

## 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				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

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				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

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				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

# 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	
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## 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		

# Wages and Salaries

Please attach all W-2(s).

**Name:**

**SSN:**

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2014	2013	Federal tax
					2014
					2013
		State wages	2014	2013	State tax
					2014
					2013
		Local wages	2014	2013	Local tax
					2014
					2013
TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2014	2013	Federal tax
					2014
					2013
		State wages	2014	2013	State tax
					2014
					2013
		Local wages	2014	2013	Local tax
					2014
					2013
TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2014	2013	Federal tax
					2014
					2013
		State wages	2014	2013	State tax
					2014
					2013
		Local wages	2014	2013	Local tax
					2014
					2013
TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2014	2013	Federal tax
					2014
					2013
		State wages	2014	2013	State tax
					2014
					2013
		Local wages	2014	2013	Local tax
					2014
					2013
TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2014	2013	Federal tax
					2014
					2013
		State wages	2014	2013	State tax
					2014
					2013
		Local wages	2014	2013	Local tax
					2014
					2013

# Interest Income

Please attach all 1099(s) relating to interest income.

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

Did you have a financial interest in or signature authority over a financial account located in a foreign country?  Yes  No

### Dividend Income

Please attach all 1099(s) relating to dividend income.

Name:

SSN:

TSJ	Name of payer	Ordinary	Qualified	Capital Gains	Federal Income Tax Withheld	Foreign Tax Paid	Other	
							Description	Amount

Did you have a financial interest in or signature authority over a financial account located in a foreign country?  Yes  No

## Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

<b>Name:</b>		<b>SSN:</b>				
TS	Payer's name:				Payer's Federal ID Number:	
Address:					City:	
<b>U.S. Only</b>		State, Zip				
<b>Foreign Only</b>		Province/State, Country, Postal Code			<b>2014</b>	<b>2013</b>
	<b>2014</b>	<b>2013</b>	State	State I.D.		
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld			
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution			
Gross distribution			Name of locality			
Taxable amount			Local income tax withheld			
Total distribution	<input type="checkbox"/>	<input type="checkbox"/>	Local distribution			
Capital gain			State	State I.D.		
Federal income tax withheld			State income tax withheld			
Employee contributions or insurance premiums			State distribution			
Distribution code(s)			Name of locality			
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld			
Your percentage of total distribution			Local distribution			

TS		Payer's name:				Payer's Federal ID Number:
Address:					City:	
<b>U.S. Only</b>		State, Zip				
<b>Foreign Only</b>		Province/State, Country, Postal Code			<b>2014</b>	<b>2013</b>
	<b>2014</b>	<b>2013</b>	State	State I.D.		
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld			
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution			
Gross distribution			Name of locality			
Taxable amount			Local income tax withheld			
Total distribution	<input type="checkbox"/>	<input type="checkbox"/>	Local distribution			
Capital gain			State	State I.D.		
Federal income tax withheld			State income tax withheld			
Employee contributions or insurance premiums			State distribution			
Distribution code(s)			Name of locality			
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld			
Your percentage of total distribution			Local distribution			

## Itemized Deductions

<b>Name:</b>		<b>SSN:</b>			
<b>MEDICAL and DENTAL</b>					
	<b>2014</b>	<b>2013</b>	<b>GIFTS TO CHARITY</b> (attach receipts)	<b>2014</b>	<b>2013</b>
Health insurance premiums			Total gifts by cash or check		
Long term care premiums   Age:			30% limitation		
Long term care premiums   Age:			Charitable miles		
Number of medical miles			Other than by cash or check		
Other medical and dental expenses (list):			Carryover from prior year subject to:		
			QCC - qualified farmer or rancher		
			QCC - non-qualified farmer or rancher		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
			20% limitation		
<b>TAXES YOU PAID</b>					
State and local income taxes			<b>JOB EXPENSES</b> (list):		
Sales tax			Unreimbursed employee expenses		
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
Personal property taxes					
Other taxes (list):					
<b>INTEREST YOU PAID</b>					
Home mortgage interest and points on Form 1098					
Home mortgage interest not on Form 1098			Tax preparation fees		
SSN/EIN:			Other Expense (list):		
Name:					
Street:					
City:					
<b>U.S. Only</b> State, ZIP					
<b>Foreign Only</b> Province/State, Country, Postal Code			<b>MISCELLANEOUS DEDUCTIONS</b>		
			Other deductions not subject to 2% limit		
Portion of mortgage interest above that is home equity interest					
Points not reported on Form 1098					
Qualified mortgage insurance premiums					
Investment interest					