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2014 TAX ORGANIZER

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This tax organizer has been prepared for your use in gathering the information needed for your 2014 tax return.

To save you time, selected information from your 2013 tax return has been entered in this organizer. Please line through any information that does not apply to your 2014 tax return.

In some cases, 2013 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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2014 TAX ORGANIZER

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I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

| | |
|---------------------------|-------------|
| Taxpayer Signature | Date |
| Spouse Signature | Date |

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2014

Questions (Page 1 of 4)**2**

The following questions pertain to the 2014 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

| | Yes | No |
|---|--------------------------|--------------------------|
| Did your marital status change? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you legally married? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, do you and your spouse want to file separate returns? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, will you file a joint federal return and be required to file single state returns? | <input type="checkbox"/> | <input type="checkbox"/> |
| If No, are you in a domestic partnership, civil union, or other state-defined relationship? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you or your spouse be claimed as a dependent by another taxpayer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse serve in the military or were you or your spouse on active duty? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse been a victim of identity theft and have you contacted the IRS? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, furnish the 6-digit identity protection PIN issued to you by the IRS. _____ Taxpayer _____ Spouse | | |

Dependents:

| | | |
|---|--------------------------|--------------------------|
| Were there any changes in dependents from the prior year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Note: Include non-child dependents for whom you provided more than half the support | | |
| Did you or your spouse pay for child care while you or your spouse worked or looked for work? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any children under age 18 with unearned income more than \$1000? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1000? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you adopt a child or begin adoption proceedings? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any of your dependents non-U.S. citizens or non-U.S. residents? | <input type="checkbox"/> | <input type="checkbox"/> |

Healthcare:

| | | |
|--|--------------------------|--------------------------|
| Did you have healthcare coverage (health insurance) for you, your spouse, and any dependents? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1095-A, 1095-B, and 1095-C. | | |
| Did you or your spouse have any transactions pertaining to a health savings account (HSA)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you received a distribution from an HSA, include all Forms 1099-SA. | | |
| Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you received a distribution from an MSA, include all Forms 1099-SA. | | |
| Did you or your spouse receive any distributions from long-term care insurance contracts? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include Form 1099-LTC. | | |
| If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many months were you covered? _____ | | |
| If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many months were you covered? _____ | | |
| Did you or your spouse lose your job because of foreign competition and pay for your own health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |



2014

Questions (Page 2 of 4)**2B****Education:**

| | Yes | No |
|--|--------------------------|--------------------------|
| Did you or your spouse pay any student loan interest? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1099-Q. | | |
| Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? | <input type="checkbox"/> | <input type="checkbox"/> |

Deductions and Credits:

| | | |
|---|--------------------------|--------------------------|
| Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less. | | |
| Did you or your spouse incur any casualty or theft losses? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any large purchases, such as motor vehicles and boats? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes. _____ Gallons _____ Type | | |
| Did you or your spouse install any alternative energy equipment in your residence such as a solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? | <input type="checkbox"/> | <input type="checkbox"/> |

Investments:

| | | |
|--|--------------------------|--------------------------|
| Did you or your spouse have any debts canceled, forgiven or refinanced? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell, exchange, or purchase any real estate? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include closing statements. | | |
| Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any put or call transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the transaction details. | | |
| Did you or your spouse close any open short sales? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell any securities not reported on Form 1099-B? | <input type="checkbox"/> | <input type="checkbox"/> |



2014

Questions (Page 3 of 4)**2C****Retirement or Severance:**

| | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|
| Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse turn age 70 1/2 and have money in an IRA or other retirement account without taking any distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse retire or change jobs? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive deferred, retirement or severance compensation? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enter the date received (Mo/Da/Yr). _____ | | |

Personal Residence:

| | | |
|---|--------------------------|--------------------------|
| Did your address change? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the new address. _____ | | |
| If Yes, did you move to a different home because of a change in the location of your job? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse claim a homebuyer credit for a home purchased in 2008? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your total mortgages on your first and/or second residence greater than \$1,000,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____ | | |
| Did you or your spouse take out a home equity loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have an outstanding home equity loan at the end of the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____ | | |
| Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your mortgagee receive mortgage assistance payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1098-MA. _____ | | |

