Form ID: 1040	Perso	nal Information			1
Filing (Marital) status code (1 = Single, 2 Mark if you were married but living a Mark if your nonresident alien spouse	part all year	al Taxpayer Identification			[1] [2] [3]
Social cocurity number		Taxpayer		Spouse	
Social security number First name		[4] [6]	_		[5]
Last name		[8]			[7] [9]
Occupation		[10]			[11]
Designate \$3.00 to the presidential el	lection campaign fund? (1 =	Yes, 2 = No, 3 = Blank) [12]			[14]
Mark if dependent of another taxpay		[15]			[16]
Taxpayer with income less than 1/2 s	upport age 18 or 19 - 23 ful	l-time student? (Y, N្សាក)			
Mark if legally blind		[20]			[21]
Date of birth Date of death	_	[22]			[24]
Work/daytime telephone number/ex	t numher	[26]		[30]	[27] [31]
Home/evening telephone number	t number	[32]		[50]	[33]
Do you authorize us to discuss your re	eturn with the IRS? (Y, N)	[34]			[55]
, ,					
	Presen	t Mailing Address			
Address					[38]
Apartment number City, state postal code, zip code			[40]	_ [41]	[39] [42]
Foreign country name			[40]	[41]	[42] [44]
In care of addressee					[47]
	Donon	dont Information			
	<u>.</u>	dent Information endent Codes located at	the hettem)		Care
	(*Please refer to Depe	indent codes located at	. the bottom)	Months**Dep	expenses paid for
First Namé <sup>48</sup> ] Last Nar	ne Date of Birth	Social Security No.	Relationship	home * **	dependent
		<u> </u>			
		<del>-</del>			
		<del>-</del>			
Name of child who lived with you but Social security number of qualifying p	person				[49] [50]
*Posis 1 - Child who lived w		endent Codes	ont (Aco 10 22)		
*Basic 1 = Child who lived w 2 = Child who did not	= -	**Other 1 = Stude	ent (Age 19 - 23) bled dependent		
3 = Other dependent	•		endent who is both	a student and dis	sahled
	or Earned Income Credit o		indent who is both	a stadent and an	abica
	d with you, but do not qu	=	Credit		
7 = Children who live	d with you, but do not qu	alify for Child Tax Credit	t		
	d with you, but do not qu	alify for Child Tax Credit	t or Earned Income	Credit	
***Month \$77 = Reported on odd	· · · · · · · · · · · · · · · · · · ·				
88 = Reported on eve	= -				
99 = Not reported on	return				

Form ID: 1040

# **Client Contact Information**

#### **Preparer - Enter on Screen Contact**

2

Tax matters person (Indicate which spouse handles tax return related ques	stions) (Blank = Both, T = Taxpayer, S = Spouse)	[8]
Taxpayer email address		[9]
Spouse email address		[10]
	Taxpayer	Spouse
Fax telephone number	[11]	[19]
Mobile telephone number	[12]	[20]
Mobile telephone #2 number	[13]	[21]
Pager number	 [14]	[22]
Other:	[15]	[23]
Telephone number	[16]	[24
Extension	[17]	[25]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	[18]	[26]

#### Questions

Please check the appropriate box and include all necessary details and documentation. Yes No Personal Information Did your marital status change during the year? If yes, explain: Did you get married to a same-sex spouse in a state that legally recognizes same-sex marriage? If yes, explain: Did your address change from last year? Can you be claimed as a dependent by another taxpayer? Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year? **Dependent Information** Were there any changes in dependents from the prior year? If yes, explain: Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,000? Do you have dependents who must file a tax return? Did you provide over half the support for any other person(s) other than your dependent children during the year? Did you pay for child care while you worked or looked for work? Did you pay any expenses related to the adoption of a child during the year? If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? Purchases, Sales and Debt Information Did you start a new business or purchase rental property during the year? Did you acquire a new or additional interest in a partnership or S corporation? Did you sell, exchange, or purchase any real estate during the year? Did you purchase or sell a principal residence during the year? Did you foreclose or abandon a principal residence or real property during the year? Did you acquire or dispose of any stock during the year? Did you take out a home equity loan this year? Did you refinance a principal residence or second home this year? Did you sell an existing business, rental, or other property this year? Did you lend money with the understanding of repayment and this year and it became totally uncollectable? Did you have any debts canceled or forgiven this year, such as home mortgage or student loans? Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year? **Income Information** Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer? Did you receive any income from property sold prior to this year? Did you receive any unemployment benefits during the year? Did you receive any disability income during the year? Did you receive tip income not reported to your employer this year? Did any of your life insurance policies mature, or did you surrender any policies? Did you receive any awards, prizes, hobby income, gambling or lottery winnings? Do you expect a large fluctuation in income, deductions, or withholding next year?

Retirement Information			
Are you an active participant in a pension or retirement plan?  Did you receive any Social Security benefits during the year?  Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), other qualified retirement plan?  Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?  Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), o other qualified retirement plan?	or C		
Education Information  Did you, your spouse, or your dependents attend a post-secondary school	_		
during the year, or plan to attend one in the coming year?  Did you have any educational expenses during the year on behalf of yourself,		3	
your spouse, or a dependent?	E	<b>3</b>	
Did anyone in your family receive a scholarship of any kind during the year?		_	
Did you make any withdrawals from an education savings or 529 Plan account?  Did you pay any student loan interest this year?	ב ב		
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	ב ב		
Did you make any contributions to an education savings or 529 Plan account?		3	
Health Care Information  Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of 2 for your family? "Your family" for health care coverage refers to you, your spouse filing jointly, and anyone you can claim as a dependent.  If NO, please see page ACA Tax of the organizer.	2014 e if	3	0
Did anyone in your family qualify for an exemption from the health care coverage mandate?	2	3	
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received.		3	
Did you make any contributions to a Health savings account (HSA) or Archer MSA Did you receive any distributions from a Health savings account (HSA), Archer	4? <b>E</b>	<b>-</b>	
MSA, or Medicare Advantage MSA this year?		3	
Did you pay long-term care premiums for yourself or your family?		]	
If you are a business owner, did you pay health insurance premiums for your employees this year?	ַ	<b>3</b>	
Itemized Deduction Information  Did you incur a casualty or theft loss or any condemnation awards during the year?	r	<b>_</b>	
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?  Did you make any cash or noncash charitable contributions (clothes, furniture, etc. If yes, please provide evidence such as a receipt from the donce organization, a canceled check, or record of payment, to substantiate all contributions made.		5 5	
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization.	[	⊐	
Did you have an expense account or allowance during the year?			
Did you use your car on the job, for other than commuting?	_		
Did you work out of town for part of the year?  Did you have any expenses related to seeking a new job during the year?	_		
Did you make any major purchases during the year (cars, boats, etc.)?	-		
Did you make any out-of-state purchases (by telephone, internet, mail, or in persor for which the seller did not collect state sales or use tax?	ι) Γ		
for which the seller did not collect state sales of use tax?			_

Miscellaneous Information		
Did you make gifts of more than \$14,000 to any individual?		
Did you utilize an area of your home for business purposes?		
Did you engage in any bartering transactions?		
Did you retire or change jobs this year?		
Did you incur moving costs because of a job change?		
Did you pay any individual as a household employee during the year?		
Did you make energy efficient improvements to your main home this year?		
Did you receive a distribution from, or were you a grantor or transferor for a foreign	_	_
trust?		
Did you have a financial interest in or signature authority over a financial account		
such as a bank account, securities account, or brokerage account, located in a		П
foreign country?	_	ш
Do you have any foreign financial accounts, foreign financial assets, or hold		П
interest in a foreign entity?		Ξ
Did you receive correspondence from the State or the Internal Revenue Service?		_
If yes, explain:  Did you receive an Identity Protection PIN from the Internal Revenue Service		
or have you been a victim of identity theft? If yes, attach the IRS letter.		
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you	_	_
check yes, it will not change your tax or reduce your refund.		
check yes, it will not change your tax of feduce your fertilia.	_	_

