				Pe	ersor	nal Dat	ta					
Filing Status: Sing	gle	Married	Filing Joint	: Пм	arried Fi	ling Separate	e Hea	ad of Hou	sehold	Quali	ifiying Widow(	er)
Taxpayer Name	Taxpayer Name							SSN				
Spouse Name								SSN				
Address								Apt no.				
City						Stat	e	Zip				
Foreign State/Province	)					Fore	eign Postal Co	de				
Foreign Country												
Taxpayer Date of Birth						Spouse Date of Bi	rth					
Occupation						Occupatio	n					
Daytime phone:			Ext:			Daytime p	hone:				Ext:	
Evening phone:			Ext:			Evening p	ohone:				Ext:	
Cell:						Cell:						
E-mail						E-mail						
Full time student	t [	Blind					time student		Blind			
Do you want \$3 to go t	o the Presi	dential Ele	ection Cam	o Fund?		Does your spouse want \$3 to go to the Presidential Election Camp Fund?						
Date and time of this year's appointment  Income Taxes Pa	aid											
Federal				2014 esti date di		2014 estim	nated amount	Amo	unt paid	Di	ate paid	Check no.
2013 Refund				April 17, 2	014				•			
			June 15, 2	2014								
2013 Balance Due				Sept. 15, 2014								
		•		Jan. 15, 20	015							
	Amour	nt paid	Date pai	Check id no.	Amo	unt paid	Date paid	Check no.	Amoun	t paid	Date paid	Check no.
Additional payments made						-						
Resident State				2014 esti date di	mate ue	2014 estin	nated amount	Amo	unt paid	Da	ate paid	Check no.
2013 Refund				April 17, 2	014							
2013 Refund applied to	2014			June 15, 2	2014							
2013 Balance Due				Sept. 17, 2	2014							
				Jan. 15, 20	015							
	Amour	nt paid	Date pai	Check id no.	Amo	unt paid	Date paid	Check no.	Amoun	t paid	Date paid	Check no.
Additional payments made		•	·							•		
Local	•		•	2014 esti date di		2014 estin	nated amount	Amo	unt paid	Da	ate paid	Check no.
2013 Refund				April 17, 2	014				•		·	
2013 Refund applied to 2014			June 15, 2	2014								
2013 Balance Due				Sept. 17, 2	2014							
		•		Jan. 15, 20								
	Amour	nt paid	Date pai	Check		unt paid	Date paid	Check no.	Amoun	t paid	Date paid	Check no.
Additional payments made						•						

Dependents										
Name:	Name: SSN:									
				l						
First name/MI				Last name				Suffix		
SSN/ITIN		Relationship				Nun	nber of months lived v	with you		
DOB		Does this depen	dent have i	income over \$	000?		2014	2013	}	
Is this dependen	t required to file a tax re	eturn?	If yes, wha	at is their AGI?						
Child Care Credi	t - qualifying expenses	incurred and paid i	in 2014							
Child Care Credi	Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI				Last name				Suffix		
SSN/ITIN		Relationship				Nun	nber of months lived v	with you		
DOB		Does this depen	dent have i	income over \$	000?		2014	2013	3	
Is this dependen	t required to file a tax re	eturn?	If yes, wha	at is their AGI?						
	t - qualifying expenses	•								
Child Care Credi	t - portion of qualifying	expenses provided	l by employ	/er						
First name/MI				Last name				Suffix		
SSN/ITIN		Relationship				Nun	nber of months lived	with you		
DOB		Does this depen	dent have i	income over \$1	000?		2014	2013	3	
Is this dependent required to file a tax return?  If yes, what is their AGI?										
Child Care Credi	Child Care Credit - qualifying expenses incurred and paid in 2014									
Child Care Credi	t - portion of qualifying	expenses provided	by employ	/er						
First name/MI			•	Last name				Suffix		
SSN/ITIN		Relationship				Nun	nber of months lived	with you		
DOB		Does this depen	dent have i	income over \$	000?		2014	2013	3	
Is this dependen	t required to file a tax re	eturn?	If yes, wha	at is their AGI?						
Child Care Credi	t - qualifying expenses	incurred and paid i	n 2014							
Child Care Credi	t - portion of qualifying	expenses provided	l by employ	/er						
First name/MI				Last name				Suffix		
SSN/ITIN		Relationship				Nun	nber of months lived v	with you		
DOB		Does this depen	dent have i	income over \$	000?		2014	2013	3	
Is this dependen	t required to file a tax re	eturn?	If yes, wha	at is their AGI?						
Child Care Credi	t - qualifying expenses	incurred and paid i	in 2014							
Child Care Credi	t - portion of qualifying	expenses provided	l by employ	/er						

		Child and Dependent Ca	are		
Name:			SSN:		
Child Care Provid	der's Information			2014	2013
	umber or Employer ID Number		Amount Paid		
Name	. ,				
Street Address					
City			Phone		
U.S. Only	State, ZIP				
Foreign Only	Province/State, Country, Postal Code				
				2014	2013
Social Security N	umber or Employer ID Number		Amount Paid		
Name					
Street Address					
City			Phone		
U.S. Only	State, ZIP Province/State,				
Foreign Only	Country, Postal Code			2014	2013
Social Security N	umber or Employer ID Number		Amount Paid	2011	2010
Name					
Street Address					
City			Phone		
U.S. Only	State, ZIP				
Foreign Only	Province/State, Country, Postal Code				
	<b>,</b> ,			2014	2013
Social Security N	umber or Employer ID Number		Amount Paid		
Name					
Street Address					
City			Phone		
U.S. Only	State, ZIP				
Foreign Only	Province/State Country, Postal Code				