Sale of Your Home:

| | | |
|--|--------------------------|--------------------------|
| Did you sell your home? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive Form 1099? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include Form 1099. _____ | | |
| Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse ever rent out the property? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse ever use any portion of the home for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse sold a principal residence within the last two years? | <input type="checkbox"/> | <input type="checkbox"/> |
| At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both | | |

**Gifts:**

| | | |
|--|--------------------------|--------------------------|
| Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc., with a total (aggregate) value in excess of \$14,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any gifts to a trust for any amount? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you or your spouse have a life insurance trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse forgive any indebtedness to any individual, trust or entity? | <input type="checkbox"/> | <input type="checkbox"/> |

Foreign Matters:

| | | |
|--|--------------------------|--------------------------|
| Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature or other authority over a bank account, securities account or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse create or transfer money or property to a foreign trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse own any foreign financial assets? | <input type="checkbox"/> | <input type="checkbox"/> |

Miscellaneous:

| | | |
|---|--------------------------|--------------------------|
| Did you or your spouse pay in excess of \$1,000 in any quarter, or \$1,900 during the year for domestic services performed in or around your home to individuals who could be considered household employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive unreported tip income of \$20 or more in any month? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any bartering transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? | <input type="checkbox"/> | <input type="checkbox"/> |
| For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? | <input type="checkbox"/> | <input type="checkbox"/> |

Additional state pages have been included at the back of the organizer and should be reviewed.



Personal Information

Taxpayer:

First Name and Initial Last Name Social Security Number

Occupation Date of Birth (Mo/Da/Yr) Date of Death (Mo/Da/Yr)

Spouse:

First Name and Initial Last Name Social Security Number

Occupation Date of Birth (Mo/Da/Yr) Date of Death (Mo/Da/Yr)

Contact Information:

Street Address Apartment Number

City State ZIP or Postal Code

Foreign Province or County

Foreign Country

Taxpayer Daytime/Work Phone Spouse Daytime/Work Phone

Taxpayer Evening/Home Phone Spouse Evening/Home Phone

Taxpayer Foreign Phone Spouse Foreign Phone

Taxpayer Cell Phone Spouse Cell Phone

Taxpayer Fax Number Spouse Fax Number

Taxpayer Email Address

Spouse Email Address

Preferred Method of Contact

| | | | | | | | | | | | | | |
|---|--|----------|----|--------|--|-----|----|-----|----|--|--|--|--|
| May the IRS or other taxing authority discuss the return with the preparer? | <table><tr><td>Yes</td><td>No</td></tr><tr><td></td><td></td></tr></table> | Yes | No | | | | | | | | | | |
| Yes | No | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Is the taxpayer claimed as a dependent on someone else's tax return? | <table><tr><td></td><td></td></tr></table> | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | <table><tr><td colspan="2">Taxpayer</td><td colspan="2">Spouse</td></tr><tr><td>Yes</td><td>No</td><td>Yes</td><td>No</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> | Taxpayer | | Spouse | | Yes | No | Yes | No | | | | |
| Taxpayer | | Spouse | | | | | | | | | | | |
| Yes | No | Yes | No | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Are you considered legally blind per IRS regulations? | | | | | | | | | | | | | |
| Do you want to contribute to the Presidential Election Campaign Fund? | | | | | | | | | | | | | |

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



Dependents and Wages

Dependent Information:

Did dependent have income over \$3,950?



| First Name and Initial | Last Name | Social Security Number | Date of Birth (Mo/Da/Yr) | Relationship to Taxpayer | Months Lived in Your Home | X if Disabled | Yes or No |
|------------------------|-----------|------------------------|--------------------------|--------------------------|---------------------------|---------------|-----------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return _____

List the years that a release of claim to exemption is given for a dependent child not living with you _____

Wages and Salaries: **Include all copies of your current year Forms W-2**

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

| TS | Employer's Name | Taxable Wages | Tax Withheld | | | | |
|----|-----------------|---------------|--------------|------------|----------|-------|-------|
| | | | Federal | FICA/TIER1 | Medicare | State | Local |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |



2014

Electronic Filing

4

Electronic Filing: **Include all copies of your current year Forms W-2**

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return ☐

Do not electronically file the state return(s) ☐

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?