Questions 3

### **Direct Deposit/Electronic Funds Withdrawal Information**

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Financial institution routing transit number					[1]
Name of financial institution					[2]
Your account number					[3]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)					[4]
Mark if married filing jointly and this is a joint account (Both taxpay		1)			[5]
Mark if financial institution is foreign based (Not located in the territor					[6]
Enter the maximum dollar amount, or percentage of total refun	d Dollar	[7]	or P	ercent (xxx.xx)	[8]
Secondary account #1:					
Financial institution routing transit number					[23]
Name of financial institution					[24]
Your account number					[25]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)					[26]
Mark if married filing jointly and this is a joint account (Both taxpa)	yer and spouse names are on the account	:)			[27]
Mark if financial institution is foreign based (Not located in the territor	rial jurisdiction of the United States)				[28]
Enter the maximum dollar amount, or percentage of total refun	d Dollar	[9]	or P	ercent (xxx.xx)	[10]
Secondary account #2:					
Financial institution routing transit number				_	[29]
Name of financial institution				<u></u>	[30]
Your account number					[31]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)		-			[32]
Mark if married filing jointly and this is a joint account (Both taxpay	yer and spouse names are on the account	:)			 [33]
Mark if financial institution is foreign based (Not located in the territor					[34]
Enter the maximum dollar amount, or percentage of total refun				ercent (xxx.xx)	[14] n.
Refunds may only be direct deposited to established traditional, Roth or SEP-IRA account	ngs Bond Purchases	epted by the	bank o	or financial institution	n.
Refunds may only be direct deposited to established traditional, Roth or SEP-IRA account	ngs Bond Purchases rings bonds and registered for th your refund, if applicable,	up to the	ree comple	different perso	ns. If you wo
Refunds may only be direct deposited to established traditional, Roth or SEP-IRA account Refund - U.S. Series I Saviatax refund may be used to buy up to \$5,000 of U.S. Series I Savio purchase U.S. Series I Savings bonds (in increments of \$50) will lease note you may enter only one name per registration (with	ngs Bond Purchases rings bonds and registered for th your refund, if applicable, exception of married filing joutage of refund you would like to	up to the please coint return	ree comple	different personete the following must enter	ns. If you wo ng informati the party's g
Refund - U.S. Series I Savional Refund	ngs Bond Purchases rings bonds and registered for th your refund, if applicable, exception of married filing joutage of refund you would like the state of the bonds will be registered to bollar.	up to the please coint return	ree comple	different personete the following must enter use bonds ted on the return.	ns. If you wo ng informati the party's g
Refund - U.S. Series I Savi tax refund may be used to buy up to \$5,000 of U.S. Series I Savi purchase U.S. Series I Savings bonds (in increments of \$50) wi ease note you may enter only one name per registration (with ame, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percen The bonds will be registered to the name(s) on the return. For married filling joint return To register the bonds separately, leave these fields blank and use the fields provided be Enter either a dollar amount or percent, but not both	ngs Bond Purchases rings bonds and registered for th your refund, if applicable, exception of married filing joutage of refund you would like the state of the bonds will be registered elow.  Dollar	up to the please coint return used to pu	ree complete and the co	different personete the followind must enter use bonds ted on the return.	ns. If you wong informati
Refund - U.S. Series I Savi  tax refund may be used to buy up to \$5,000 of U.S. Series I Sav  purchase U.S. Series I Savings bonds (in increments of \$50) wi ease note you may enter only one name per registration (with eme, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percen the bonds will be registered to the name(s) on the return. For married filing joint return To register the bonds separately, leave these fields blank and use the fields provided be Enter either a dollar amount or percent, but not both  and information for someone other than taxpayer and spouse, if red Maximum dollar amount (up to \$5,000), or percentage of refund	ngs Bond Purchases rings bonds and registered for th your refund, if applicable, exception of married filing joutage of refund you would like the state of the bonds will be registered elow.  Dollar	up to the please coint return used to pu	ree complete and the co	different personete the following must enter use bonds ted on the return.	ns. If you wong informati the party's g
Refund - U.S. Series I Savi  tax refund may be used to buy up to \$5,000 of U.S. Series I Savi purchase U.S. Series I Savings bonds (in increments of \$50) wi ease note you may enter only one name per registration (with me, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percen the bonds will be registered to the name(s) on the return. For married filling joint return To register the bonds separately, leave these fields blank and use the fields provided be Enter either a dollar amount or percent, but not both and information for someone other than taxpayer and spouse, if r Maximum dollar amount (up to \$5,000), or percentage of refund Owner's name (First Last)	ngs Bond Purchases rings bonds and registered for th your refund, if applicable, exception of married filing joutage of refund you would like the state of the bonds will be registered elow.  Dollar	up to the please coint return din both nar	ree complete state of the state	different personete the followind must enter use bonds ted on the return.	ns. If you wong informati
Refund - U.S. Series I Savi  tax refund may be used to buy up to \$5,000 of U.S. Series I Sav purchase U.S. Series I Savings bonds (in increments of \$50) wi ease note you may enter only one name per registration (with time, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percen The bonds will be registered to the name(s) on the return. For married filling joint return To register the bonds separately, leave these fields blank and use the fields provided be Enter either a dollar amount or percent, but not both  Maximum dollar amount (up to \$5,000), or percentage of refund Owner's name (First Last) Co-owner or beneficiary (First Last)	ngs Bond Purchases rings bonds and registered for th your refund, if applicable, exception of married filing journs this means the bonds will be registered elow.  Dollar  married filing jointly used to purchase bonds.	up to the please coint return din both nar	ree complete state of the state	different personete the followind must enter use bonds ted on the return.  Percent (xxx.xx)	ns. If you wong informati
Refund - U.S. Series I Savi  tax refund may be used to buy up to \$5,000 of U.S. Series I Savi purchase U.S. Series I Savings bonds (in increments of \$50) wi ease note you may enter only one name per registration (with ame, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percen The bonds will be registered to the name(s) on the return. For married filling joint return To register the bonds separately, leave these fields blank and use the fields provided be Enter either a dollar amount or percent, but not both  ond information for someone other than taxpayer and spouse, if r Maximum dollar amount (up to \$5,000), or percentage of refund Owner's name (First Last)	ngs Bond Purchases rings bonds and registered for th your refund, if applicable, exception of married filing joutage of refund you would like the state means the bonds will be registered elow.  Dollar  married filing jointly used to purchase bonds	up to the please coint return din both nar	ree complete state of the state	different personete the followind must enter use bonds ted on the return.  Percent (xxx.xx)	ns. If you wong informatithe party's g
Refund - U.S. Series I Savi tax refund may be used to buy up to \$5,000 of U.S. Series I Savi purchase U.S. Series I Savings bonds (in increments of \$50) wi ease note you may enter only one name per registration (with ame, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percen The bonds will be registered to the name(s) on the return. For married filling joint return To register the bonds separately, leave these fields blank and use the fields provided be Enter either a dollar amount or percent, but not both  ond information for someone other than taxpayer and spouse, if r Maximum dollar amount (up to \$5,000), or percentage of refund Owner's name (First Last) Co-owner or beneficiary (First Last) Mark if the name listed above is a beneficiary	ngs Bond Purchases rings bonds and registered for th your refund, if applicable, exception of married filing joutage of refund you would like the state of the bonds will be registered elow.  Dollar	up to the please coint return din both nar	ree complete state of the state	different personete the followind must enter use bonds ted on the return.  Percent (xxx.xx)	ns. If you wong informatithe party's g
Refund - U.S. Series I Savi tax refund may be used to buy up to \$5,000 of U.S. Series I Savi purchase U.S. Series I Savings bonds (in increments of \$50) wi ease note you may enter only one name per registration (with ame, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percen The bonds will be registered to the name(s) on the return. For married filing joint return To register the bonds separately, leave these fields blank and use the fields provided be Enter either a dollar amount or percent, but not both  ond information for someone other than taxpayer and spouse, if r Maximum dollar amount (up to \$5,000), or percentage of refund Owner's name (First Last) Co-owner or beneficiary (First Last) Mark if the name listed above is a beneficiary ond information for someone other than taxpayer and spouse, if r Maximum dollar amount (up to \$5,000), or percentage of refund	ngs Bond Purchases rings bonds and registered for th your refund, if applicable, exception of married filing joutage of refund you would like the state of the bonds will be registered elow.  Dollar	up to the please continuity of the please to put in both narrow [11]	ree compliants) a	different personete the followind must enter use bonds ted on the return.  Percent (xxx.xx)	ns. If you wong informati the party's g
Refund - U.S. Series I Savi  tax refund may be used to buy up to \$5,000 of U.S. Series I Savi purchase U.S. Series I Savings bonds (in increments of \$50) wi ease note you may enter only one name per registration (with ame, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percen The bonds will be registered to the name(s) on the return. For married filling joint return To register the bonds separately, leave these fields blank and use the fields provided be Enter either a dollar amount or percent, but not both  Ond information for someone other than taxpayer and spouse, if r Maximum dollar amount (up to \$5,000), or percentage of refund Owner's name (First Last) Co-owner or beneficiary (First Last)	ngs Bond Purchases rings bonds and registered for th your refund, if applicable, exception of married filing joutage of refund you would like us this means the bonds will be registered elow.  Dollar	up to the please co int return [11]	ree (complete or or or	different personete the followind must enter use bonds ted on the return.  Percent (xxx.xx)	ns. If you wong informati the party's g
Refund - U.S. Series I Savi  tax refund may be used to buy up to \$5,000 of U.S. Series I Savi purchase U.S. Series I Savings bonds (in increments of \$50) wi ease note you may enter only one name per registration (with ame, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percen The bonds will be registered to the name(s) on the return. For married filing joint return To register the bonds separately, leave these fields blank and use the fields provided be Enter either a dollar amount or percent, but not both  ond information for someone other than taxpayer and spouse, if r Maximum dollar amount (up to \$5,000), or percentage of refund Owner's name (First Last) Co-owner or beneficiary (First Last) Mark if the name listed above is a beneficiary  ond information for someone other than taxpayer and spouse, if r Maximum dollar amount (up to \$5,000), or percentage of refund	ngs Bond Purchases rings bonds and registered for th your refund, if applicable, exception of married filing joutage of refund you would like the state of the bonds will be registered elow.  Dollar  married filing jointly used to purchase bonds  [36] [38]	up to the please co int return [11]	ree (complete or or or	different personete the followind must enter use bonds ted on the return.  Percent (xxx.xx)	ns. If you wong informati the party's g

Form ID: Est		Estimate	d Taxes			5
If you have an overpayment of 2	014 taxes, do you w	ant the excess:				
Refunded						[47]
Applied to 2015 estimated	•					[48]
Do you expect a considerable ch	• '	come? (Y, N)				[49]
If yes, please explain any differe	nces:					
						[50]
						[51] [52]
						[53]
Do you expect a considerable ch	ange in your deduct	ions for 2015? (Y, N)				<sub>[54]</sub>
If yes, please explain any differe		, ,				·· ,
						[55]
						[56]
						[57]
						[58]
Do you expect a considerable ch	_	of your 2015 withh	olding? (Υ, Ν)			[59]
If yes, please explain any differe	nces:					
						[60]
						[61]
						[62] [63]
Do you expect a change in the n	imber of dependent	s claimed for 2015	2 (V N)			[64]
If yes, please explain any differe	•	.5 claimed for 2015	• (1,14)			[04]
,, p,,						[65]
						[66]
						[67]
						[68]
Mark if you use the Electronic Fe	deral Tax Payment S	System (EFTPS) to p	ay your esti	mated taxes		[69]
	2014	Federal Estim	ated Tax	Payments		
2042	44					
2013 overpayment applied to 20		s due indicated hal	ou. Ckin +h	romaining fields	+	
Mark if you paid the calculated a	imounts on the date	s due maicated bei	ow. Skip the	e remaining neius.		[4]
If your estimated payments wer	e not made on the d	ate due or were fo	r an amount	other than the ca	lculated an	nount helow inlease enter
the actual date and amount paid		ate due of were to	an amount	other than the ca	icaiatea an	iodile below, piedse effer
	Date Due	Date Paid if After	Date Due	Amount Paid		Calculated Amount
1st quarter payment	4/15/14		[5] +		[6]	
2nd quarter payment	6/16/14	-	[7] +		[8]	
3rd quarter payment	9/15/14	_	[9] +		[10]	
4th quarter payment	1/15/15		[11] +		[12]	
Additional payment			[13] +		[14]	
NOTES/OUESTIONS:						
NOTES/QUESTIONS:						

Control Totals+	Form ID: Est

Form ID: St Pmt	2014 State Estin	nated Tax Payments	6
Taxpayer/Spouse/Joint (τ, s, J) State postal code			[1] [2]
Amount paid with 2013 return 2013 overpayment applied to '14 estimates Treat calculated amounts as paid		+ +	[3] [4] [8]
Date Paid		Amount Paid	Calculated Amount
1st quarter payment[9]		+[10]	
2nd quarter payment[11]		+[12]	
3rd quarter payment[13]		+[14]	
4th quarter payment[15]		+[16]	
Additional payment[17]		+[18]	
	2014 City Estim	ated Tax Payments	
City #1		City #2	
City name	[28]	City name	[50]
Amount paid with 2013 return + _	[31]	Amount paid with 2013 return +	[53]
2013 overpayment applied to '14 estimates $\underline{}$	[32]	2013 overpayment applied to '14 estimates	[54]
Treat calculated amounts as paid	_[36]	Treat calculated amounts as paid	[58]
	Amount Paid	Date Paid	Amount Paid
1st quarter payment[37] +		1st quarter payment[59] +	
2nd quarter payment[39] +		2nd quarter payment[61] +	[62]
3rd quarter payment[41] +	[42]	3rd quarter payment[63] +	[64]
4th quarter payment[43] +	[44]	4th quarter payment[65] +	[66]
Calculated Amount		Calculated Amount	<u>t                                      </u>
4th quarter payment		4th quarter payment	
City #3		City #4	
City name	[72]	City name	[94]
Amount paid with 2013 return +_	[75]	Amount paid with 2013 return +	[97]
2013 overpayment applied to '14 estimates _		2013 overpayment applied to '14 estimates  Treat calculated amounts as paid	
Treat calculated amounts as paid	[80]	rreat calculated amounts as paid	[102]
Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment[81] +	[82] [84]	1st quarter payment [103] +	
2nd quarter payment [83] +		2nd quarter payment [105]	
3rd quarter payment		3rd quarter payment [107] = 4th quarter payment [109] =	
<u></u>	[00]		
Calculated Amount		Calculated Amount	t
1st quarter payment		1st quarter payment	
2nd quarter navment		2nd quarter naument	
2nd quarter payment		2nd quarter payment	
2nd quarter payment 3rd quarter payment 4th quarter payment		2nd quarter payment  3rd quarter payment  4th quarter payment	

Form ID: SumRep	Income Summary	7
	income Summary	

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attached 2 = N/A
			<u> </u>
			<u> </u>
			<del></del>

Form ID: SumRep

Form	ID:	IntDiv

#### **Interest and Dividend Summary**

8

Below is a list of the forms as reported in last year's tax return. Please provide copies of all 1099-INT and 1099-DIV you received. To indicate which forms are attached, enter a "1" for attached in the field provided. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided. Otherwise, leave this field blank.

