

# General Information

## Taxpayer

## Spouse

First Name . . . . .  
 Middle Initial . . . . .  
 Last Name . . . . .  
 Suffix . . . . .  
 Social Security Number . . . . .  
 Date of Birth . . . . .  
 Date of Death . . . . .

First Name . . . . .  
 Middle Initial . . . . .  
 Last Name . . . . .  
 Suffix . . . . .  
 Social Security Number . . . . .  
 Date of Birth . . . . .  
 Date of Death . . . . .

Check ("X") which phone number to list on return.

Home Phone . . . . .  
 Work Phone . . . . .  
 Cell Phone . . . . .  
 Fax Number . . . . .

Home Phone . . . . .  
 Work Phone . . . . .  
 Cell Phone . . . . .  
 Fax Number . . . . .

Legally Blind . . . . .  
 Totally Disabled . . . . .  
 Claimed as a Dependent . . . . .  
 Presidential Election Fund (\$3) . . . . .

Legally Blind . . . . .  
 Totally Disabled . . . . .  
 Claimed as a Dependent . . . . .  
 Presidential Election Fund (\$3) . . . . .

Occupation . . . . .  
 E-mail address . . . . .

Occupation . . . . .  
 E-mail address . . . . .

State of Residence as of 12/31 . . . . .  
 County of Residence as of 12/31 . . . . .  
 School District as of 12/31 . . . . .  
 Sales tax rate of locality in 2014 . . . . . % to . . . . .  
 If Part Year, Period of Residency . . . . . to . . . . .

State of Residence as of 12/31 . . . . .  
 County of Residence as of 12/31 . . . . .  
 School District as of 12/31 . . . . .  
 Sales tax rate of locality in 2014 . . . . . % to . . . . .  
 If Part Year, Period of Residency . . . . . to . . . . .

## Filing Status

Status on 2013 return :

Status as of 12/31/2014 :  
Enter ("X") in the box

- 1 Single
- 2 Married filing joint
- 3 Married filing separately  
(Enter spouse's name and SSN above)
- 4 Head of Household Non-dependent name: \_\_\_\_\_  
Non-dependent SSN: \_\_\_\_\_
- 5 Qualifying widow(er) with minor child Year spouse died \_\_\_\_\_

## Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If address is in a foreign country, enter that country . . . \_\_\_\_\_

Foreign province/county . . . \_\_\_\_\_ Foreign postal code \_\_\_\_\_

If a bona fide resident of a U.S. territory, enter territory . . . \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Questions

Yes No

#### Basic Information

- 1 Did your marital status change since last year?
- 2 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2014?
- 3 Are there any changes in your dependents from last year?
- 4 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,000 in investment income?
- 5 Are all your dependents either US residents or citizens?
- 6 Did you provide over half of the support for someone you aren't claiming as a dependent?
- 7 Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- 8 Was there any month in 2014 where the individual health insurance mandate was not met for you or your dependents?
- 9 Did you receive Form 1095-A, Health Insurance Marketplace Statement?
- 10 Did you have a Health Insurance Marketplace granted coverage exemption or are you claiming a coverage exemption?
- 11 Were either you or your spouse in the military or National Guard?
- 12 Did you purchase or sell your principal residence?
- 13 Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
- 14 Were there any changes to a prior year's income, deductions, or credits?
- 15 Did you make gifts of more than \$14,000 to any one person?
- 16 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2014?
- 17 Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
- 18 Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?
- 19 Do you want to e-file your return?
- 20 If you are due a refund, how do you want to receive it?

- Check sent to you in the mail
- Apply to next year's estimates
- Direct deposit (please provide voided blank check)
- Money Clip Visa Prepaid Card
- Other quick refund via a bank product

Type of account:  Checking  Savings

If you owe taxes, how do you want to pay them?