Taxpayer

Yes

No

Spouse

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN

Spouse PIN



2014

Direct Deposit and Withdrawal**4A****Direct Deposit and Electronic Funds Withdrawal Account Information:**

The IRS and certain states allow refunds to be deposited directly into your financial institution account, regardless of the means used to file the return. For balance due returns to be filed electronically, the IRS and many states allow the entire amount due to be paid using electronic withdrawal. If you would like to have your refund deposited directly into your account or pay a balance due by using an electronic withdrawal, please complete the following information. If you selected either direct deposit or electronic withdrawal in 2013, your account information has already been included below.

Account Information:

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

Type of account ☐ Checking ☐ Trad. Savings ☐ IRA Savings
☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ HSA Savings

Account use (check all that apply) ☐ Business ☐ Federal estimate ☐ State(s)
☐ Federal return ☐ Electronic withdrawal
☐ Direct deposit

Name of financial institution _____

Routing Transit Number _____

Account number _____

If requesting electronic withdrawal:

What amount do you want withdrawn, if not the entire balance due? _____

When should the withdrawal occur, if not the due date of the return? _____

Account Information:

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

Type of account ☐ Checking ☐ Trad. Savings ☐ IRA Savings
☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ HSA Savings

Account use (check all that apply) ☐ Business ☐ Federal estimate ☐ State(s)
☐ Federal return ☐ Electronic withdrawal
☐ Direct deposit

Name of financial institution _____

Routing Transit Number _____

Account number _____

If requesting electronic withdrawal:

What amount do you want withdrawn, if not the entire balance due? _____

When should the withdrawal occur, if not the due date of the return? _____



5A

Include copies of all Forms 1099-INT or other documents for interest received

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

Total

| Name of Individual from Whom Mortgage Interest Was Received | Identification Number of Individual | 2014 Interest Amount | 2013 Interest Amount |
|---|-------------------------------------|----------------------|----------------------|
| | | | |

| |
|--|
| Address of Individual from Whom Mortgage Interest Was Received |
| |

| |
|--|
| |
| |
| |
| |

400151 07-24-14



2014

Dividend Income

5B

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

| TSJ | Name of Payer | Box 1a Total Ordinary Dividends | Box 1b Qualified Dividends | Box 2a Total Capital Gain Distribution | U.S. Bond Interest Amount or Percent in Box 1a |
|-------|---------------|---------------------------------------|----------------------------------|--|--|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |
| I | | | | | |
| J | | | | | |
| K | | | | | |
| L | | | | | |
| M | | | | | |
| N | | | | | |
| Total | | | | | |

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

| Code | Tax-Exempt Interest | 2013 Gross Dividends Amount |
|-------|------------------------|-----------------------------------|
| A | | |
| B | | |
| C | | |
| D | | |
| E | | |
| F | | |
| G | | |
| H | | |
| I | | |
| J | | |
| K | | |
| L | | |
| M | | |
| N | | |
| Total | | |

Enter Any Additional Information:

| |
|--|
| |
| |
| |
| |
| |
| |

Note: List all items sold during the year on Form 7.



Business Income and Cost of Goods Sold

6

2014

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
Employer ID number _____
Street address _____
City, state and ZIP code _____
Method of inventory _____
Method of accounting _____

Business Questions for 2014:

| | Yes | No |
|--|-----|----|
| Did you dispose of this business? _____ | | |
| If Yes, what was the disposition date? _____ (Mo/Da/Yr) | | |
| Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____ | | |
| Were you involved in the operations of this business on a regular, continuous and substantial basis? _____ | | |
| Have you prepared or will you prepare all required Forms 1099? _____ | | |

| | 2014 Amount | 2013 Amount |
|---|-------------|-------------|
| Health insurance premiums paid for yourself and your dependents _____ | | |

Income:

| Payment card and third party transactions: Include all Forms 1099-K | | |
|--|-------------|-------------|
| Description | 2014 Amount | 2013 Amount |
| | | |
| | | |
| | | |

| | | |
|--|--|--|
| Miscellaneous income: Include all Forms 1099-MISC | | |
| | | |
| | | |
| | | |

Other Income:

| | | |
|-------------------------------------|--|--|
| | | |
| | | |
| | | |
| Other gross receipts or sales _____ | | |
| Less returns and allowances _____ | | |

Cost of Goods Sold:

| | 2014 Amount | 2013 Amount |
|---|-------------|-------------|
| Beginning inventory _____ | | |
| Purchases less cost of items withdrawn for personal use _____ | | |
| Cost of labor (do not include amounts paid to yourself) _____ | | |
| Materials and supplies _____ | | |
| Other costs of goods sold: | | |
| Description | 2014 Amount | 2013 Amount |
| | | |
| | | |
| | | |
| Ending inventory _____ | | |