Form	T/S/J	Description	Mark if 1 Foreign	= Attached 2 = N/A
			_	_
			<u> </u>	
	<u> </u>		<u> </u>	_
	<u> </u>			_
	<u> </u>		_	_
			_	_
-				
	<u> </u>		<u> </u>	
		-		
			<u> </u>	
	<u> </u>			<u> </u>
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	_			<u> </u>

Sales of Stocks, Securities, and Other Investment Property	14
Please provide copies of all Forms 1099-B and 1099-S	
Did you have any securities become worthless during 2014? (Y, N)	[8]
Did you have any debts become uncollectible during 2014? (Y, N)	[9]
Did you have any commodity sales, short sales, or straddles? (Y, N)	[10]
Did you exchange any securities or investments for something other than cash? (V. N.)	[12]

r/s/J	Description of Property1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
				+	+
				+	+
				+	+
				+	+
_				+	+
				+	+
_				+	+
				+	+
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				+	+
	Control Totals+				Form ID: D

2014 Information

Prior Year Information

[1]

	Taxpayer	Spouse	
Alimony received		[4]	
Unemployment compensation	+[8] +	[9]	
Unemployment compensation federal withholding	+ [8] +	[9]	
Unemployment compensation state withholding	+ [8] +	[9]	
Unemployment compensation repaid	+[11] +		
	+ [17] +		
Self-			
Employment Income ?			
T/S/J (Y, N)		2014 Information	<b>Prior Year Information</b>
Other income, such as: Com	missions, Jury pay, Director fe	ees, Taxable scholarships	
	+	[14]	
	+		
	+		
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**NOTES/QUESTIONS:** 

State and local income tax refunds

Control Totals+	Form ID: Income
Control Totals+	I Form ID: Incomel

Preparer use only			
		2014 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		[2]	
Employer identification number		[3]	
Business name			
Principal business/profession		[6]	
Business code		[11]	
Business address, if different from ho	ome address on Organizer Form ID: 10		
Address	and address on Organizer Form 15. 10	[14]	
City/State/Zip			
		<del></del>	
Accounting method (1 = Cash, 2 = Accrual, 3	3 = Other)	[18]	<del></del>
If other:		[20]	
Inventory method (1 = Cost, 2 = LCM, 3 = Ot	ther)	[21]	
If other enter explanation:			
<u> </u>		[23]	
Enter an explanation if there was a ch	nange in determining your inventory:		
		[24]	
Did you "materially participate" in thi	is business? (y. N)	[25]	
If not, number of hours you did sig		[25] [27]	
Mark if you began or acquired this bu			<del></del> -
Did you make any payments in 2014 t		_[29]	
		<u> </u>	<u> </u>
If "Yes", did you or will you file all	•	[32]	
Mark if this business is considered rel			_
Did you receive wages as a statutory of		y employee, 2 = Minister)[36]	<u> </u>
Medical insurance premiums paid by	this activity	+[40]	
Long-term care premiums paid by this	s activity	+[42]	
Amount of wages received as a statut	tory employee	+ [45]	
	Rucinocc In	como	
	Business In	come	
	Business In	2014 Information	Prior Year Information
Gross receipts and sales	Business In		Prior Year Information
•		2014 Information	Prior Year Information
		2014 Information +[50]	
		2014 Information +[50] +	Prior Year Information
		2014 Information +[50]	
		#	
Returns and allowances		2014 Information +[50] +	
		2014 Information  +[50] + + +[53]	
Returns and allowances		#	
Returns and allowances		2014 Information  +[50] + + +[53]	
Returns and allowances		#	
Returns and allowances		#	
Returns and allowances		#	
Returns and allowances		#	
Returns and allowances Other income:		2014 Information  +[50] +[53] +[55] +[55] +[55]  ds Sold  2014 Information	
Returns and allowances Other income:  Beginning inventory		2014 Information  +	
Returns and allowances Other income:  Beginning inventory Purchases		2014 Information  +[50] +[53] +[55] +[55] +[55]  ds Sold  2014 Information	
Returns and allowances Other income:  Beginning inventory		2014 Information  +	
Returns and allowances Other income:  Beginning inventory Purchases		2014 Information  +	
Returns and allowances Other income:  Beginning inventory Purchases		#	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases		2014 Information  +	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases Labor:		#	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2014 Information  +	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2014 Information  +	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		#	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials Other costs:	Cost of Good	#	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials Other costs:		#	Prior Year Information

Form ID: C-2

Preparer use only			
Principal business or profession			
	2014 Information	_	<b>Prior Year Information</b>
Advertising +		[6]	
Car and truck expenses +		_[8]	
Contract labor +			
		<del></del>	-
Depletion +			
Depreciation +		[16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	:		
		_	
Insurance (Other than health):			
+		[20]	
Interest:		<del></del>	
Mortgage (Paid to banks, etc.)			
		[22]	
			-
		_	
Other:	-	_	-
		[24]	
		_	
	,		
		[29]	
Pension and profit sharing:			
+		[31]	
Rent or lease:			
Vehicles, machinery, and equipment +		[33]	
			_
Taxes and licenses:	-	_[55]	-
Taxes and incerises.			
			-
+		_	
+		_	
+		_	
Travel, meals, and entertainment:			
Travel +		[43]	
Meals and entertainment +		[45]	
Meals (Enter 100% subject to DOT 80% limit) +			
Utilities +		 [51]	
Wages (Less employment credit):		_, ,	
+		[53]	
		_[55]	
Other expenses:		_	
·			
+	-		
+		_	
+		_	
+		_	
+			
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+		-	
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Control Totals+

Form ID: Rent Rent an	nd Royalty Property -	General Informa	ition	28
Preparer use only		2014 Inform	ation	Prior Year Information
Description		2014 11110111	[2]	riioi real illioilliacio
Faxpayer/Spouse/Joint (τ, s, J)[3]		State postal code	[4]	
Physical address: Street			<u>[</u> 5]	
		[6] [7]	[8]	
Foreign country			[10]	
Foreign province/county			[11]	
Foreign postal code			[12]	
Type (1 = Single-family, 2 = Multi-family, 3 = Vacation/short-term,	, 4 = Commercial, 5 = Land, 6 = Roya	alties, 7 = Self-rental, 8 = Othe	er) <u>[</u> [13]	
Description of other type (Type code #8)			[14]	
Did you make any payments in 2014 that require y	ou to file Form(s) 1099? (Y	,N)	[16]	
If "Yes", did you or will you file all required Forr	ms 1099? (Y, N)		[18]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 or	nly) (Use Rent-2 for type 3)		[20]	
Percentage of ownership if not 100%			[22]	
Business use percentage, if not 100% (Not vacation	n home percentage)		[24]	
	Rent and Royalty	Income		
Rents and royalties :		nformation		Prior Year Information
	+	[33]		
	Rent and Royalty	Expenses		
			if not 100%	Prior Year Information
Advertising	+	[35]	[36]	
Auto		[38]	[39]	
Travel		[41]	[42]	
Cleaning and maintenance	+	[44]	 [45]	
Commissions:				
	+	[47]	[49]	
	+			
nsurance:				
	+	[50]	[52]	
	+			
egal and professional fees	+	[54]	[55]	
Management fees:				
-	+	[57]	[59]	
	+			
Mortgage interest paid to banks, etc (Form 1098)				

[63]

[66]

[69]

[72]

[75]

[78]

[84]

[87]

[90]

[65]

[67]

[73]

[76]

[80]

[82]

[85]

[88]

Form ID: Rent

Other mortgage interest

Other interest:

Repairs

Supplies

Taxes:

Utilities

Depreciation

Other expenses:

Depletion

Qualified mortgage insurance premiums

**Control Totals+** 

Rent and Royalty Properties - Points, Vacation Home, Passive Information 29				
Preparer Description	use only			
		Refinancing Po	ints	
		Preparer - Enter on Sci	een Rent	
			2014 Information	Prior Year Information
Refinancing points				
Recipient's/Lender	's name		[92]	
Date of refinance				
Total # Payments				
Reported on 1098	in 2014		<del>_</del>	
Total points paid				
	paid in current year <b>(Prepar</b>	er use only)		_
Recipient's/Lender				
Date of refinance	Shame			
Total # Payments				
Reported on 1098	in 2014			
Total points paid	111 2014		<del>-</del>	
	paid in current year (Prepar	er use onlv)		
Refinancing points		.,		
Recipient's/Lender				
Date of refinance				
Total # Payments				
Reported on 1098	in 2014		<u> </u>	
Total points paid				
Points deemed as	paid in current year <b>(Prepar</b>	er use only)		
		Vacation Home Info	ormation	
			2014 Information	Prior Year Information
Number of days hom	ne was used personally		[6]	
Number of days hom			[8]	
Number of day home	•		[10]	
	ved operating expenses into		+[20]	
Carryover of disallov	ved depreciation expenses i	nto 2014	+[21]	
		Passive and Other In	formation	
	Preparer use only	<u>,                                      </u>		
	Carryovers	Regular	AMT	
	Operating	+ [29]	+ [30]	
	Short-term capital	+ [31]	+ [32]	
	Long-term capital	+ [33]	+ [34]	
	28% rate capital	+ [35]	+ [36]	
	Section 1231 loss	+ [37]	+ [38]	
	Ordinary business gain/los Comm revitalization		+ [40] + [42]	
	Section 179	+ [41]	• •	

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Control Totals+	Form ID: Rent-2

Form ID: 2555-2	Foreign Earned Income Exclusion		42
Employer's name  Taxpayer/Spouse (T, S)  State postal code			
	Foreign Earned Income		
*P	lease use the Foreign Earned Income Allocation Codes lo	cated below Allocation	_
Meals Car	se enter code here and description and amount below):	_[13][14] + _[16][17] + [19] +	
Allowances, reimbursements or expen Cost of living and overseas differer Family Education	· · · · · · · · · · · · · · · · · · ·		[22] [24] [26]
Home leave Quarters Other purposes (Please enter code	here and description and amount below):	[27] + [29] + [31] + _ +	[28] [30] [32]
Other foreign earned income (Please 6	enter code here and description and amount below):	[33]	[34]
Excludable meals and lodging under se	ection 119	- - +_ +_	[35]
	*Foreign Earned Income Allocation Codes  1 = 100% foreign during assignment  2 = 100% U.S. during assignment  3 = U.S. and foreign days worked during assignment  4 = U.S. and foreign days before/after assignment  5 = Days worked before, during, and after assignment		
	Deductions Allocable to Foreign Earned Inc	come	
Other allocable deductions		Allocation Code* [36] +_	Amount [37]
	Housing Exclusion/Deduction		
Qualified housing expense		+_	[47]
NOTES/QUESTIONS:			
	Control Totals+		Form ID: 2555-2

### **Medical and Health Savings Account Contributions**

#### Please provide all Forms 5498-SA.

	2014 Information	<b>Prior Year Information</b>
Taxpayer/Spouse (T, s)	[1]	
Name of Trustee	[4]	
State postal code	[2]	
Indicate type of health or medical savings account:		
HSA	[6]	
Archer MSA	[7]	
MA (Medicare Advantage) MSA	[9]	
Total HSA/MSA contributions made		
for 2014 (Enter all amounts contributed, including through employer cafeteria plans) +	[10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 =	Family)[12]	
Number of months in qualified high deductible health plan in 2014	[13]	
Mark if you want to contribute the maximum allowable health or		
medical savings account contribution amount	[14]	
Total HSA/MSA contribution to be made for 2014 +	[15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5) +	[16]	
Excess contributions for 2013 taken as constructive contributions for 2014 +	[19]	
Rollover contribution (Form 5498-SA, Box 4) +	[21]	
Complete this section if your account is an A	rcher MSA or MA MSA	
Amount of annual deductible	+ [24]	
Enter compensation from employer maintaining high deductible health plan +	[27]	
If self-employed, enter earned income from business		
under which plan was established +	[31]	
Complete this section if your accou	nt is an HSA	
Was the high deductible health plan in effect for December 2014? (Y, N)	[33]	