- Paper check sent with my return
- Credit card
- Direct debit from my bank account (please provide a voided blank check)
- Installment Agreement

Type of account:  Checking  Savings

- 21 Do you want to allow your tax preparer to discuss this year's return with the IRS?  
If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's name \_\_\_\_\_ Phone Number \_\_\_\_\_ Personal identification Number (5 digit PIN) \_\_\_\_\_

Yes No

#### Income

- 1 Did you have an interest in or signature authority over a financial account in a foreign country?
- 2 Were you the grantor of or transferor to a foreign trust?
- 3 Did you receive income from a foreign source or pay taxes to a foreign government?
- 4 Did you receive tip income NOT reported to your employer?
- 5 Did you barter your services for goods or services from someone else?
- 6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
- 7 Did you make a loan to someone at an interest rate below market rate?
- 8 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
- 9 Did you cash in any U.S. savings bonds?
- 10 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
- 11 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
- 12 Did you receive disability income?
- 13 Do you have gambling winnings? (If yes, be sure to include in gambling expenses)
- 14 Did you receive any unemployment benefits?
- 15 During 2014, did you receive payments from a Long-Term Care insurance contract?
- 16 Did you receive employer-provided adoption benefits for a previous year?
- 17 Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)
- 18 Did you rollover a retirement plan distribution into another plan?
- 19 Did you receive Social Security benefits?
- 20 During 2014, did you receive a housing allowance for ministerial services you provided?
- 21 Did you receive alimony?
- 22 Did you convert a traditional IRA to a Roth IRA?
- 23 Did you exchange any securities or investments for something other than cash?
- 24 Do you have any short sales, commodity sales, or straddles?
- 25 Did you receive Form 2439?

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 26 | Did you buy or sell any bonds?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 27 | Did you receive stock from a stock bonus plan with your employer?    |
| <input type="checkbox"/> | <input type="checkbox"/> | 28 | Did you sell any other personal assets at a gain?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 29 | Did you sell any real estate (other than your home) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 30 | Did you sell any assets using the installment method?                |
| <input type="checkbox"/> | <input type="checkbox"/> | 31 | Did you receive proceeds from a prior year installment sale?         |
| <input type="checkbox"/> | <input type="checkbox"/> | 32 | Did you purchase a rental property?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 33 | Did you exchange any property for other property?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 34 | Did you receive any income not reported in this Organizer?           |

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <b>Yes</b>               | <b>No</b>                | <b><u>Business and Rental Property Income</u></b> |   |
| <input type="checkbox"/> | <input type="checkbox"/> | 1   | If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2   | Did you start or acquire a new business?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3   | Did you sell any part of an existing business, or sell business assets?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4   | Did you cease operating any business or rental property?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5   | Did you remove any of your business assets for personal use?              |

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <b>Yes</b>               | <b>No</b>                | <b><u>Business and Rental Property Deductions</u></b> |   |
| <input type="checkbox"/> | <input type="checkbox"/> | 1   | Did you use part of your home for business purposes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2   | Did you make any contributions to a Keogh or a self-employed SEP plan for 2014?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 3   | Do you pay for any health or long term care insurance through your business?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 4   | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5   | Did you purchase any furniture or equipment for your business?                                      |

- |                          |                          |                                |  |
|--------------------------|--------------------------|--------------------------------|--|
| <b>Yes</b>               | <b>No</b>                | <b><u>Other Deductions</u></b> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | 1                              | Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2014?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 2                              | Did you make any contributions to HSA (Health Savings Account) in 2014?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3                              | Did you use your car on the job (other than to and from work)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4                              | Did you work out of town for part of the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5                              | Did you incur any travel and entertainment expenses for business purposes?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 6                              | Did you pay expenses for the care of your child or other dependent so you could work?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | 7                              | Did you lose property or have damage to a property due to a casualty, theft, or condemnation?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8                              | Did any security become worthless during 2014?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9                              | Did any debts become uncollectible during 2014?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10                             | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2014?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11                             | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2014?    |
| <input type="checkbox"/> | <input type="checkbox"/> | 12                             | Did you contribute less than an entire interest in any property to charity?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 13                             | Did you refinance a mortgage or take out a home equity loan during 2014?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 14                             | Did you incur moving expenses during the year due to a change of employment?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 15                             | Did you pay any educational tuition or fees for you or a dependent?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 16                             | Did you pay any student loan interest?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 17                             | Did you make any federal or state estimated payments?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 18                             | Did you have a certain trade or business from which you figured your domestic production activities deduction? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19                             | Did you pay alimony?   |
-







