy obtained?	he year:								
Employer / Medicare		arketplace(Exchange) / Other							
If you didn't have coverage part or a Answer YES if it applies to any meml	-	hold							
		cancelled in 2014?							
YES NO Do you have an Ex	emption from the	e Marketplace (also called the E	xchange)?						
YES NO Was coverage offe	red by taxpayer's	s or spouse's employer?							
YES NO Are you a member	of a federally-re	cognized Indian tribe?							
YES NO Are you eligible for	services through	n an Indian health care provider	?						
YES NO Are you a member	of a health care	sharing ministry?							
YES NO Did you live in the U	Jnited States the	e entire year?							
YES NO Are you enrolled in	TRICARE?								
YES NO Did you apply for C	HIP coverage?								
YES NO Do any of the following apply to you? Do NOT indicate which one.									
	Became homeless								
	Evicted in the past six months, or facing eviction or foreclosure								
	Received a shut-off notice from a utility company								
	Recently experienced domestic violence								
	Recently experienced the death of a close family member								
	Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property								
		uptcy in the last six months	: - : - :						
	Incurred unrein	mbursed medical expenses in th	e last 24 months that r	esulted in substantial debt					
	Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt Experienced unexpected increases in essential expenses due to caring for an ill. disabled, or aging family member								

Personal Data													
Filing Status: Sing	ling Separat	e He	ad of Hou	sehold	Qual	ifiying Widow(er)						
Taxpayer Name								SSN					
Spouse Name								SSN					
Address								Apt no.					
City						Stat	te	Zip					
Foreign State/Province	Э					For	eign Postal Co	ode					
Foreign Country Taxpayer						Spouse							
Date of Birth						Date of Bi							
Occupation						Occupation					_		
Daytime phone:			Ext:			Daytime p					Ext:		
Evening phone:			Ext:			Evening p	phone:				Ext:		
Cell:						Cell:							
E-mail		-				E-mail							
Full time studen	t	Blind				Full time student Blind Does your spouse want \$3 to go to the Presidential Election							
Do you want \$3 to go t	to the Pres	idential El	ection Cam	p Fund?		Camp Fund?							
Date and time of this year's appointment	- ! -I												
Income Taxes Pa	aid			2014 est	imate								
Federal				date due		2014 estin	nated amount	Amo	unt paid	D	ate paid	Check no.	
2013 Refund				April 17, 2	.014								
2013 Refund applied to	o 2014			June 15, 2	2014								
2013 Balance Due				Sept. 15,	2014								
				Jan. 15, 2	015			<u> </u>					
	Amou	nt paid	Date pai	Check id no.	Amo	unt paid	Date paid	Check no.	Amou	ınt paid	Date paid	Check no.	
Additional payments made													
Resident State				2014 est date d	imate ue	2014 estin	nated amount	Amo	unt paid	D	ate paid	Check no.	
2013 Refund				April 17, 2	014								
2013 Refund applied to 2014				June 15, 2	2014								
2013 Balance Due				Sept. 17,	2014								
Jan. 15, 2015 Check Amount paid Date paid no.						unt paid	Date paid	Check no.	Amou	ınt paid	Date paid	Check no.	
Additional payments made	7111001	nt paid	Bato par	110.	7 1110	ant paid	Dato para	110.	711100	int paid	Duto para	1.0.	
Local	2014 est date d	imate ue	2014 estir	nated amount	Amo	unt paid	D	ate paid	Check no.				
2013 Refund				April 17, 2							,		
2013 Refund applied to 2014				June 15, 2									
2013 Relating applied to 2014				Sept. 17, 2									
7.10		Jan. 15, 2											
Check						unt poid	Doto soid	Check	Λ ~~ ~ · ·	Int poid	Doto soid	Check	
Additional payments made	AIIIOU	ni paiù	Date pai	id no.	AIIIC	ount paid	Date paid	no.	AIIIOU	ınt paid	Date paid	no.	
Paymonia made	1		1	1	1		1	1			1	1	