# **Health, Medical Savings Account Distributions**

Taxpayer/Spouse (T. s)[1] Name of Trustee	Please provide all Fo	rms 109	9-SA.	
Name of Trustee	•		2014 Information	Prior Year Information
State postal code  Gross distributions received (Box 1)	Taxpayer/Spouse (T, S)		[1]	
Gross distributions received (Box 1) +   [7] Earnings on excess contributions (Box 2) +   [9] Distribution code (Box 3)   [11] Fair Market Value on date of death (Box 4) +   [12] Box 5 -   HSA   [13] Archer MSA   [14] MA MSA   [14] MA MSA   [15] All distributions were used to pay unreimbursed qualified medical expenses   [17] If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2014 +   [19] Withdrawal of excess contributions by the due date of the return +   [21] Amount of distribution rolled over for 2014 +   [23] If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer +   [26] If MA (Medicare Advantage) MSA, enter value of account on 12/31/13 +   [27] For HSA accounts:  Was the high deductible health plan coverage started in 2013 and in effect for the month of December 2013? (Y, N)   [29] Was the high deductible health plan coverage ended before 12/31/14? (Y, N)   [30]  Long Term Care (LTC) Service and Contracts  Please provide all Forms 1099-LTC. 2014 Information Name of the insured chronically ill individual   [39]	Name of Trustee		[4]	
Earnings on excess contributions (Box 2) + [9] Distribution code (Box 3) [11] Fair Market Value on date of death (Box 4) + [12] Box 5 -  HSA [13] Archer MSA [14] MA MSA [15] Archer MSA [15] Mistributions were used to pay unreimbursed qualified medical expenses [17] If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2014 + [19] Withdrawal of excess contributions by the due date of the return + [21] Amount of distribution rolled over for 2014 + [23] If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer + [26] If MA (Medicare Advantage) MSA, enter value of account on 12/31/13 + [27] For HSA accounts:  Was the high deductible health plan coverage started in 2013 and in effect for the month of December 2013? (Y, N) [29] Was the high deductible health plan coverage ended before 12/31/14? (Y, N) [30]  Long Term Care (LTC) Service and Contracts  Please provide all Forms 1099-LTC. 2014 Information  Prior Year Information	State postal code		[2]	
Distribution code (Box 3)	Gross distributions received (Box 1)	+	[7]	
Fair Market Value on date of death (Box 4) +	Earnings on excess contributions (Box 2)	+	[9]	
Fair Market Value on date of death (Box 4) +	Distribution code (Box 3)		[11]	
HSA Archer MSA Archer MSA MA MSA All distributions were used to pay unreimbursed qualified medical expenses If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2014 Withdrawal of excess contributions by the due date of the return Hount of distribution rolled over for 2014 He distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer Hor MA (Medicare Advantage) MSA, enter value of account on 12/31/13 Hor HSA accounts: Was the high deductible health plan coverage started in 2013 and in effect for the month of December 2013? (v, N)  Ical Please provide all Forms 1099-LTC. 2014 Information Prior Year Information  Prior Year Information	Fair Market Value on date of death (Box 4)	+		
Archer MSA  MA MSA  All distributions were used to pay unreimbursed qualified medical expenses  If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2014  Withdrawal of excess contributions by the due date of the return  Amount of distribution rolled over for 2014  If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer enter the qualified decedent medical expenses paid by the taxpayer  If MA (Medicare Advantage) MSA, enter value of account on 12/31/13  For HSA accounts:  Was the high deductible health plan coverage started in 2013 and in effect for the month of December 2013? (Y, N)  Was the high deductible health plan coverage ended before 12/31/14? (Y, N)  Long Term Care (LTC) Service and Contracts  Please provide all Forms 1099-LTC. 2014 Information  Prior Year Information  Prior Year Information	Box 5 -			
Archer MSA MA MSA All distributions were used to pay unreimbursed qualified medical expenses [17] If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses, enter the grain of the unreimbursed qualified medical expenses, enter the unreimbursed qualified medical expenses, enter the unreimbursed qualified medical expenses for 2014  ### ### ### ### ### ### ### ### ### #	HSA		[13]	
MA MSA  All distributions were used to pay unreimbursed qualified medical expenses  [17]  If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2014 Withdrawal of excess contributions by the due date of the return Amount of distribution rolled over for 2014 If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer enter the qualified decedent medical expenses paid by the taxpayer If MA (Medicare Advantage) MSA, enter value of account on 12/31/13  For HSA accounts: Was the high deductible health plan coverage started in 2013 and in effect for the month of December 2013? (Y, N)  Was the high deductible health plan coverage ended before 12/31/14? (Y, N)  Long Term Care (LTC) Service and Contracts  Please provide all Forms 1099-LTC. 2014 Information Prior Year Information	Archer MSA			
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2014 + [19] Withdrawal of excess contributions by the due date of the return + [21] Amount of distribution rolled over for 2014 + [23] If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer + [26] If MA (Medicare Advantage) MSA, enter value of account on 12/31/13 + [27] For HSA accounts:  Was the high deductible health plan coverage started in 2013 and in effect for the month of December 2013? (Y, N)	MA MSA		<del></del> '	
enter the unreimbursed qualified medical expenses for 2014 +[19] Withdrawal of excess contributions by the due date of the return +[21] Amount of distribution rolled over for 2014 +[23]  If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer +[26]  If MA (Medicare Advantage) MSA, enter value of account on 12/31/13 +[27]  For HSA accounts:  Was the high deductible health plan coverage started in 2013 and in effect for the month of December 2013? (Y, N)[29] Was the high deductible health plan coverage ended before 12/31/14? (Y, N)[30]  Long Term Care (LTC) Service and Contracts  Please provide all Forms 1099-LTC. 2014 Information  Prior Year Information  Prior Year Information	All distributions were used to pay unreimbursed qualified medical expense	es .	[17]	
Withdrawal of excess contributions by the due date of the return + [21]  Amount of distribution rolled over for 2014 + [23]  If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer + [26]  If MA (Medicare Advantage) MSA, enter value of account on 12/31/13 + [27]  For HSA accounts:  Was the high deductible health plan coverage started in 2013 and in effect for the month of December 2013? (Y, N) [29] Was the high deductible health plan coverage ended before 12/31/14? (Y, N) [30]  Long Term Care (LTC) Service and Contracts  Please provide all Forms 1099-LTC. 2014 Information Prior Year Information  Prior Year Information	If some distributions were used to pay for other than qualified medical exp	enses,	_	
Amount of distribution rolled over for 2014 +	enter the unreimbursed qualified medical expenses for 2014	+	[19]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer +[26]  If MA (Medicare Advantage) MSA, enter value of account on 12/31/13 +[27]  For HSA accounts:  Was the high deductible health plan coverage started in 2013 and in effect for the month of December 2013? (v, N)[29] Was the high deductible health plan coverage ended before 12/31/14? (v, N)[30]  Long Term Care (LTC) Service and Contracts  Please provide all Forms 1099-LTC. 2014 Information  Prior Year Information  Prior Year Information	Withdrawal of excess contributions by the due date of the return	+	[21]	
enter the qualified decedent medical expenses paid by the taxpayer +	Amount of distribution rolled over for 2014	+	[23]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/13 +	If the distribution is due to the death of the account holder,			
If MA (Medicare Advantage) MSA, enter value of account on 12/31/13 +	enter the qualified decedent medical expenses paid by the taxpayer	+	[26]	
For HSA accounts: Was the high deductible health plan coverage started in 2013 and in effect for the month of December 2013? (Y, N) Was the high deductible health plan coverage ended before 12/31/14? (Y, N)  Long Term Care (LTC) Service and Contracts  Please provide all Forms 1099-LTC. 2014 Information Name of the insured chronically ill individual  [39]		+	[27]	
in effect for the month of December 2013? (Y, N)[29] Was the high deductible health plan coverage ended before 12/31/14? (Y, N)[30]  Long Term Care (LTC) Service and Contracts  Please provide all Forms 1099-LTC. 2014 Information Name of the insured chronically ill individual[39]	- ·			
in effect for the month of December 2013? (Y, N)[29] Was the high deductible health plan coverage ended before 12/31/14? (Y, N)[30]  Long Term Care (LTC) Service and Contracts  Please provide all Forms 1099-LTC. 2014 Information Name of the insured chronically ill individual[39]	Was the high deductible health plan coverage started in 2013 and			
Was the high deductible health plan coverage ended before 12/31/14? (Y, N)[30]  Long Term Care (LTC) Service and Contracts  Please provide all Forms 1099-LTC. 2014 Information Name of the insured chronically ill individual[39]			[29]	
Long Term Care (LTC) Service and Contracts  Please provide all Forms 1099-LTC. 2014 Information Name of the insured chronically ill individual  [39]	Was the high deductible health plan coverage ended before 12/31/14?	Y, N)		
Please provide all Forms 1099-LTC. 2014 Information Name of the insured chronically ill individual [39]			<del>_</del>	
Name of the insured chronically ill individual [39] Prior Year Information	Long Term Care (LTC) Se	ervice a	nd Contracts	
Name of the insured chronically ill individual [39]	Please provide all Fo	rms 1099	O-LTC.	
				Prior Year Information
	· · · · · · · · · · · · · · · · · · ·			
Social security number of insured [40]  Gross long-term care (LTC) benefits naid (Roy 1)	Social security number of insured		[40]	

Please provide	all Forms 1099-LIC.		5. 7. 1.6
	2014	Information	Prior Year Information
Name of the insured chronically ill individual		[39]	
Social security number of insured		[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+	[42]	
Accelerated death benefits paid (Box 2)	+	[44]	
Check one (Box 3)			
Per diem		[46]	
Reimbursed amount		[47]	
Qualified contract (Box 4)		[48]	
Check, if applicable (Box 5)			
Chronically ill		[49]	
Terminally ill		[50]	
Are there other individuals who received LTC payments during 2014?	? (Y, N)	[52]	
If the insured is terminally ill, were payments received on account of	terminal illness? (Y, N)	[53]	
Number of days during the long-term care period		[54]	
Cost incurred for qualified long-term care services during the			
long-term care period	+	[55]	

Form ID: 3903	Moving Expenses		45
Preparer use only			
Description of move			[2]
Taxpayer/Spouse/Joint (T, S, J)			
Mark if the move was due to service in the armed forces			<u>—</u> [7]
Number of miles from old home to new workplace			[8]
Number of miles from old home to old workplace			[9]
Mark if move is outside United States or its possessions			[10]
Transportation and storage expenses		+	 [11]
Travel and lodging (not including meals)		+	[12]
Miles driven to new home			[13]
Total amount reimbursed for moving expenses		+	[15]

Form ID: OtherAdj		Other Adjustments	5	46
Alimony Paid:				
T/S/J F	Recipient name	Recipient SSN	2014 Information	<b>Prior Year Information</b>
			+ [1]	
Address				
			+	
			Т	
Address				
			+	
Address				
		2017 Ind	formation	Prior Year Information
				Prior real information
		Taxpayer	Spouse	
Educator expenses:				
	+	[3]	+[4]	
Calf annula, addition 101			·	
Seit-employed health in	surance premiums: (Not entered elsev			
	+	[6]	+[7]	
	+		+	
Self-employed long-terr	m care premiums: (Not entered elsewhe		<del></del>	
	+	[9]	+[10]	
	+		+	
Other adjustments:				
-	+	[14]	+[15]	
				-
			+	<del></del>
	+		+	
	+		+	
	+		+	
	+			
			+	-
	+		+	
	+		+	
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	+		+	
	+	_		
			+	
	+		+	
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	+		+	

Control Totals+	Form ID: OtherAdi
Control Totals+	l Form ID: OtherAdil

Form ID: Educate2	tudent Loan Interest Paid 48
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Complete this section if you paid interest on a qualified student loan in 2014 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2014. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	ı	2014 nterest Paid	Prior Year Information
		+	[1]	l <u> </u>
		+		
_		+		
		+		