Name \_\_\_\_\_

SSN \_\_\_\_\_

# Wages

## W-2 Information

		Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
"X" if spouse	Employer's Name				
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
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Name \_\_\_\_\_

SSN \_\_\_\_\_

### Retirement Income

#### 1099-R Information

"X" if spouse		<b>Box 1 Gross Distribution</b>	<b>Box 4 Federal Income Tax Withheld</b>	<b>Box 14 State Distribution</b>	<b>Box 12 State Income Tax Withheld</b>
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
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<input type="checkbox"/>	54				
<input type="checkbox"/>	55				



Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
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	26						

**Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends		Qualified Dividends		Capital Gains	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
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	26						

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Alimony Received

\* F/S - enter ownership (F)iler or (S)pouse.

F/S*		Payer		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	_____	1		
<input type="checkbox"/>	2	_____	2		
<input type="checkbox"/>	3	_____	3		
<input type="checkbox"/>	4	_____	4		
<input type="checkbox"/>	5	_____	5		
<input type="checkbox"/>	6	_____	6		
<input type="checkbox"/>	7	_____	7		
<input type="checkbox"/>	8	_____	8		
<input type="checkbox"/>	9	_____	9		

### Alimony Paid

\* F/S - enter ownership (F)iler or (S)pouse.

F/S*		Recipient's Name	Recipient's SSN		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	_____	_____	1		
<input type="checkbox"/>	2	_____	_____	2		
<input type="checkbox"/>	3	_____	_____	3		
<input type="checkbox"/>	4	_____	_____	4		
<input type="checkbox"/>	5	_____	_____	5		
<input type="checkbox"/>	6	_____	_____	6		
<input type="checkbox"/>	7	_____	_____	7		
<input type="checkbox"/>	8	_____	_____	8		
<input type="checkbox"/>	9	_____	_____	9		

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Business Assets

#### Assets Placed in Service in Prior Years

	Description	Date Placed In Service	Cost	Explain any assets no longer used by the business
1				
2				
3				
4				
5				
6				
7				
8				
9				
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Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

### Self-Employed Business Expenses Cont. (Schedule C)

**Expenses**

		Current Year Amount	Prior Year Amount
20	Advertising . . . . .	20	
21	Contract labor . . . . .	21	
22	Commissions and fees . . . . .	22	
23	Depletion . . . . .	23	
24	Employee benefit programs (other than on line 35) . . . . .	24	
25	Insurance (other than health) . . . . .	25	

**Interest:**

26	Mortgage (paid to banks, etc.) . . . . .	26	
27	Other . . . . .	27	

28	Legal and professional services . . . . .	28	
29	Office expense . . . . .	29	
30	Pension and profit-sharing plans . . . . .	30	

**Rent or Lease:**

31	Machinery rental or lease . . . . .	31	
32	Equipment rental or lease . . . . .	32	
33	_____	33	
34	_____	34	
35	_____	35	
	Other business property rental or lease		
36	_____	36	
37	_____	37	
38	_____	38	

39	Repairs and maintenance . . . . .	39	
40	Supplies (not included in inventory cost of goods sold) . . . . .	40	
41	Taxes and licenses . . . . .	41	

**Travel, Meals, and Entertainment:**

**Travel**

42	_____	42	
43	_____	43	
44	_____	44	
45	_____	45	

**Meals and entertainment**

46	Enter "X" in the box if subject to DOT hours of service limits . . . . .	46	<input type="checkbox"/>	<input type="checkbox"/>
47	_____	47		
48	_____	48		
49	_____	49		
50	_____	50		

51	Utilities . . . . .	51	
52	Wages . . . . .	52	

**Other Expenses:**

53	_____	53	
54	_____	54	
55	_____	55	
56	_____	56	
57	_____	57	
58	_____	58	
59	_____	59	
60	_____	60	
61	_____	61	