2014

Business Expenses and Property & Equipment

6A

Name of Business: _____

Principal Business or Profession: _____

Expenses:

| | 2014 Amount | 2013 Amount |
|--|-------------|-------------|
| Advertising | | |
| Car and truck expenses | | |
| Parking fees and tolls | | |
| Commissions and fees | | |
| Contract labor | | |
| Employee benefit programs and health insurance (other than pension and profit-sharing plans) | | |
| Insurance (other than health) | | |
| Interest - mortgage (paid to banks, etc.) | | |
| Interest - other | | |
| Legal and professional fees | | |
| Office expense | | |
| Pension and profit-sharing plans | | |
| Rent or lease - vehicles, machinery and equipment | | |
| Rent or lease - other business property | | |
| Repairs and maintenance | | |
| Supplies (not included in Cost of Goods Sold) | | |
| Taxes and licenses | | |
| Travel | | |
| Meals and entertainment | | |
| Utilities | | |
| Wages | | |
| Dependent care benefits | | |

Other Expenses:

| Description | 2014 Amount | 2013 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Property and Equipment: Include a list if more space is needed

| X if not new | Acquisitions - Description | Date Acquired (Mo/Da/Yr) | Cost |
|--------------|----------------------------|--------------------------|------|
| | | | |
| | | | |
| | | | |

| Dispositions - Description | Date Acquired (Mo/Da/Yr) | Cost | Date Sold (Mo/Da/Yr) | Selling Price |
|----------------------------|--------------------------|------|----------------------|---------------|
| | | | | |
| | | | | |
| | | | | |



2014

Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2014:

| | Yes | No |
|---|--------------------------|--------------------------|
| Do you have evidence to support your deduction? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have evidence to support the business use percentage claimed on listed property? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |

If you are an employer who provides vehicles for use by employees:

| | Yes | No |
|--|--------------------------|--------------------------|
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use? ☐ Yes ☐ No

Was your vehicle available for use during off-duty hours?

Mileage:

Total miles

Total business miles

Total commuting miles for the year ..

Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest

Taxes

Fair market value of leased vehicle ..

Vehicle rentals/leases

| Vehicle 1 | | Vehicle 2 | |
|---|----------------------|---|----------------------|
| <p>Description of vehicle</p> <p>Date placed in service (Mo/Da/Yr)</p> <p>Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your vehicle available for use during off-duty hours?</p> | | <p>Description of vehicle</p> <p>Date placed in service (Mo/Da/Yr)</p> <p>Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your vehicle available for use during off-duty hours?</p> | |
| 2014 Miles | 2013 Miles | 2014 Miles | 2013 Miles |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2014 Amount | 2013 Amount | 2014 Amount | 2013 Amount |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |



2014

Business Expenses**6C**

Name of Business: _____
Principal Business or Profession: _____

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business %

| | 2014 Amount | 2013 Amount |
|-----------------------------------|-------------|-------------|
| Parking fees and tolls | | |
| Local transportation | | |
| Travel expenses | | |
| Meals and entertainment | | |

| Description | 2014 Amount | 2013 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

| | 2014 Amount | 2013 Amount |
|---|-------------|-------------|
| Amount received for other expenses | | |
| Amount received for meals and entertainment | | |

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? ☐ Yes ☐ No

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business %

Description of vehicle
Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? ☐ Yes ☐ No
Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

| | 2014 | 2013 |
|---|------|------|
| Total miles | | |
| Total business miles | | |
| Average daily commuting miles | | |
| Total commuting miles for the year | | |
| Gasoline and oil | | |
| Repairs | | |
| Insurance | | |
| Interest | | |
| Taxes | | |
| Value of employer provided vehicle | | |
| Temporary vehicle rentals | | |
| Fair market value of leased vehicle | | |
| Vehicle leases | | |

| Description | 2014 Amount | 2013 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |



2014

Sales of Stocks, Securities, Capital Assets & Installment Sales

7

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

Mutual fund transactions

Exchange of any securities or investments for something other than cash

Sales of inherited property

Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale

Commodity sales, short sales or straddles

Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest

Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock

Debts that became uncollectible

Securities that became worthless

Sale of any property where you will receive payments in future years

| Yes | No |
|-----|----|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| TSJ | Kind of Property and Description | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) | Gross Sales Price (Less Commissions) |
|-----|----------------------------------|--------------------------|----------------------|--------------------------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |

| | Cost or Other Basis | Federal Tax Withheld | State Tax Withheld |
|---|---------------------|----------------------|--------------------|
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| E | | | |
| F | | | |
| G | | | |
| H | | | |