Form ID: Educ3

### **Education Credits and Tuition and Fees Deduction**

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

49

	on paid for the stud	[8]
Institution Information  ter information from each institution on a separate page, including the complete address institution's five address institution's street address institution's street address institution's street address institution's city, state, zip code  Tuition Paid and Related Information  Amounts reported in Box 1 or Box 2 may not reflect the actual amount Enter the amount actually paid during 2014  Fuition paid (Enter only the amount actually paid) (Box 1)  Fuition billed (Enter only the amount actually paid) (Box 2)  Educational institution changed its reporting method for 2014 (Box 3)	paid for the stud	dentification number of the
Institution Information  ter information from each institution on a separate page, including the complete address institution's federal identification number institution's name institution's street address institution's city, state, zip code  Tuition Paid and Related Information  Amounts reported in Box 1 or Box 2 may not reflect the actual amount Enter the amount actually paid during 2014  Fuition paid (Enter only the amount actually paid) (Box 1)  Tuition billed (Enter only the amount actually paid) (Box 2)  Educational institution changed its reporting method for 2014 (Box 3)	paid for the stud	[8]
Institution Information  ter information from each institution on a separate page, including the complete address institution's federal identification number institution's name institution's street address institution's street address institution's city, state, zip code  Tuition Paid and Related Information  Amounts reported in Box 1 or Box 2 may not reflect the actual amount in Enter the amount actually paid during 2014  Fuition paid (Enter only the amount actually paid) (Box 1)  Fuition billed (Enter only the amount actually paid) (Box 2)  Educational institution changed its reporting method for 2014 (Box 3)	paid for the stud	[8]
Institution Information  ter information from each institution on a separate page, including the complete address institution's name institution's street address institution's city, state, zip code  Tuition Paid and Related Information  Amounts reported in Box 1 or Box 2 may not reflect the actual amount institution paid (Enter only the amount actually paid) (Box 1)  Fuition billed (Enter only the amount actually paid) (Box 2)  Educational institution changed its reporting method for 2014 (Box 3)	paid for the stud	[8]
Institution Information  ter information from each institution on a separate page, including the complete address institution's name institution's street address institution's city, state, zip code  Tuition Paid and Related Information  Amounts reported in Box 1 or Box 2 may not reflect the actual amount in Enter the amount actually paid during 2014  Fuition paid (Enter only the amount actually paid) (Box 1)  Fuition billed (Enter only the amount actually paid) (Box 2)  Educational institution changed its reporting method for 2014 (Box 3)	paid for the stud	[8]
ter information from each institution on a separate page, including the complete address institution's name Institution's name Institution's street address institution's city, state, zip code  Tuition Paid and Related Information  Amounts reported in Box 1 or Box 2 may not reflect the actual amount Enter the amount actually paid during 2014  Tuition paid (Enter only the amount actually paid) (Box 1)  Tuition billed (Enter only the amount actually paid) (Box 2)  Educational institution changed its reporting method for 2014 (Box 3)	paid for the stud	[8]
nstitution's federal identification number nstitution's name nstitution's street address nstitution's city, state, zip code  Tuition Paid and Related Information  Amounts reported in Box 1 or Box 2 may not reflect the actual amount Enter the amount actually paid during 2014  Tuition paid (Enter only the amount actually paid) (Box 1)  Tuition billed (Enter only the amount actually paid) (Box 2)  Educational institution changed its reporting method for 2014 (Box 3)	paid for the stud	[8]
Tuition Paid and Related Information  Amounts reported in Box 1 or Box 2 may not reflect the actual amount Enter the amount actually paid during 2014  Tuition paid (Enter only the amount actually paid) (Box 1)  Fuition billed (Enter only the amount actually paid) (Box 2)  Educational institution changed its reporting method for 2014 (Box 3)	paid for the stud Information	dent during 2014.
Tuition Paid and Related Information  Amounts reported in Box 1 or Box 2 may not reflect the actual amount Enter the amount actually paid during 2014  Tuition paid (Enter only the amount actually paid) (Box 1)  Fuition billed (Enter only the amount actually paid) (Box 2)  Educational institution changed its reporting method for 2014 (Box 3)	paid for the stud Information	dent during 2014.
Tuition Paid and Related Information  Amounts reported in Box 1 or Box 2 may not reflect the actual amount Enter the amount actually paid during 2014  Fuition paid (Enter only the amount actually paid) (Box 1)  Fuition billed (Enter only the amount actually paid) (Box 2)  Educational institution changed its reporting method for 2014 (Box 3)	paid for the stud Information	- -
Tuition Paid and Related Information  Amounts reported in Box 1 or Box 2 may not reflect the actual amount Enter the amount actually paid during 2014  Fuition paid (Enter only the amount actually paid) (Box 1)  Fuition billed (Enter only the amount actually paid) (Box 2)  Educational institution changed its reporting method for 2014 (Box 3)	paid for the stud Information	- -
Tuition Paid and Related Information  Amounts reported in Box 1 or Box 2 may not reflect the actual amount Enter the amount actually paid during 2014  uition paid (Enter only the amount actually paid) (Box 1) +  uition billed (Enter only the amount actually paid) (Box 2)  ducational institution changed its reporting method for 2014 (Box 3)	paid for the stud Information	- -
Amounts reported in Box 1 or Box 2 may not reflect the actual amount Enter the amount actually paid during 2014  2014  Tuition paid (Enter only the amount actually paid) (Box 1) +  Unition billed (Enter only the amount actually paid) (Box 2)  Educational institution changed its reporting method for 2014 (Box 3)	paid for the stud Information	- -
Enter the amount actually paid during 2014  2014  Tuition paid (Enter only the amount actually paid) (Box 1)  Tuition billed (Enter only the amount actually paid) (Box 2)  Educational institution changed its reporting method for 2014 (Box 3)	Information	- -
tuition paid (Enter only the amount actually paid) (Box 1) +  Tuition billed (Enter only the amount actually paid) (Box 2) +  Educational institution changed its reporting method for 2014 (Box 3)		Prior Year Information
uition billed (Enter only the amount actually paid) (Box 2) ducational institution changed its reporting method for 2014 (Box 3)	[8]	
ducational institution changed its reporting method for 2014 (Box 3)		
djustments made for a prior year (Box 4)		
· · · · · · · · · · · · · · · · · · ·	_	
icholarships or grants (Box 5)		
Adjustments to scholarships or grants for a prior year (Box 6)		
Box 1 or 2 includes amounts for an academic period beginning January - March 2015 (Box 7	<u>')</u>	
At least half-time student (Box 8)	· –	
Graduate student (Box 9)	_	
nsurance contract reimbursement/refund (Box 10)	_	
Non-Institution expenses (Books and fees not paid directly to the educational institution)		
American Opportunity Tax Credit (AOTC) disqualifier		
1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary educati	on before 2013	
NOTES/QUESTIONS:		

Control Totals+	Form ID: Educ3

Form ID: 1099Q Qualified Educ	ation Programs		50
Please provide all co	opies of Form 1099Q		
Taxpayer/Spouse (τ, s)		[1]	
Payer name		[3]	
State postal code		[4]	
Type of account (1= Private QTP, 2 = State QTP, 3 = ESA)		[6]	
Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither)		[7]	
Final distribution		[8]	
Contribution	ns and Basis		
Beneficiary's Information (if not taxpayer or spouse)			
Social security number		[11]	
First name		[40]	
Last name		[12] [13]	
	2014 Inform	mation	Prior Year Information
Amount contributed in current year	+	[14]	
Basis of this account at 12/31/13	+		
Value of this account at 12/31/14	+		
Distribution by beneficiary of previously taxed contributions (if not taxpayer of	or spouse) +	[24]	
Payments from Qualif	ied Education Progr	ams	
	2014 Inforr	nation	Prior Year Information
Gross distribution (Box 1)	+	[30]	
Earnings (Box 2)	+		
Basis (Box 3)	+	[34]	
Trustee-to-trustee rollover (Box 4)		[36]	

[37]

[39]

[40]

[41]

[42]

[43]

[45]

**NOTES/QUESTIONS:** 

Elementary and secondary education expenses

Qualified education expenses

Box 5 -

Private QTP

Coverdell ESA

State QTP

Trustee-to-trustee rollover amount if different than Box 1

Check if the recipient is not the designated beneficiary (Box 6)

Control Totals+	Form ID: 1099Q

# **Schedule A - Medical and Dental Expenses**

5/J			Prior Year Informat
Medical and dental expenses, such as: Doctors, Dentists, Hospi	_	•	
Medical supplies, Hearing aids, Eyeglasses/contact lenses, and I			
		[2]	
			-
-			
	+		
Medical insurance premiums you paid: (Do not include pre-tax amounts elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch I on Form SSA-1099.)			red
41	+	[5]	
4]		[5] 	-
	+		
Long-term care premiums you paid: (Do not include pre-tax amounts pai	id by an employer-sponsore	d plan or amounts entered	
elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch H			
7]	+	[8]	
Prescription medicines and drugs:			
10]	+	[11]	
	+		
[13] Miles driven for medical items		[14]	
	Tax Expenses		
State/local income taxes paid:	2014 I	nformation	Prior Year Informat
	1	[10]	
[18]		[19]	
			-
	·	<del>-</del>	
2013 state and local income taxes paid in 2014:	· ·		
[21]	+	[22]	
	<del></del>		
	+		
	+ 		
Real estate taxes paid:	+		
Real estate taxes paid:	+		
24]		[25]	
•			
[24]			
Personal property taxes:	+	[25]	
Personal property taxes:	+		
Personal property taxes:	+	[25]	
Personal property taxes:  Other taxes, such as: foreign taxes and State disability taxes	+ + + + + + + + + + + + + + + + + + + +	[25]	
Personal property taxes:  Other taxes, such as: foreign taxes and State disability taxes  30]	+ + + + + + + + + + + + + + + + + + +	[25]	
Personal property taxes:  [27]  Other taxes, such as: foreign taxes and State disability taxes	+ + + + + + + + + + + + + + + + + + +	[25]	
Personal property taxes:  [27]  Other taxes, such as: foreign taxes and State disability taxes  [30]	+ + + + + + + + + + + + + + + + + + +	[25]	
Personal property taxes:  [27]  Other taxes, such as: foreign taxes and State disability taxes  [30]  Sales tax paid on major purchases:	+ + + + + + + + + + + + + + + + + + +	[25] [28] [31]	
Personal property taxes:  [27]  Other taxes, such as: foreign taxes and State disability taxes  [30]  Sales tax paid on major purchases:	+ + + + + + + + + + + + + + + + + + +	[25]	
Personal property taxes:  Other taxes, such as: foreign taxes and State disability taxes  Sales tax paid on major purchases:  [36]	+ + + + + + + + + + + + + + + + + + +	[25] [28] [31]	
Personal property taxes:  [27]  Other taxes, such as: foreign taxes and State disability taxes  [30]  Sales tax paid on major purchases:  Sales tax paid on actual expenses:	+ + + + + + + + + + + + + + + + + + +	[25] [28] [31] [37]	
Personal property taxes:  Other taxes, such as: foreign taxes and State disability taxes  Sales tax paid on major purchases:  Sales tax paid on actual expenses:  [36]	+ + + + + + + + + + + + + + + + + + +	[25] [28] [31]	
Personal property taxes:  [27]  Other taxes, such as: foreign taxes and State disability taxes  [30]  Sales tax paid on major purchases:  Sales tax paid on actual expenses:	+ + + + + + + + + + + + + + + + + + +	[25] [28] [31] [37]	
Personal property taxes:  Other taxes, such as: foreign taxes and State disability taxes  Sales tax paid on major purchases:  Sales tax paid on actual expenses:  [36]	+ + + + + + + + + + + + + + + + + + +	[25] [28] [31] [37]	
Personal property taxes:  Other taxes, such as: foreign taxes and State disability taxes  Sales tax paid on major purchases:  Sales tax paid on actual expenses:  [36]	+ + + + + + + + + + + + + + + + + + +	[25] [28] [31] [37]	Form ID: A

	2014 Interest Paid2]	2014 Points Paid	2014 Type* Mortgage	e Ins. Prior Year Informa s Paid
Home mortgage interest: From Form 1098			Premium	s raiu
1]+_	+_			
+	+_		_+	
+_	+			
+				
+				
+_	++		+	
	+			
+	+_		+	
			+	
	*			
Blank = Used to buy, build or improve main/qualified se  1 = Not used to buy, build, improve home or investmen  2 = Used to pay off previous mortgage  (S/J Payee's Name	cond home 3 = Used 4 = Taker	to pay off pre out before 7	vious mortgage, /1/82 and secure 4 Information	excess proceeds investe ed by home used by taxp  Prior Year Informatio
Other, such as: Home mortgage interest paid to indi		201		
[4]		+	[5]	
Address				
City, state and zip code				
		+		
Address				
City, state and zip code				
Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Percentage of principal exceeding original mortgage Points deemed as paid in 2014 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2014 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name	e (For AMT adjustme	ent) +	[11] [12] 	
Total points paid at time of refinance Percentage of principal exceeding original mortgage Points deemed as paid in 2014 (Preparer use only) Date of refinance Term of new loan (in months)	e (For AMT adjustme	ent)		
Total points paid at time of refinance Percentage of principal exceeding original mortgage Points deemed as paid in 2014 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2014	e (For AMT adjustme	+		
Total points paid at time of refinance Percentage of principal exceeding original mortgage Points deemed as paid in 2014 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2014		+		
Total points paid at time of refinance Percentage of principal exceeding original mortgage Points deemed as paid in 2014 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2014  S/J Investment interest expense, other than on Schedule	(s) K-1:	201		
Total points paid at time of refinance Percentage of principal exceeding original mortgage Points deemed as paid in 2014 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2014  S/J Investment interest expense, other than on Schedule	(s) K-1:	2014	[16]	
Total points paid at time of refinance Percentage of principal exceeding original mortgage Points deemed as paid in 2014 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2014  S/J Investment interest expense, other than on Schedule	(s) K-1:	+	[16]	
Total points paid at time of refinance Percentage of principal exceeding original mortgage Points deemed as paid in 2014 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2014  S/J Investment interest expense, other than on Schedule(	(s) K-1:	+	[16]	
Total points paid at time of refinance Percentage of principal exceeding original mortgage Points deemed as paid in 2014 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2014  S/J Investment interest expense, other than on Schedule(	(s) K-1:	+	[16]	
Total points paid at time of refinance Percentage of principal exceeding original mortgage Points deemed as paid in 2014 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2014  S/J Investment interest expense, other than on Schedule(	(s) K-1:	+	[16]	
Total points paid at time of refinance Percentage of principal exceeding original mortgage Points deemed as paid in 2014 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2014  S/J Investment interest expense, other than on Schedule(	(s) K-1:	+	[16]	
Total points paid at time of refinance Percentage of principal exceeding original mortgage Points deemed as paid in 2014 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2014  S/J Investment interest expense, other than on Schedule(	(s) K-1:	+	[16]	
Total points paid at time of refinance Percentage of principal exceeding original mortgage Points deemed as paid in 2014 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2014  S/J Investment interest expense, other than on Schedule(	(s) K-1:	+	[16]	