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Vehicle Information (Schedule C)**

		Vehicle 1 -		Vehicle 2 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . .	1			
2	Cost of vehicle . . . . .	2			
3	Total miles driven for the year . . . . .	3			
4	Business miles driven during the year . . . . .	4			
5	Commuting miles included on line 3 . . . . .	5			
6	Parking fees and tolls . . . . .	6			
7	Vehicle Interest . . . . .	7			
8	Vehicle Personal Property tax . . . . .	8			
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . .	9			
10	Vehicle Insurance . . . . .	10			
11	Vehicle registration fees . . . . .	11			
12	Vehicle lease or rental . . . . .	12			
13	_____	13			

		Vehicle 3 -		Vehicle 4 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . .	1			
2	Cost of vehicle . . . . .	2			
3	Total miles driven for the year . . . . .	3			
4	Business miles driven during the year . . . . .	4			
5	Commuting miles included on line 3 . . . . .	5			
6	Parking fees and tolls . . . . .	6			
7	Vehicle Interest . . . . .	7			
8	Vehicle Personal Property tax . . . . .	8			
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . .	9			
10	Vehicle Insurance . . . . .	10			
11	Vehicle registration fees . . . . .	11			
12	Vehicle lease or rental . . . . .	12			
13	_____	13			

Name \_\_\_\_\_

SSN \_\_\_\_\_

Home Office Number \_\_\_\_\_

Description of Home Office \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check ("X") box:  Daycare

### Home Office Expenses

#### Area of Home

- 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples . . . . . 1
- 2 Total area of home . . . . . 2

Current Year Amount	Prior Year Amount

#### Daycare only - Part of Home Used Nonexclusively for Daycare

- 3 Multiply days used for daycare during year by hours used per day . . . . . 3
- 4 Enter total hours home was available for daycare during year . . . . . 4


#### Expenses related to entire home including business portion (Indirect)

- 5 Casualty losses . . . . . 5
- 6 Excess mortgage interest . . . . . 6
- 7 Insurance . . . . . 7
- 8 Rent . . . . . 8
- 9 Repairs and maintenance . . . . . 9
- 10 Utilities . . . . . 10


#### 11 Other Expenses:

- a \_\_\_\_\_ 11a
- b \_\_\_\_\_ 11b
- c \_\_\_\_\_ 11c
- d \_\_\_\_\_ 11d
- e \_\_\_\_\_ 11e


#### Business Allocation:

- Business 1: \_\_\_\_\_
- Business 2: \_\_\_\_\_
- Business 3: \_\_\_\_\_
- Business 4: \_\_\_\_\_

Current Year Allocation %	Prior Year Allocation %

#### Business:

#### Additional expenses related to business portion only (Direct)

- 12 Casualty losses . . . . . 12
- 13 Excess mortgage interest . . . . . 13
- 14 Insurance . . . . . 14
- 15 Rent . . . . . 15
- 16 Repairs and maintenance . . . . . 16
- 17 Utilities . . . . . 17

Current Year Amount	Prior Year Amount

#### 18 Other Expenses:

- a \_\_\_\_\_ 18a
- b \_\_\_\_\_ 18b
- c \_\_\_\_\_ 18c
- d \_\_\_\_\_ 18d
- e \_\_\_\_\_ 18e


Name \_\_\_\_\_

SSN \_\_\_\_\_

### Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
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26					
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35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Real Estate Rentals and Royalties

Property Description \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Foreign Country \_\_\_\_\_  
 Foreign Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_