Installment Sales: **Do not include interest received in principal amount**

| TSJ | Property Description | Date Sold (Mo/Da/Yr) | 2014 Principal Received | 2013 Principal Received |
|-----|----------------------|----------------------|-------------------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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9

TS

| Yes | No |
|-----|----|
| | |
| | |
| | |
| | |
| | |
| | |

If Yes, explain.

Include copies of all Forms 1099-R

Total retirement plans converted to Roth IRAs

Include copies of all Forms 5498

Amount for 2014 you choose to be treated as nondeductible _____

Contributions made for the 2014 tax year

Include all Forms 1099-R and any nontaxable distribution details

[illegible]



2014

Rental and Royalty Income

Location of Property: _____

TSJ _____
Type of property _____

| | |
|-----|----|
| Yes | No |
|-----|----|

Have you prepared or will you prepare all required Forms 1099?

Ownership percentage if not 100% %
How many days was this property rented at fair market value?
How many days was this property used personally (including use by family members)?

| 2014 | 2013 |
|------|------|
| | |
| | |
| | |

Income:

Rents received
Royalties received

| 2014 Amount | 2013 Amount |
|-------------|-------------|
| | |
| | |

Payment card and third party transactions: Include all Forms 1099-K

| Description | 2014 Amount | 2013 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |

Miscellaneous income: Include all Forms 1099-MISC

| Description | 2014 Amount | 2013 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |

Other income:

| Description | 2014 Amount | 2013 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |



2014

Miscellaneous Income, Adjustments and Alimony

13

Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-G and 1098-E

Miscellaneous Income and Adjustments:

| | TSJ _____ | | | TSJ _____ | |
|--|-------------|-------------|--|-------------|-------------|
| | 2014 Amount | 2013 Amount | | 2014 Amount | 2013 Amount |
| Taxable pensions and annuities received | | | | | |
| Nontaxable pensions and annuities received | | | | | |
| Federal withholding on pensions and annuities | | | | | |
| State withholding on pensions and annuities | | | | | |
| Unemployment compensation received | | | | | |
| Unemployment compensation repaid in 2014 | | | | | |
| Social security benefits received | | | | | |
| Social security benefits repaid in 2014 | | | | | |
| Medicare premiums withheld | | | | | |
| Tier 1 railroad retirement benefits received | | | | | |
| Tier 1 railroad retirement benefits repaid in 2014 | | | | | |
| Taxable IRA distributions | | | | | |
| Nontaxable IRA distributions | | | | | |
| Total lump sum social security received | | | | | |
| Lump sum taxable social security | | | | | |
| Other federal withholding | | | | | |
| Other state withholding | | | | | |

State and Local Income Tax Refunds:

| TSJ | State | City | Tax Year | Income Tax Refund | |
|-----|-------|------|----------|-------------------|-------|
| | | | | State | Local |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other Income:

| TSJ | Nature and Source | 2014 Amount | 2013 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Alimony Paid or Received:

| TSJ | Recipient's Name | Recipient's Social Security No. | Alimony Received? | 2014 Amount | 2013 Amount |
|-----|------------------|---------------------------------|-------------------|-------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
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2014

Miscellaneous Adjustments**13A****Educator Expenses:** **Deduction for amounts paid by educators of kindergarten through Grade 12**

| TS | 2014 Amount | 2013 Amount |
|----|-------------|-------------|
| | | |
| | | |

Health Savings Accounts (HSAs)

| TS | Description | 2014 Amount | 2013 Amount |
|----|--|-------------|-------------|
| | Contributions made for 2014 | | |
| | Distributions received from all HSAs in 2014 | | |

What type of coverage applies to your high deductible health plan? ☐ Self only ☐ Family

| Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Were any HSA contributions listed above also shown on your Form W-2?

Were all distributions from your HSA for unreimbursed medical expenses?

Did you or your spouse enroll in Medicare?

If Yes, what month did you enroll?

What month did your spouse enroll?