Form ID: A-3

### **Charitable Contributions**

r/s/J				014 Information	Prior Year Informatio
[2]	tions made by cash or check (			[3]	
			_		
	r miles driven		+		
	items, such as: Goodwill/Salv	vation Army/clothing/house	hold goods	[0]	
[8]				<u>[</u> 9]	
					-
_					
		Miscellaneous	Deductions		
	urand augunosana augh agullaif	owns Drofossianal duos	20	014 Information	Prior Year Informatio
Unreimb	ursed expenses, such as: Unifo			014 Information	Prior Year Informatio
Unreimb Business	ursed expenses, such as: Unifo publications, Job seeking exp	enses, Educational expenses	s +	[12]	Prior Year Informatio
Unreimb Business	publications, Job seeking exp	enses, Educational expenses	s + +	[12]	
Unreimb Business	publications, Job seeking exp	enses, Educational expenses	s + + +	[12]	
Unreimb Business[11]	publications, Job seeking exp	enses, Educational expenses	s + + +	[12]	
Unreimb Business _[11]	publications, Job seeking exp	enses, Educational expenses	+ + + + +	[12]	
Unreimb Business _[11] Union du _[14]	publications, Job seeking exp	enses, Educational expenses	s + + + + + + +	[12]	
Unreimb Business _[11]	publications, Job seeking exp	enses, Educational expenses	s + _ +	[12]	
Unreimb Business _[11] Union du _[14] [17] Tax prep	publications, Job seeking exposes:  aration fees penses, subject to 2% AGI limit	enses, Educational expenses	+	[12] [15] [18]	
Unreimb Business _[11] Union du _[14][17] Tax prep Other ex	publications, Job seeking exposes:  aration fees penses, subject to 2% AGI limit	enses, Educational expenses	+	[12]	
Unreimb Business _[11] Union du _[14] [17] Tax prep Other ex _[20]	publications, Job seeking expenses:  aration fees penses, subject to 2% AGI limit	enses, Educational expenses	+	[12] [15] [18]	
Unreimb Business _[11] Union du _[14][17] Tax prep Other ex _[20][23] Safe dep	publications, Job seeking exposes:  aration fees penses, subject to 2% AGI limit	enses, Educational expenses	+	[12][15][18][21]	
Unreimb Business _[11] Union du _[14][17] Tax prep Other ex _[20][23] Safe dep	publications, Job seeking expenses:  aration fees penses, subject to 2% AGI limit	enses, Educational expenses it, such as: Legal/accounting	+	[12] [15] [18]	
Unreimb Business _[11]	publications, Job seeking expenses:  aration fees penses, subject to 2% AGI limit	enses, Educational expenses it, such as: Legal/accounting	+	[12] [15] [18] [21]	
Unreimb Business _[11]	publications, Job seeking expenses:  aration fees penses, subject to 2% AGI limited by the second control of t	enses, Educational expenses it, such as: Legal/accounting Chedule(s) K-1 or Form(s) 10	+	[12] [15] [18] [21] [24]	
Unreimb Business _[11]	publications, Job seeking experies:  aration fees penses, subject to 2% AGI limited and expenses, other than on Some penses, not subject to the 2%	enses, Educational expenses it, such as: Legal/accounting chedule(s) K-1 or Form(s) 10 AGI limit:	s +	[12] [15] [15] [18] [21] [24] [27]	
Unreimb Business _[11]	publications, Job seeking experies:  aration fees penses, subject to 2% AGI limited and expenses, other than on Some penses, not subject to the 2%	enses, Educational expenses it, such as: Legal/accounting chedule(s) K-1 or Form(s) 10 AGI limit:	s +	[12] [15] [18] [21] [24] [27]	
Unreimb Business _[11]	publications, Job seeking experies:  aration fees penses, subject to 2% AGI limitors  osit box rental ent expenses, other than on So penses, not subject to the 2%	enses, Educational expenses it, such as: Legal/accounting chedule(s) K-1 or Form(s) 10 AGI limit:	s +	[12] [15] [15] [18] [21] [24] [27]	
Business _[11]	publications, Job seeking experies:  aration fees penses, subject to 2% AGI limitorial cosit box rental ent expenses, other than on Society penses, not subject to the 2%	enses, Educational expenses it, such as: Legal/accounting chedule(s) K-1 or Form(s) 10 AGI limit:	s	[12] [15] [15] [18] [21] [24] [27]	

**Control Totals+** 

Form ID: 2106

# **Employee Business Expenses**

Preparer use only	2014 Information	Daisa Vasa Information
	2014 Information	Prior Year Information
Taxpayer/Spouse (τ, s)	[2]	
Occupation in which expenses were incurred	[3]	
State postal code	[5]	
If the employee expenses were from an occupation listed below, enter the appl 1 = Qualified performing artist, 2 = Handicapped employee, 3 = Fee-basis of		
Mark if these employee expenses are related to qualified services as a minister		
	+[17]	
Local transportation	+ [19]	
Travel expenses	+ [22]	
Other business expenses:		
	+[25]	<u> </u>
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
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	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
Nonvehicle depreciation	+[28]	
Meals and entertainment	+ [31]	
Meals for individuals subject to DOT hours of service limitation	+[33]	
Employer Reimburs	ements	
Enter Reimbursements not entered on Scr		
	2014 Information	Prior Year Information
	+[60]	
	+[62]	
Reimbursements for meals for DOT service limitation not included on Form W-2	<b>2</b> + [64]	

**Control Totals+** 

			Employee B	usiness Expenses			57
Preparer (Taxpayer/Spouse (T, S) Occupation in which of State postal code	-	incurred			[2] [3] [4]		
			Vehicle	e Questions			
If you used your auto Was the vehicle a Was another vehi Do you have evide	vailable for off- cle available fo	duty personal r personal use	use? (Y, N, Blank = N ? (Y, N)	following questions:	2014 Information[5][7][9]	n Prior Year I	nformation — —
			Vehicle	Information			
Vehicle 1 -	Date placed Description	in service				_	[:
Vehicle 2 -	Comments Date placed Description Comments	in service					[6
Vehicle 3 -	Date placed Description Comments	in service				_	[2
\/ab:ala_4	Date placed	in service					[:
Vehicle 4 -	Description Comments	in service					
venicie 4 -	Description		Vehicles A	Actual Expenses			[:
venicie 4 -	Description	Prior Year Information	Vehicles A	Actual Expenses Prior Year Information Vehicle 3	Prior Year Information	Vehicle 4	
Fotal mileage for the ye	Description Comments Vehicle 1	Prior Year		Prior Year		Vehicle 4	Prior Year
Fotal mileage for the ye Business mileage	Vehicle 1  ear [20]  [24]	Prior Year Information	Vehicle 2	Prior Year	Information	1	Prior Year
otal mileage for the yes Business mileage Average daily round trip	Vehicle 1 ear [20] [24]	Prior Year Information	Vehicle 2[69][71]	Prior Year	[116] [118]	[163] [165]	Prior Year
otal mileage for the yes Business mileage Average daily round trip commuting mileage	Vehicle 1 ear [20][24] p[26]	Prior Year Information	Vehicle 2[69][71][73]	Prior Year	Information	[163] [165] [167]	Prior Year
otal mileage for the yesting the second of t	Vehicle 1           ear         [20]          [24]        [26]           ge         [28]	Prior Year Information	Vehicle 2[69][71][73][75]	Prior Year	Information	[163] [165] [167] [169]	Prior Year
Total mileage for the year Business mileage Average daily round trip commuting mileage Total commuting milea Gasoline	Vehicle 1  ear [20]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75]  + [77]	Prior Year	[116] [118] [120] [122] [124]	[163] [165] [167] [169] + [171]	Prior Year
Total mileage for the year Business mileage Everage daily round trip commuting mileage Total commuting milea Gasoline	Vehicle 1 ear [20] [24] p [26] ge [28] + [30]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75] + [77] + [79]	Prior Year	[116] [118] [120] [122] [124] [126]	[163][165][167][169] +[171] +[173]	Prior Year
Total mileage for the year susiness mileage exerage daily round trip commuting mileage exact commuting mileage fasoline exercises and the second commuting mileage fasoline exercises exer	Vehicle 1 Pear [20] [24] Pear [26] ge [28] Pear [30] Pear [30] Pear [31]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75] + [77] + [79] + [81]	Prior Year	[116] [118] [120] [122] [124] [126] [128]	[163] [165] [167] [169] + [171] + [173] + [175]	Prior Year
Fotal mileage for the years and the graduation of the graduation o	Vehicle 1 Pear [20] [24] p [26] ge [28] H [30] H [32] H [34] H [36]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75] + [77] + [79] + [81] + [83]	Prior Year	[116] [118] [120] [124] [126] [128] [130]	[163] [165] [167] [169] + [171] + [173] + [175]	Prior Year
Total mileage for the year and the second commuting mileage for the commutation of	Vehicle 1 Pear [20] Pear [24] Pear [30] Pear [34] Pear [36] Pear [36] Pear [38]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75] + [77] + [79] + [81] + [83] + [85]	Prior Year	[116] [118] [120] [122] [124] [128] [130] [132] [132]	[163] [165] [167] [169] + [171] + [173] + [175] + [177]	Prior Year
Total mileage for the year and the grant of	Vehicle 1 Par [20] Par [24] Par [28] Par [30] Par [34] Par [36] Par [36] Par [38] Par [40]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75] + [77] + [79] + [81] + [83] + [85] + [87]	Prior Year	[116] [118] [120] [122] [124] [126] [128] [130] [132] [134]	[163] [165] [167] [169] + [171] + [173] + [175] + [177] + [177]	Prior Year
Total mileage for the year susiness mileage exercises and age commuting mileage exercises and accommuting mileage exercises and accommutation and accommutation	Vehicle 1  ear [20] [24]  p [26] ge [28]  + [30]  + [32]  + [34]  + [36]  + [40]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75]  + [77]  + [79]  + [81]  + [83]  + [85]  + [87]  + [89]	Prior Year	[116] [120] [122] [124] [126] [130] [132] [134] [136] [136]	[163] [165] [167] [169] [171] [173] [175] [177] [177] [179] [181] [183]	Prior Year
Total mileage for the year susiness mileage exercises mileage for the year susiness mileage for the year susiness mileage for the year susines for the year susine for the year susine for the year susine for the year susine for the year susines for the year susines for the year susiness	Vehicle 1 Pear [20] [24] Pear [30] [4] Pear [30] [5] Pear [30] [6] Pear [30] Pear [40]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75]  + [77]  + [79]  + [81]  + [83]  + [85]  + [87]  + [89]  + [91]	Prior Year	[116] [120] [122] [124] [126] [138] [130] [134] [136] [138] [138]	[163] [165]  [167] [169]  + [171]  + [173]  + [175]  + [177]  + [181]  + [183]  + [185]	Prior Year
Total mileage for the year and the grant of	Vehicle 1 Pear [20] [24] Pear [30] [32] Pear [34] Pear [40] Pear [40] Pear [44] Pear [46]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75] + [77] + [79] + [81] + [83] + [85] + [87] + [91] + [93]	Prior Year	[116] [118] [120] [122] [124] [126] [130] [132] [134] [136] [138] [138] [140]	[163] [165]  [167] [169]  + [171]  + [173]  + [175]  + [177]  + [181]  + [183]  + [185]  + [187]	Prior Year
Total mileage for the year susiness mileage Average daily round trip commuting mileage Total commutation of the provided HTML commutation of the provided HT	Vehicle 1 Pear [20] [24] Pear [30] [32] Pear [34] Pear [40] Pear [44] Pear [44] Pear [44] Pear [46] Pear [46] Pear [48]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75]  + [77]  + [79]  + [81]  + [85]  + [87]  + [91]  + [93]  + [95]	Prior Year	[116] [118] [120] [122] [124] [128] [130] [132] [134] [136] [138] [140] [142] [142]	[163] [165]  [167] [169]  + [171]  + [173]  + [175]  + [177]  + [181]  + [183]  + [185]  + [187]	Prior Year
Total mileage for the year and the second commuting mileage for the commuting mileage fotal commuting	Vehicle 1 Pear [20] [24] [26] [27] [28] [28] [28] [28] [32] [34] [36] [38] [40] [40] [40] [40] [41] [42] [44] [44] [44] [44] [45] [48] [50]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75]  + [77]  + [79]  + [81]  + [83]  + [85]  + [87]  + [91]  + [93]  + [95]  + [97]	Prior Year	Information	[163] [165]  [167] [169]  + [171]  + [173]  + [175]  + [177]  + [181]  + [183]  + [185]  + [187]  + [189]  + [191]	Prior Year
Fotal mileage for the year and susiness mileage Average daily round trip commuting mileage Fotal commu	Vehicle 1 Pear [20] [24] [26] [27] [26] [28] [28] [28] [28] [32] [34] [32] [44] [44] [44] [44] [44] [44] [44] [4	Prior Year Information	Vehicle 2	Prior Year	Information	[163] [165]  [167] [169]  + [171]  + [173]  + [175]  + [177]  + [181]  + [183]  + [185]  + [187]  + [189]  + [191]	Prior Year
Fotal mileage for the years and a second mileage for the years are second mileage. Fotal commuting mileage fotal commuting mileage. Fotal commuting mileage fotal commuting mileage. Fotal commuting mileage fotal commuting mileage. For second for the second for t	Description Comments           Vehicle 1           ear         [20]           ge         [28]           4         [30]           4         [34]           4         [40]           4         [42]           4         [44]           4         [48]           4         [48]           4         [48]           4         [50]           4         [52]           4         [52]           4         [54]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75]  + [77]  + [79]  + [81]  + [83]  + [85]  + [87]  + [99]  + [95]  + [97]	Prior Year	[116] [120] [122] [124] [136] [134] [136] [138] [140] [142] [144] [146] [148] [148]	[163] [165]  [167] [169]  + [171]  + [173]  + [175]  + [177]  + [181]  + [183]  + [185]  + [187]  + [189]  + [191]  + [193]	Prior Year
Fotal mileage for the year and the person of	Vehicle 1 Pear [20] Pear [24] Pear [30] Pear [34] Pear [34] Pear [40] Pear [44] Pear [44] Pear [44] Pear [44] Pear [44] Pear [45] Pear [46] Pear [	Prior Year Information	Vehicle 2	Prior Year	Information	[163] [165]  [167] [169]  + [171]  + [173]  + [175]  + [177]  + [181]  + [183]  + [185]  + [187]  + [189]  + [191]	Prior Year
Total mileage for the year Business mileage Average daily round trip commuting mileage Total commuting mileage Gasoline	Vehicle 1 Pear [20] [24] Pear [30] [32] Pear [34] Pear [40] Pear [	Prior Year Information	Vehicle 2  [69] [71]  [73] [75]  + [77]  + [79]  + [81]  + [85]  + [85]  + [91]  + [93]  + [95]  + [97]  + [99]  + [101]  + [103]	Prior Year	Information	[163] [165]  [167] [169]  + [171]  + [173]  + [175]  + [177]  + [183]  + [185]  + [187]  + [191]  + [193]  + [195]	Prior Year
Total mileage for the year Business mileage Average daily round trip commuting mileage Total commuting mileage Gasoline	Description Comments           Vehicle 1           ear         [20]           ge         [28]           4         [30]           4         [34]           4         [40]           4         [42]           4         [44]           4         [48]           4         [48]           4         [48]           4         [50]           4         [52]           4         [52]           4         [54]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75]  + [77]  + [79]  + [81]  + [83]  + [85]  + [87]  + [99]  + [95]  + [97]	Prior Year	[116] [120] [122] [124] [136] [134] [136] [138] [140] [142] [144] [146] [148] [148]	[163] [165]  [167] [169]  + [171]  + [173]  + [175]  + [177]  + [181]  + [183]  + [185]  + [187]  + [189]  + [191]  + [193]	Prior Year