	Current Year Info	Prior Year Info
<b>1a</b> Owner of property (Enter Filer, Spouse, or Joint) . . . . . <b>1a</b>		
<b>1b</b> Enter property type number (1 to 8) . . . . . <b>1b</b> (1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other	<input type="text"/>	<input type="text"/>
<b>2</b> Enter "X" if you actively participated? . . . . . <b>2</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? . . . . . <b>3</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a</b> If entered ("X"), enter the number of days of personal use? . . . . . <b>3a</b>	<input type="text"/>	<input type="text"/>
<b>3b</b> If entered ("X"), enter the number of days rented? . . . . . <b>3b</b>	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
<b>4</b> Royalty received . . . . . <b>4</b>		
<b>5</b> Rent received . . . . . <b>5</b>		
<b>5a</b> If rental real estate, enter the percent of ownership if less than 100% . . . . . <b>5a</b>		
<b>5b</b> Rental use percentage for property used partially for personal use only . . . . . <b>5b</b>		
<b>6</b> Other Income . . . . . <b>6</b>		

Property Expense	Current Year Amounts	Prior Year Amounts
<b>7</b> Advertising . . . . . <b>7</b>		
<b>8</b> Cleaning and maintenance . . . . . <b>8</b>		
<b>9</b> Commissions . . . . . <b>9</b>		
<b>10</b> Insurance . . . . . <b>10</b>		
<b>11</b> Legal and other professional fees . . . . . <b>11</b>		
<b>12</b> Management fees . . . . . <b>12</b>		
<b>13a</b> Qualified mortgage interest paid to banks, etc. . . . . <b>13a</b>		
<b>13b</b> Other mortgage interest paid to banks, etc. . . . . <b>13b</b>		
<b>14</b> Other interest . . . . . <b>14</b>		
<b>15</b> Repairs . . . . . <b>15</b>		
<b>16</b> Supplies . . . . . <b>16</b>		
<b>17a</b> Real estate taxes . . . . . <b>17a</b>		
<b>17b</b> Other Taxes . . . . . <b>17b</b>		
<b>18</b> Utilities . . . . . <b>18</b>		

Assets Placed in Service This Year	Date Placed In Service	Purchase Amount
<b>A</b> Description: _____ <b>A</b>		
<b>B</b> _____ <b>B</b>		
<b>C</b> _____ <b>C</b>		
<b>D</b> _____ <b>D</b>		
<b>E</b> _____ <b>E</b>		
<b>F</b> _____ <b>F</b>		
<b>G</b> _____ <b>G</b>		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

### Other Expenses (Schedule E)

**Other Expenses:**

19 \_\_\_\_\_  
20 \_\_\_\_\_  
21 \_\_\_\_\_  
22 \_\_\_\_\_  
23 \_\_\_\_\_  
24 \_\_\_\_\_  
25 \_\_\_\_\_  
26 \_\_\_\_\_

	Current Year	Prior Year
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**Travel Expenses:**

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28 \_\_\_\_\_  
29 \_\_\_\_\_  
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32 \_\_\_\_\_  
33 \_\_\_\_\_  
34 \_\_\_\_\_

	Current Year	Prior Year
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**Meals and Entertainment Expenses:**

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36 \_\_\_\_\_  
37 \_\_\_\_\_  
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39 \_\_\_\_\_  
40 \_\_\_\_\_  
41 \_\_\_\_\_  
42 \_\_\_\_\_

	Current Year	Prior Year
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41		
42		

Name \_\_\_\_\_

SSN \_\_\_\_\_

### K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Entity Name
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Enter "S" if K1 (1120S)
Enter "P" if K1 (1065)
Enter "E" if K1 (1041)

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Unreimbursed Partnership Exp. Current Year	
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Name \_\_\_\_\_

SSN \_\_\_\_\_

**Miscellaneous Income**

	Filer			Spouse	
	Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 Refund from state . . . . .			1		
2 Unemployment compensation . . . . .			2		
3 Prizes and awards . . . . .			3		
4 Scholarships and fellowships . . . . .			4		
5 Bartering income . . . . .			5		
6 Fees received for jury duty . . . . .			6		
7 Income from rental of personal property, if not in the business of renting such property . . . . .			7		
8 Precinct election board duty . . . . .			8		
9 Alaska Permanent Fund Dividends . . . . .			9		
10 Net operating loss carryover (negative no.) . . . . .			10		
11 Canceled debts . . . . .			11		
12 _____			12		
13 _____			13		
14 _____			14		
15 Other income not provided for in this Organizer			15		