	Wages and Salaries  Please attach all W-2(s).										
Na	ame:					SSN:					
				1.							
TS	Fede I.D. N	10.		Company Name							
	State I.D. N	lo.									
	Federal wa	ages	2014		2013	Federal tax	2014	2013			
	State wage	es	2014		2013	State tax	2014	2013			
		Local wages	2014		2013	Local tax	2014	2013			
				T <sub>0</sub>		·					
TS	Fede I.D. N	lo.		Company Name							
	State I.D. N	lo.									
	Federal wa	ages	2014		2013	Federal tax	2014	2013			
	State wage	es	2014		2013	State tax	2014	2013			
		Local wages	2014		2013	Local tax	2014	2013			
			-			,					
TS	Fede I.D. N	10.		Company Name							
	State I.D. N	lo.									
	Federal wa	ages	2014		2013	Federal tax	2014	2013			
	State wage	es	2014		2013	State tax	2014	2013			
		Local wages	2014		2013	Local tax	2014	2013			
				1-			-				
TS	Fede I.D. N	ral lo.		Company Name							
	State I.D. N	lo.									
	Federal wa	ages	2014		2013	Federal tax	2014	2013			
	State wage	es	2014		2013	State tax	2014	2013			
		Local wages	2014		2013	Local tax	2014	2013			
	Fodo	-al		Componi	1						
TS	Fede I.D. N	10.		Company Name							
	State I.D. N	lo.									
	Federal wa	ages	2014		2013	Federal tax	2014	2013			
	State wage	es	2014		2013	State tax	2014	2013			
		Local wages	2014		2013	Local tax	2014	2013			
		. 1		To	1	·					
TS	Fede I.D. N	lo.		Company Name							
	State I.D. N	lo.									
	Federal wa	ages	2014		2013	Federal tax	2014	2013			
	State wage		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.									
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			
Di	d you have a financial interest in or signature authority over a financial account located in a for	eign country?	Yes	S No		1				

	Dividend Income  Please attach all 1099(s) relating to dividend income.								
Na	Name: SSN:								
					Federal Income	Foreign Tax	Othe	r	
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 or	ver a financial accour	nt located in a foreign	country?	Yes N	lo			

Pension, Annuities, Retirement, Etc. Distributions  Please attach all 1099-R(s), SSA statements, etc.									
Name:			SSN:						
TS Payer's name:  Payer's Federal ID Number:									
				D Number:					
Address: City:  U.S. Only State, Zip									
U.S. Only State, Zip Province/State, Country, Postal Cod	۵.			2014	2013				
Toreign Gray Country, Fostar Cou	2014	2013	State State I.D.	2014	2013				
Disability indicator			State income tax withheld						
Report as wages on 1040			State distribution						
Gross distribution			Name of locality						
Taxable amount			Local income tax withheld						
Total distribution									
Capital gain			Local distribution State State I.D.						
Federal income tax withheld			State   State I.D.						
Employee contributions or insurance									
premiums  Diotribution code(a)			State distribution  Name of locality						
Distribution code(s)									
IRA/SEP/SIMPLE Roth: Y/N			Local income tax withheld						
Your percentage of total distribution Local distribution Payer's Federal ID Number:									
TS Payer's name:				D Number:					
Address:			City:						
U.S. Only State, Zip Province/State, County Pertal Cod				2014	2042				
Foreign Only Country, Postal Cod	2014	2013	State State I.D.	2014	2013				
Disability indicator	2014	2013	State   State 1.D.						
Disability indicator									
Report as wages on 1040			State distribution						
Gross distribution			Name of locality						
Taxable amount  Total distribution			Local income tax withheld  Local distribution						
Capital gain			State State I.D.						
Federal income tax withheld			State   State i.D.						
Employee contributions or insurance premiums			State income tax withheld  State distribution						
Distribution code(s)			Name of locality						
IRA/SEP/SIMPLE Roth: Y/N			Local income tax withheld						
Your percentage of total distribution			Local distribution						
Total porcernage of total distribution			20041 41041041						

## **Itemized Deductions**

	•	temizea	Deductions					
Name:			SSN:					
MEDICAL and DENTAL	2014	2013	GIFTS TO CHARITY (attach receipts)	2014	2013			
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					
TAXES YOU PAID			20% limitation					
State and local income taxes			JOB EXPENSES (list):					
Sales tax			Unreimbursed employee expenses					
Real estate taxes								
Taxes that qualify for State Property Tax Credit								
Personal property taxes								
Other taxes (list):								
INTEREST YOU PAID								
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:								
U.S. Only State, ZIP								
Foreign Only Province/State, Country, Postal Code			MISCELLANEOUS DEDUCTIONS					
			Other deductions not subject to 2% limit					
Portion of mortgage interest above that is home equity interest			, i					
Points not reported on Form 1098								
Qualified mortgage insurance premiums								
Investment interest								