# Noncash Contributions Exceeding \$500

For donated securities	, include the company na	ame and number of shares in	n the donated property	, description, belo

Tor donated securities, medate the company name and number	or shares in the donated property description, below
Taxpayer/Spouse/Joint (T, S, J)	[1]
Donated property description	<del>-</del>
Name of donee organization	
-	[6]
City	[7]
State postal code	[8]
Zip code	toj [9]
Date contributed	
Date acquired by donor	[10]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	[11]
Donor's cost or basis	_[12]
Fair market value	+[13]
	+[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value (A = Appraisal, C = Catalog, C = Catalog, T = Thrift shop value (A = Appraisal, C = Catalog, C = Catal	<del>_</del>
If other:	[16]
Control Totals+	
Control Totals+	
Noncash Contributions Ex	ceeding \$500
For donated securities, include the company name and number	of shares in the donated property description, below
Taxpayer/Spouse/Joint (T, S, J)	[1]
Donated property description	<del>-</del>
<u>·</u> . · · · . · . —	
Address of donee organization	
City	
State postal code	[7]
Zip code	[8]
Date contributed	[9]
	[10]
Date acquired by donor	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	_[12]
Donor's cost or basis	+[13]
Fair market value	+[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value)	· · · · · · · · · · · · · · · · · · ·
If other:	[16]
Control Totals+	
N 10 11 11 5	l:
Noncash Contributions Ex	<del>-</del>
For donated securities, include the company name and number	of snares in the donated property description, below
Taxpayer/Spouse/Joint (T, S, J)	[1]
Donated property description	<del></del>
Name of donee organization	
Address of donee organization	[6]
City	[7]
State postal code	[8]
Zip code	<u></u> . 7 [9]
Date contributed	[10]
Date acquired by donor	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	[12]
Donor's cost or basis	+ [13]
Fair market value	+ [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value)	
If other:	
ii ouici.	[16]
Control Totals+	
Control Totals+	l
	Form ID: 8283

Form ID: 1098C

#### **Contributions of Motor Vehicles, Boats & Airplanes**

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Please provide all Forms 1098-C. If you received a different acknowledgement from the donee organization in lieu of Form 1098-C, enter the equivalent donation information in the fields provided below.

Taxpayer/Spouse (τ, s)	[1]
Donee's name	[4]
State postal code	[3]
Date of contribution (Box 1)	[9]
Odometer mileage (Box 2a)	[10]
Year of vehicle (Box 2b)	[11]
Make of vehicle (Box 2c)	[12]
Model of vehicle (Box 2d)	[13]
Vehicle or other identification number (Box 3)	[14]
Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a)	[15]
Date of sale (Box 4b)	[16]
Gross proceeds from sale (Box 4c)	+ [17]
Donee certifies that vehicle will not be transferred for money, other property, or services	
before completion of material improvement or significant intervening use (Box 5a)	[18]
Donee certifies that vehicle is to be transferred to a needy individual for significantly	_
below fair market value in furtherance of donee's charitable purpose (Box 5b)	[19]
Detailed description of material improvements or significant intervening use and duration of use (Box 5c)	<del>_</del>
	[20]
Did you provide goods or services in exchange for the vehicle? (Box 6a)  Yes [3]	No [22]
Value of goods and services provided in exchange for the vehicle (Box 6b)	+ [23]
Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c)	[24]
Description of goods and services (Box 6c)	_
	[25]
Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked (	<b>Box 7)</b> [26]
	<del>_</del>
Other Information for Donated Property	
Overall physical condition of property	[31]
Date property was acquired by donor	[32]
How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	[33]
Donor's cost or basis	+[34]
Fair market value on date of contribution	+[35]
Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	[36]
If other:	[37]
Bargain sale amount received	[38]
Donee's address, and ZIP code	[42]
[43]	[44][45]
Donee's telephone number	[46]

Form ID: 8829	ome Office General II	nfor	mation	64
Preparer use only				
Principal business or profession				[3]
Taxpayer/Spouse/Joint (T, S, J)				[4]
State postal code				[5]
	Business Use of H	om	e	
			2014 Information	Prior Year Information
Total area of home			[14]	Prior real information
Area used exclusively for business			[16]	
Information for day-care facilities only:			· · ·	-
Total hours used for day-care during this year			[18]	
Total hours used this year, if less than 8760			[20]	
Special computation for certain day-care facilities:			· ·	
Area used regularly and exclusively for day-care	business		[22]	
Area used partly for day-care business			[24]	
List as direct expenses any ex List as indirect expenses any expe	=		-	-
List as maneet expenses any expen	ises willer are attributus.		the overall apprecip and re	anning or your nome.
	2014 In	orm		
	Direct Expenses		Indirect Expenses	Prior Year Information
Mortgage interest:			[31]	
8-8-			[35]	<u></u>
near cotate taxes.			[39]	
Excess mortgage interest and insurance premiums			[43]	
			[47]	
Rent			[52]	
		_	[55]	
O till ties	+[57]	+-	[58]	-
Other expenses, such as: Supplies & Security system	+ [60]	+	[61]	
	+	· - +	[01]	-
	'	· -	<del>-</del>	
	'	·-		-
	T +			
<u> </u>	T			
	† +			
	+			
	+			
	+			
Excess casualty losses		+	[63]	
Carryovers:		-		
Operating expenses		+	[64]	
Casualty losses		+	[65]	
Depreciation		+	[67]	
Business expenses not from business use of home, s	uch as:	-	<del></del>	
Travel, Supplies, Business telephone expenses		+	[68]	
Depreciation		+	[72]	
		-		
NOTES/QUESTIONS:				