**Adjustments to Income**

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Educator expenses . . . . .	1		
<input type="checkbox"/>	2	Student loan interest . . . . .	2		
<input type="checkbox"/>	3	Health Savings account deduction . . . . .	3		
<input type="checkbox"/>	4	Moving expenses . . . . .	4		
<input type="checkbox"/>	5	Self-employed SEP, SIMPLE, or other qualified plans . . . . .	5		
<input type="checkbox"/>	6	Penalty on early withdrawal of savings . . . . .	6		
<input type="checkbox"/>	7	Tuition and fees . . . . .	7		

**Other Adjustments to Income**

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Performing-arts-related expenses . . . . .	1		
<input type="checkbox"/>	2	Foreign housing deduction . . . . .	2		
<input type="checkbox"/>	3	Jury duty pay given to your employer . . . . .	3		
<input type="checkbox"/>	4	Reforestation amortization . . . . .	4		
<input type="checkbox"/>	5	Repayment of sub-pay under the Trade Act of 1974 . . . . .	5		
<input type="checkbox"/>	6	Contributions to Section 501(c)(18)(D) pension plans . . . . .	6		
<input type="checkbox"/>	7	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions . . . . .	7		
<input type="checkbox"/>	8	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the the amount of the award includible in your gross income . . . . .	8		
<input type="checkbox"/>	9	Employee business expenses of fee-basis state or local government officials . . . . .	9		
<input type="checkbox"/>	10	Expenses from the rental of personal property but were not in the business of renting such property . . . . .	10		
<input type="checkbox"/>	11	Contributions by chaplains to section 403(b) plans . . . . .	11		
<input type="checkbox"/>	12	Archer MSA deduction . . . . .	12		
<input type="checkbox"/>	13	_____	13		
<input type="checkbox"/>	14	_____	14		

Name \_\_\_\_\_

SSN \_\_\_\_\_

## IRA and Other Contribution Information

### Traditional IRA Contributions

		Current Year Amount	Prior Year Amount
<b>Filer</b>			
1	Enter total traditional IRA contributions made for 2014 . . . . .	1	
2	Enter contributions, on line 1, made after 12/31/2014 and before 04/15/2015 . . . . .	2	
3	Enter value of all traditional IRAs as of 12/31/2014 . . . . .	3	
<b>Spouse</b>			
4	Enter total traditional IRA contributions made for 2014 . . . . .	4	
5	Enter contributions, on line 4, made after 12/31/2014 and before 04/15/2015 . . . . .	5	
6	Enter value of all traditional IRAs on 12/31/2014 . . . . .	6	

### Roth IRA Contributions

		Current Year Amount	Prior Year Amount
<b>Filer</b>			
1	Enter 2014 Roth IRA contributions . . . . .	1	
2	Enter value of all Roth IRAs on 12/31/2014 . . . . .	2	
<b>Spouse</b>			
3	Enter 2014 Roth IRA contributions . . . . .	3	
4	Enter value of all Roth IRAs on 12/31/2014 . . . . .	4	

### SIMPLE IRA

		Current Year Amount	Prior Year Amount
<b>Filer</b>			
1	Enter value of all SIMPLE IRAs on 12/31/2014 . . . . .	1	
<b>Spouse</b>			
2	Enter value of all SIMPLE IRAs on 12/31/2014 . . . . .	2	

### Education (Coverdell ESA)

		Current Year Amount	Prior Year Amount
<b>Filer</b>			
1	Enter 2014 Coverdell ESA contributions . . . . .	1	
2	Enter value of the Coverdell ESA on 12/31/2014 . . . . .	2	
<b>Spouse</b>			
3	Enter 2014 Coverdell ESA contributions . . . . .	3	
4	Enter value of the Coverdell ESA on 12/31/2014 . . . . .	4	