Other Adjustments to Income: **Include all Forms 1098-E for Student Loan Interest Paid**

| TSJ | Nature and Source | 2014 Amount | 2013 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



2014

Itemized Deductions - Medical and Taxes

14

Medical and Dental Expenses:

Prescription medicines and drugs
Total medical insurance premiums paid *
Long-term care expenses
Total insurance reimbursement
Number of miles traveled for medical care
Lodging
Doctors, dentists, etc.
Hospitals
Lab fees
Eyeglasses and contacts
Cobra assistance premiums in 2014

| TSJ | 2014 Amount | 2013 Amount |
|-----|-------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Taxpayer long-term care insurance premiums paid
Spouse long-term care insurance premiums paid

| 2014 Amount | 2013 Amount |
|-------------|-------------|
| | |
| | |

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

| TSJ | Description | 2014 Amount | 2013 Amount |
|-----|-------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes)
General sales taxes paid on specified items

| TSJ | 2014 Amount | 2013 Amount |
|-----|-------------|-------------|
| | | |
| | | |

Itemize real estate taxes by state.

| TSJ | Real Estate Taxes | 2014 Amount | 2013 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Other Taxes Paid:

| TSJ | Description | 2014 Amount | 2013 Amount |
|-----|-------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

If you purchased or sold your home in 2014, did you include any taxes from your closing statement in the amounts above? ☐ Yes ☐ No



2014

Itemized Deductions - Mortgage Interest and Points**14A****Mortgage Questions for 2014:**

If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .

| Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

Did you refinance your home? (If Yes, enclose the closing statement.) . . .

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If Yes, how many years is your new mortgage loan? . . .

Did you purchase a new home or sell your former home during the year? . . .

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If Yes, enclose the closing statements from the purchase and sale of your new and former homes.

If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US

during the 3 year period prior to the purchase of this home? . . .

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence

in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . .

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Home Mortgage Interest Paid To Financial Institutions:

| TSJ | Paid To | Did You Receive Form 1098? | | 2014 Amount | 2013 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
| | | Yes | No | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other Home Mortgage Interest Paid:

| TSJ | Paid To | | ID Number | 2014 Amount | 2013 Amount |
|-----|---------|---------|-----------|-------------|-------------|
| | Name | Address | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Deductible Points:

| TSJ | Paid To | Did You Receive Form 1098? | | 2014 Amount | 2013 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
| | | Yes | No | | |
| | | | | | |
| | | | | | |
| | | | | | |

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

| TSJ | 2014 Amount | 2013 Amount |
|-----|-------------|-------------|
| | | |
| | | |
| | | |

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

| TSJ | Paid To | 2014 Amount | 2013 Amount |
|-----|---------|-------------|-------------|
| | | | |
| | | | |
| | | | |



Cash Contributions: Include all Forms 1098-C.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

| | | | |
|-----|---|-------------|-------------|
| TSJ | Organization or Description of Contribution | 2014 Amount | 2013 Amount |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|-----|----------------------------|-------------|-------------|
| TSJ | Conservation Real Property | 2014 Amount | 2013 Amount |
| | 100% limit | | |
| | 50% limit | | |

| | | | |
|-----|---|------------|------------|
| TSJ | Description | 2014 Miles | 2013 Miles |
| | Number of miles traveled performing volunteer work for qualified charitable organizations | | |

Noncash Contributions Totaling \$500 or Less:

| | | | |
|-----|---------------------------------|-------------|-------------|
| TSJ | Description of Donated Property | 2014 Amount | 2013 Amount |
| | | | |
| | | | |

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

TSJ _____

Description of the donated property _____

Donee organization name _____

Donee organization address _____

Date the property was acquired by the taxpayer (Mo/Da/Yr) _____

Date the property was donated (Mo/Da/Yr) _____

Cost or basis of the donated property _____

Fair market value of the donated property _____

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

☐ Appraisal ☐ Thrift shop value ☐ Catalog ☐ Comparable sale

Other - please explain _____

Which of the following describes how this donated property was acquired?