Form ID: 8829

Control Totals+

Description of busi	If you used yo		Auto	Workshee	εt					65
Description of busi		ur automobil	e for business	purposes, pl	ease complete	the fol	lowing in	formatio	n.	
Description of busi	Preparer us	se only								
	ness or profession									[3]
			Ve	ehicles						
	placed in service									[.
	cription									]
	ments									
	placed in service									[
	cription									[
	ments									
	e placed in service									
	cription ments		-							
	placed in service									
	cription									
	ments									
Con	ments									
			Vehicl	e Questio	ns					
				Vehicle P		Prior	Vehicle	-		e Prior
					ear 2	Year	3	Year	4	Year
If you used your auto				100000						
	vailable for off-dut			_[60]	[62]		[64]		[66]	
	icle available for pe			_[68]	[70]		[72]		[74]	
	ence to support yo	ur deduction?	(Y, N)	_[76]	_   _[78]		[80]		[82]	**************
Is this evidence w	rritten? (Υ, Ν)			_[84]	[86]		[88]		[90]	]
				_						
			Venici	e Expense	es					
		Prior Year		Prior Year			Year			rior Yea
	Vehicle 1	Prior Year Information	Vehicle 2	•	n Vehicle 3	Infor	Year mation	Vehicle 4	4 Ir	Prior Year
•	[32]		Vehicle 2 [34]	Prior Year	n Vehicle 3	Infor		Vehicle 4	4 Ir _[38]	
Commuting miles	[32] [42]		Vehicle 2 [34] [44]	Prior Year	1 Vehicle 3 [36]	Infor		Vehicle 4	4 Ir _[38] _[48]	
Commuting miles Business miles	[32] [42] [52]		Vehicle 2  [34]  [44]  [54]	Prior Year	1 Vehicle 3 [36] [46] [56]	Infor		Vehicle 4	4 Ir _[38] _[48] _[58]	
Commuting miles Business miles Parking fees	[32] [42] [52] + [92]		Vehicle 2  [34]  [44]  [54]  [94]	Prior Year	1 Vehicle 3 [36] [46] [56] [96]	Information in the second seco		Vehicle 4	[38] [48] [58] [98]	
Commuting miles Business miles Parking fees Tolls	[32] [42] [52] + [92] + [100]		Vehicle 2  [34]  [44]  [54]  [94]  [102]	Prior Year	1 Vehicle 3  [36] [46] [56] + [96]	Infor		Vehicle 4	[106] Line (106) Line	
Commuting miles Business miles Parking fees Tolls Gasoline	[32] [42] [52] + [92] + [100] + [108]		Vehicle 2  [34] [44] [54] [94] [102] [110]	Prior Year	Vehicle 3	Infor		Vehicle	4 Ir  [38]  [48]  [58]  [98]  [106]  [114]	
Commuting miles Business miles Parking fees Tolls Gasoline Oil	[32] [42] [52] + [92] + [100] + [108] + [116]		Vehicle 2  [34] [44] [54] [94] [102] [110] [118]	Prior Year	Vehicle 3	Infor		Vehicle	4 Ir  [38]  [48]  [58]  [98]  [106]  [114]  [122]	
Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs	[32] [42] [52] + [92] + [100] + [108] + [116] + [124]		Vehicle 2  [34] [44] [54] [94] [102] [110] [118] [126]	Prior Year	September   136	Infor		Vehicle	[138] [48] [58] [106] [114] [122] [130] [130]	
Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance	[32] [42] [52]  + [92]  + [100]  + [116]  + [124]  + [132]		[34] [44] [54] [94] [102] [118] [126] [134]	Prior Year	September   130	Information		Vehicle	4   Ir [38]	
Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires	[32] [42] [52]  + [92]  + [100]  + [116]  + [116]  + [132]  + [140]		Vehicle 2  [34] [44] [54] [94] [102] [110] [118] [126] [134] [142]	Prior Year	Vehicle 3	Infor		Vehicle	4   Ir [38]	
Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes	[32] [42] [52]  + [92]  + [100]  + [116]  + [114]  + [132]  + [140]  + [148]		Vehicle 2  [34] [44] [54] [94] [102] [110] [118] [126] [134] [142]	Prior Year	Vehicle 3   [36]   [46]   [56]     [47]   [48]   [48]     [48]	Infor		Vehicle	4   Ir   [38]	
Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes Insurance	[32] [42] [52]  + [92]  + [100]  + [116]  + [114]  + [124]  + [132]  + [140]  + [148]  + [156]		Vehicle 2  [34] [44] [54] [94] [102] [110] [118] [126] [134] [142] [150] [158]	Prior Year	Vehicle 3	Infor		Vehicle	[138]	
Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes Insurance	[32] [42] [52]  + [92]  + [100]  + [116]  + [124]  + [132]  + [140]  + [156]  + [156]		Vehicle 2  [34] [44] [54] [94] [102] [110] [118] [126] [134] [142] [150] [158] [166]	Prior Year	1   Vehicle 3   [36]   [46]	Infor		Vehicle	[138]	
Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes Insurance Interest Registration	[32] [42] [52]  + [92]  + [100]  + [108]  + [116]  + [124]  + [132]  + [140]  + [148]  + [156]  + [164]  + [172]		Vehicle 2  [34] [44] [54] [94] [102] [110] [118] [126] [134] [142] [150] [158] [166] [174]	Prior Year	September   Sept	Infor		Vehicle	[18] [38] [48] [58] [98] [106] [114] [122] [130] [138] [146] [154] [162] [170] [178]	
Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes Insurance Interest Registration Licenses	[32] [42] [52]  + [92]  + [100]  + [116]  + [124]  + [132]  + [140]  + [148]  + [156]  + [164]  + [172]		Test   Test	Prior Year	Vehicle 3	Infor		Vehicle	[186] [48] [48] [48] [48] [48] [48] [48] [48	
Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes Insurance Interest Registration Licenses Property taxes	[32] [42] [52]  + [92]  + [100]  + [116]  + [124]  + [132]  + [140]  + [148]  + [156]  + [164]  + [172]  + [180]		September   Sept	Prior Year	Vehicle 3   [36]   [46]   [56]     [47]     [4	Infor		Vehicle	(38)	
Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes Insurance Interest Registration Licenses Property taxes Other vehicle expens	[32]   [42]   [42]   [52]		Vehicle 2  [34] [44] [54] [94] [102] [110] [118] [126] [134] [142] [150] [158] [166] [174] [182] [190] [198]	Prior Year	Vehicle 3	Infor		Vehicle	4   Ir   [38]	
Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes Insurance Interest Registration Licenses Property taxes Other vehicle expens Vehicle rentals Inclusion amt (Prepare)	[32] [42] [42] [52]  + [92]  + [100]  + [108]  + [116]  + [124]  + [132]  + [140]  + [156]  + [164]  + [172]  + [188]  est [196]		September   Sept	Prior Year	Vehicle 3	Infor		Vehicle	(38)	

Form ID: Auto

Control Totals+

# **Social Security Tax on Unreported Tips**

Complete if you received cash/charge tips of \$20 or less in a month in 2014.

	4	2014 Inforn	iation	PITOI	Year Information
	Taxpayer		Spouse		2000
Il cash and charge tips under \$20 per month a					
t reported to employer	+	[3] +		[4]	
Complete if you received cash/charge	tips of \$20 or more in	a month a	nd did not report a	II of those tip	s to your employer.
Foundation		Em	ployer	Total tips	Total tips
Employer name payer informatio[1]		identif	ication number re	ceived in 2014	4 reported in 2014
		-			
se information [2]		-			
se information [2]					
	e refer to Reason Codes  Firm's federal	Reason	Date of IRS	or Mark if	Total wages receive
	identification number	Code **	received	received o	with no social secur or Medicare tax with
	identification number	Code **	received	received (	with no social secui or Medicare tax with
		Code ** _	received	received (	with no social secur or Medicare tax with
		Code **  	received	received (	with no social secur or Medicare tax with
		Code **	received	received (	with no social secur or Medicare tax with
ayer informatio[6]		Code **	received	received (	with no social secur or Medicare tax with
ayer informatio[6]		Code **	received	received (	with no social secur or Medicare tax with
ayer informatio[6]	identification number	Code **	received	received (	with no social secur or Medicare tax with
ayer informatio[6]	identification number	Code **	received	received (	with no social secur or Medicare tax with
ayer informatio[6]	identification number	Code **	received	received (	with no social secur or Medicare tax with
ayer informatio[6]	identification number	Code **	received	received (	with no social secur or Medicare tax with
ayer informatio[6]		- - - - - - -	received	received (	with no social secur or Medicare tax with
use information [7]	** Reason C	        			
use information [7]  A = I filed Form SS-8 and rec	** Reason C	— — — — — — — — Codes	ng that I am an em		
payer informatio[6]  puse information [7]	** Reason Conteived a determination on the IRS the	— — — — — — — Codes letter station	ng that I am an em am an employee.		Total wages receive with no social secur or Medicare tax with

Form 1099-MISC should have been included as wages on Form W-2.

Form	ID.	$\Lambda \cap \Lambda$	Ta

#### **ACA - Health Coverage Taxes and Exemptions**

67

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

Mark if your entire family was covered for the full year with minimum essential health care coverage

[2]

If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage. Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming. Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.

Social Security No.	First Name	Last Name	Exemption Certificate Number	Other Exemption Ful Type * Yea	l Start End or Month Month
					[6]
				<u> </u>	
			<del>-</del>		
	-				
				<del></del>	<del></del>
				<u> </u>	
	-				
-	-		·		
-				<del></del>	<del></del>
					<del></del>
			<del></del>		

*Other Exemption Type Codes				
A = Unaffordable coverage	F = Incarcerated individual			
B = Short coverage gap	G = Hardship (combined coverage unaffordable, initial open enrollment, CH			
C = Exempt noncitizen H = Medicaid/TRICARE/Fiscal year employer plan				
D = Health care sharing ministry				
E = Indian tribe member	X = Insured with minimum essential coverage			

	Form ID: ACA Tax

Form ID: 5695

#### **Residential Energy Credit**

75

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any 2006, 2007, 2009, 2010, 2011 or 2012 Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)		[1]
Were the costs incurred made to your main home located in the United States? (Y, N)		[2]
Were the costs incurred related to the construction of your main home located in the United States? (v, N	1)	[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	[5]
Enter the total amount of costs for exterior windows	+	[7]
Enter the total amount of costs for exterior doors	+	[9]
Enter the total amount of costs for qualified metal roofs	+	[11]
Enter the total amount of costs for energy-efficient building property	+	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil fu	ırnace +	[10]
Enter the total amount of costs for qualified solar electric property	+	[12]
Enter the total amount of costs for qualified solar water heating property	+	[14]
Enter the total amount of costs for qualified small wind energy property	+	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+	[13]
Enter the total amount of costs for qualified fuel cell property	+	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property	_	[17]

Form ID: MI	higan Ge	neral Information		
School district name				[1]
School district code				[2]
Mark if 2/3 income from seafaring				[3]
			Taxpayer	Spouse
Do you want \$3.00 to go to the state campaign fund? (y,			[4]	[5]
Mark the applicable boxes if the following conditions ap	ply to you ar	nd/or your spouse:		
Paraplegic, quadriplegic or hemiplegic			[6]	[7]
Totally and permanently disabled Deaf			[8]	[9]
Qualified disabled veteran			[10]	[11]
Quaimed disabled veterall			[12]	[13]
	Us	e Tax		
Total all purchases less than \$1000 per purchase Total all purchases exceeding \$1000 per purchase	Contr	ibutions		[14] [15]
		ntribution you wish to make to: of \$5, \$10 or any amount greater tha	n \$10	
ALS of Michigan Fund	[16]		910	[21]
Alzheimer's Association of Michigan	[17]	Girl Scouts and Boy Scouts of Michig	 an	[22]
AMBER Alert Fund of Michigan	[18]	Military Family Relief Fund		[23]
Animal Welfare Fund	[19]	Special Olympics Michigan		[24]
Children of Veterans Tuition Grant Program	[20]	United Way Fund		[25]
		ident Information		
If you were a part-year resid	ent during t	he tax year, enter the dates you lived	•	<b>C</b> manna
From		Taxpayer	[26]	Spouse [28]
			[26] [27]	[28]
To  Residency status of snouse //f different from taxpayor//1 = Residency	at 2 = Nonrosidi	ant 2 - Part year recident\		[30]
Residency status of spouse (If different from taxpayer)(1 = Resident	IL, Z = NOTITESIDE	ent, 5 = Part-year resident)		

Form	ID:	M	12

# Michigan Credits - Homestead Property Tax Credit Information

Homestead occupied	d entir	e tax year:Tax	able value	Hom	eowner [1]	Special Assessm	nents	[3]
Homestead property TSJ		•	erent from that	entered on C <b>Description</b>	Organizer Form ID	: A1 (or Lite-5)	-	Amount [4]
<u></u>								
Address at end of tax	k year	, if different fr	om that entered	d on Organize		(or Lite-1):		
Street address	_			[5]	Taxable value			[9]
City				[6]	Number of days	-		[10
State	[7]	Zip code		[8]	Property taxes I	evied for the yea	ar	[11
Address of homestea	ad sol	d during tax ye	ear:					
Street address				[12]	Taxable value			[16
City	_			[13]	Number of days	occupied		[17
State	[14]	Zip code		[15]	Property taxes I	evied for the yea	ar	[18
				Rental I	nformation			[19
Rental #1 Address						No. months	Monthly rent	Mobile home
City		Z	ip code	<del>_</del>				
Landlord #1 Name								
Address			-	City			State Zip Code	2
Rental #2 Address						No. months	Monthly rent	Mobile home
City			Zip code	_				
Landlord #2 Name								
Address			-	City			State Zip Code	2
				Househ	old Income			
					during the tax y	ear by any men	nber of your hou	
Child support and for	•							[20
Vorker's compensat				a naumanta				[21
amily Independence lifts or expenses pai			public assistanc	e payments			·	[22
Other nontaxable inc			etc):					[23
		_						[24
		_					<del></del>	
		_					<del></del>	