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Taxes - Itemized Deductions

		Current Year Amount	Prior Year Amount
<b>Real Estate Taxes</b>			
23 Principal residence . . . . .	23		
24 Real estate taxes from Schedule E properties . . . . .	24		
<b>Real Estate Not Held For Investment</b>			
25 _____	25		
26 _____	26		
27 _____	27		
28 _____	28		
29 _____	29		
<b>Real Estate Held For Investment</b>			
30 _____	30		
31 _____	31		
32 _____	32		
33 _____	33		
34 _____	34		
<b>Personal property taxes</b>			
35 Non-business portion of vehicle personal property taxes . . . . .	35		
36 _____	36		
37 _____	37		
38 _____	38		
39 _____	39		
40 _____	40		
<b>Non-Personal Property Taxes</b>			
41 K1 (1065) - Other deductions/taxes . . . . .	41		
42 K1 (1120S) - Other deductions/taxes . . . . .	42		
43 K1 (1041) - Other deductions/taxes . . . . .	43		
44 _____	44		
45 _____	45		
46 _____	46		





Name \_\_\_\_\_

SSN \_\_\_\_\_

### Unreimbursed Employee Expenses - Itemized Deductions

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

	Filer		Spouse	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
58 Union and professional dues . . . . .	58			
59 Professional subscriptions . . . . .	59			
60 Uniform and protective clothing . . . . .	60			
61 Job search costs . . . . .	61			
62 _____	62			
63 _____	63			
64 _____	64			
65 _____	65			
66 _____	66			
67 _____	67			

### Certain Miscellaneous Deductions - Itemized Deductions

	If investment related enter "X"		Current Year Amount	Prior Year Amount
68 Tax preparation fees . . . . .		68		
69 Certain attorney and accounting fees . . . . .	<input type="checkbox"/>	69		
70 Safe deposit box rental . . . . .	<input type="checkbox"/>	70		
71 IRA Custodial fees . . . . .	<input type="checkbox"/>	71		
72 Investment counsel and advisory fees . . . . .	<input type="checkbox"/>	72		
73 Losses on deposits in insolvent or bankrupt financial institutions . . . . .	<input type="checkbox"/>	73		
74 Convenience fees paid with credit or debit card for federal taxes in 2014 . . . . .	<input type="checkbox"/>	74		
75 _____	<input type="checkbox"/>	75		
76 _____	<input type="checkbox"/>	76		
77 _____	<input type="checkbox"/>	77		
78 _____	<input type="checkbox"/>	78		
79 _____	<input type="checkbox"/>	79		
80 _____	<input type="checkbox"/>	80		
81 _____	<input type="checkbox"/>	81		
82 _____	<input type="checkbox"/>	82		
83 _____	<input type="checkbox"/>	83		
84 _____	<input type="checkbox"/>	84		

### Other Miscellaneous Deductions

85 Federal estate tax on income in respect of a decedent . . . . .	85		
86 Amortizable bond premiums on bonds acquired before 10/23/86 . . . . .	86		
87 Gambling losses (if gambling income) . . . . .	87		
88 Repayment of income . . . . .	88		
89 From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction . . . . .	89		
90 Certain unrecovered investment in a pension . . . . .	90		
91 _____	91		
92 _____	92		
93 _____	93		
94 _____	94		
95 _____	95		
96 _____	96		

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Charity - Itemized Deductions**

*\* Total contributions \$500 or less. See Non-Cash Charity if over \$500.*

- 1 Gifts To Charity Other Than By Cash or Check\* . . . . . 1
- 2 Total Miles driven for charitable activities . . . . . 2
- 3 Parking fees, tolls and local transportation for charitable activities . . . . . 3

- Gifts To Charity By Cash or Check**
- 1 \_\_\_\_\_
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	Current Year Amount	Prior Year Amount
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Name \_\_\_\_\_

SSN \_\_\_\_\_

### Noncash Charitable Contributions (Total of Contributions more than \$500)

**Information on Donated Property**

(a) Name and Address of the Donee Organization				(b) Description of Donated Property
<b>1</b>	Name Address City	State	Zip Code	
<b>2</b>	Name Address City	State	Zip Code	
<b>3</b>	Name Address City	State	Zip Code	
<b>4</b>	Name Address City	State	Zip Code	
<b>5</b>	Name Address City	State	Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						