☐ Purchase ☐ Gift ☐ Inheritance ☐ Exchange



2014

Federal Tax Payments

20

Refund Application:

If you have an overpayment of 2014 taxes, do you want the excess:

Refunded ☐ Yes ☐ No
Applied to your 2015 estimated tax liability ☐ Yes ☐ No

Federal Estimated Tax Payments:

2014 1st Quarter Estimate (Due 04-15-2014)
2014 2nd Quarter Estimate (Due 06-16-2014)
2014 3rd Quarter Estimate (Due 09-15-2014)
2014 4th Quarter Estimate (Due 01-15-2015)

| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|------------|--|-------------|
| | | |
| | | |
| | | |
| | | |

2013 overpayment applied to 2014 estimate

Tax Planning Information for Tax Year 2015:

Do you expect any of the following to occur in 2015?

| | Yes | No |
|---|--------------------------|--------------------------|
| A change in your marital status | <input type="checkbox"/> | <input type="checkbox"/> |
| A change in the number of your dependents | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your income | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your withholding | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in deductions | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above questions, provide details.

| |
|--|
| |
| |
| |
| |
| |



2014

State and City Tax Payments

20A

State and City Estimated Tax Payments:

2014 1st Quarter Estimate
2014 2nd Quarter Estimate
2014 3rd Quarter Estimate
2014 4th Quarter Estimate

| TSJ ____ State/City _____ | | |
|------------------------------|--|-------------|
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2013 overpayment applied to 2014 estimate

Balance of prior year(s)' tax paid in 2014 plus
amount paid with 2013 extensions

Estimated tax payments for 2013 paid in 2014

State and City Estimated Tax Payments:

2014 1st Quarter Estimate
2014 2nd Quarter Estimate
2014 3rd Quarter Estimate
2014 4th Quarter Estimate

| TSJ ____ State/City _____ | | |
|------------------------------|--|-------------|
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2013 overpayment applied to 2014 estimate

Balance of prior year(s)' tax paid in 2014 plus
amount paid with 2013 extensions

Estimated tax payments for 2013 paid in 2014

State and City Estimated Tax Payments:

2014 1st Quarter Estimate
2014 2nd Quarter Estimate
2014 3rd Quarter Estimate
2014 4th Quarter Estimate

| TSJ ____ State/City _____ | | |
|------------------------------|--|-------------|
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2013 overpayment applied to 2014 estimate

Balance of prior year(s)' tax paid in 2014 plus
amount paid with 2013 extensions

Estimated tax payments for 2013 paid in 2014



friedman kannenberg
and company pc

Certified Public Accountants

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Farmington, CT 06032
Tel: 860.677.9191
Fax: 860.674.9602
info@fkco.com
www.fkco.com

Business Mileage Worksheet

Rules:

Use the following three scenarios to determine how many miles you can deduct. **Keep in mind the following statement: in general, commuting to work is not deductible and ALL travel must be supported with documents that show an amount, date, place, and reason for travel—such as bills, invoices, or receipts.**

- **If you have an office or regular place of business outside your home**, you may not deduct miles commuting to and from work. You may, however, deduct mileage driven to a *temporary work place* and mileage to and from different work locations; i.e. clients' businesses, onsite work, or other offices; during the day. A temporary work place is a location driven to for less than one year or less than 35 times a year.
- **If you have an office in your home that qualifies for a home office deduction**, all of your business-related mileage is deductible. A qualifying home office must be your primary place of business.
- **If you work out of your home, but do not qualify for the home office deduction**, the distance between your home and your first stop and between your last stop and your home are nondeductible commuting miles.

Tools:

The following tools might be of help if you need to reconstruct your mileage: Day planner, calendar, appointment book, Quickbooks printouts, Mapquest or Google Maps.

Sampling:

You cannot deduct amounts that you approximate or estimate; however, if you make routine trips, you may record the exact mileage once and use that mileage for multiple trips. Routine trips must be properly documented.

List:

Besides when routine trips can be supported, the IRS requires a complete daily travel log to support a business mileage deduction. Use the list below and the tools listed above to try to reconstruct your miles. Documentary support needs to be made available for all miles driven.

Total miles driven for the entire year _____. Commuting to a regular place of business _____.

| Work-Related Trips | Miles | Number of times | Total |
|----------------------------------|-------|-----------------|-------|
| Misc. errands | | | |
| Temporary work location | | | |
| Advertising / promo trips | | | |
| Business / professional meetings | | | |
| Business meals | | | |
| Education | | | |
| Pickup / delivery | | | |
| Supply purchase trips | | | |
| Bank trips | | | |
| Client visits | | | |
| Post office | | | |
| Other local trips | | | |
| Out of town trips (list city): | | | |
| | | | |
| | | | |
| | | | |

Signature_____

Date_____

Total Business Miles _____