Dependents													
Name: SSN:													
First name/MI		I		Last name				Suffix					
SSN/ITIN		Relationship				N	lumber of months lived wi	th you					
DOB Does this dependent have income over \$1000? 2014 201													
Is this dependent required to file a tax return? If yes, what is their AGI?													
Child Care Credi	t - qualifying expenses	incurred and pa	id in 2014										
Child Care Credi	t - portion of qualifying	expenses provid	ded by emplo	oyer									
First name/MI				Last name				Suffix					
SSN/ITIN		Relationship				N	lumber of months lived wi	ith you					
DOB		Does this dep	endent have	income over \$	1000?		2014	2013	3				
Is this dependen	t required to file a tax r	eturn?	If yes, who	at is their AGI?									
	t - qualifying expenses	<u> </u>	id in 2014										
Child Care Credi	t - portion of qualifying	expenses provid	ded by emplo	oyer									
First name/MI		·		Last name				Suffix					
SSN/ITIN		Relationship		•			lumber of months lived wi	ith you					
DOB		· ·	endent have	income over \$	1000?		2014	2013	3				
Is this dependen	t required to file a tax r			at is their AGI?									
Child Care Credi	t - qualifying expenses	incurred and pa	id in 2014										
Child Care Credi	t - portion of qualifying	expenses provid	ded by emplo	oyer									
First name/MI				Last name				Suffix					
SSN/ITIN		Relationship				N	lumber of months lived wi	ith you					
DOB		Does this dep	endent have	income over \$	1000?		2014	2013	ş				
Is this dependen	t required to file a tax r	eturn?	If yes, wha	at is their AGI?									
Child Care Credi	it - qualifying expenses	incurred and pa	id in 2014										
Child Care Credi	t - portion of qualifying	expenses provid	ded by emplo	oyer									
First name/MI Last name Suffix													
SSN/ITIN Relationship Number of months lived with you													
DOB Does this dependent have income over \$1000? 2014 201									3				
Is this dependent required to file a tax return? 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 SSN: Name: Child Care Provider's Information 2014 2013 Social Security Number or Employer ID Number **Amount Paid** Name Street Address City Phone U.S. Only State, ZIP Province/State, Country, Postal Code **Foreign Only** 2014 2013 Social Security Number or Employer ID Number **Amount Paid** Name Street Address City Phone U.S. Only State, ZIP Province/State, Country, Postal Code Foreign Only 2014 2013 Amount Paid Social Security Number or Employer ID Number Name Street Address City Phone U.S. Only State, ZIP Province/State, Country, Postal Code **Foreign Only** 2014 2013 Social Security Number or Employer ID Number **Amount Paid** Name Street Address City Phone U.S. Only State, ZIP Province/State, Country, Postal Code **Foreign Only**

Wages and Salaries Please attach all W-2(s).									
Na									
					1	,			
TS		Federal I.D. No.			Company Name				
		State I.D. No.							
	Fede	eral wage	es	2014		2013	Federal tax	2014	2013
		e wages		2014		2013	State tax	2014	2013
			Local wages	2014		2013	Local tax	2014	2013
		E. II			10	1			
TS		Federal I.D. No.			Company Name				
		State I.D. No.							
	Fede	eral wage	es	2014		2013	Federal tax	2014	2013
	State	e wages		2014		2013	State tax	2014	2013
			Local wages	2014		2013	Local tax	2014	2013
				L				'	
TS		Federal I.D. No.			Company Name				
		State I.D. No.							
					2013	Federal tax	2014	2013	
	State	e wages		2014		2013	State tax	2014	2013
			Local wages	2014		2013	Local tax	2014	2013
		1		- 1					
TS		Federal I.D. No.			Company Name				
		State I.D. No.							
	Fede	eral wage	es	2014		2013	Federal tax	2014	2013
	State	e wages		2014		2013	State tax	2014	2013
			Local wages	2014		2013	Local tax	2014	2013
	- 1	Federal			Company				
TS		I.D. No.			Name				
		State I.D. No.		<u> </u>					T T
	Fede	eral wage	es	2014		2013	Federal tax	2014	2013
State wages 2014		2013	State tax	2014	2013				
Local wages 2014			2013	Local tax	2014	2013			
						1			
TS		Federal I.D. No.			Company Name				
		State I.D. No.						1	
	Federal wages 2014		2013	Federal tax	2014	2013			
	State	e wages		2014		2013	State tax	2014	2013
			Local wages	2014		2013	Local tax	2014	2013
	wages 2014								

Interest Income Please attach all 1099(s) relating to interest income.												
Na	Name: SSN:											
TSJ	Name of payer (If seller financed mortgage enter SSN and address of payer)	Interest Income	Federal Income Tax Withheld	Foreign Tax Paid	Tax Exempt Interest	Amount of Resident State Municipal Interest	Nominee Interest					
Die	d you have a financial interest in or signature authority over a financial account located in a fo	reign country?	☐ Yes	s No								

Dividend Income Please attach all 1099(s) relating to dividend income.													
N	Name: SSN:												
	Federal Income Foreign Tax Other												
TSJ	Name of payer	Ordinary	Qualified	Capital Gains	Tax Withheld	Foreign Tax Paid	Description	Amount					
Di	d you have a financial interest in or signature authority	over a financial accou	unt located in a foreiç	gn country?	Yes N	lo							

Sale of Capital Assets (Stocks, Bonds, etc.)											
Name: SSN:											
TSJ	Description	Date purchased	Date sold	Sales price	Cost						
				_							