

PERSONAL DATA

Taxpayer (or single)			Spouse		
Name (Last, First, Initial)			Name (Last, First, Initial)		
SSN	DOB	Occupation	SSN	DOB	Occupation
Mailing Address <input type="checkbox"/> Check if address is new			Mailing Address <input type="checkbox"/> Check if address is new		
City, State & Zip		County	City, State & Zip		County
Phone:	H W C	Phone:	H W C	Phone:	H W C
E-Mail Address:			E-Mail Address:		

DEPENDENTS

Name (First, Initial and Last)	(D.O.B.)	X if not living with you Social Security No.	No. of mos. lived in your home* Relationship

If more lines needed above, list two on a line. Social Security Numbers are required for all dependents.

If married but filing separately, list name of spouse and Soc. Sec. No. at top of page.

If filing Head of Household and qualifying person is your child but not your dependent above, enter child's name here

Place an asterisk by any dependent attending college or post-secondary school.

QUESTIONS: (Yes answers, please explain)

- | | | |
|--|------------------------------|-----------------------------|
| 1. Did your name, address or marital status change during the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you being claimed as a dependent on another tax return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you (or your spouse) blind or permanently disabled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. If you claim children above that don't live with you, are they allowed as a result of pre-1985 agreement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Did you carry forward or incur any adoption expenses during the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*Remember, children's time away from home while attending school counts as time in your home.

INCOME TAXES PAID OR REFUNDED

If someone else prepared your tax return last year, please provide a copy.

	Federal	State	Local
Balance paid on last year's return (or prior years)			
Refunds received from last year's return (or prior years)			
ESTIMATED TAX PAID →			
1st Qtr. 4/15			
2nd Qtr. 6/15			
3rd Qtr. 9/15			
4th Qtr. 1/15			

If not paid by due dates indicated, list actual dates paid. If state/local tax paid on different dates, attach details.

INCOME**WAGES/SALARIES/W-2 FORMS**

T/S	Name of Employer	Taxable Wages	Withheld Fed. Tax	Other Taxes Withheld			
				Soc. Sec.	Medicare	State	Local

Enclose all W-2 wage and tax statements.

MISCELLANEOUS INCOME (Show Losses in Brackets)

T S J	Source of Income	✓	Amount
	Alimony (Not Child Support) (If you pay Alimony - list on page 9)		
	Jury Duty (Or Other Public Service)		
	Tips/Gratuities (Not Reported on W-2)		
	Contest/Awards/Gambling Winnings (Attach 1099-MISC, W2G or Explain)		
	Commissions/Bonuses (Not Reported on W-2)		
	Pensions/Annuities (Furnish 1099-R Forms or Detail)		
	IRA/Keogh (Attach Form 1099-R)		
	Profit Sharing Distributions (Attach Form 1099-R)		
	Unemployment Compensation (Attach 1099-G Form)		
	Partnerships/Estates/Trusts (Furnish K-1 Forms or Details)	*	
	Small Business Corporations/Sub Chapter S (Furnish K-1 Forms)	*	
	Business/Self-Employed (Furnish Schedule or Details)	*	
	Farm (Furnish Schedule or Details)	*	
	Rental (Furnish Schedule or Details)	*	
	Forgiven Debt <input type="checkbox"/> Check if due to foreclosure		
	Other (Explain)		

* If you did not actively or materially participate in earning the income (or loss) listed ▲ ✓ this box

NON-TAXABLE INCOME (Important to list even if not taxable)

Child Support/Payments/Assistance (Not Alimony)	
Veterans Benefits/Disability Income	
Workmen's Compensation/Loss of Time Payments	
Other (Explain):	
Other (Explain):	

Code
T — Taxpayer
S — Spouse
J — Joint
Use these codes if married filing jointly

SOCIAL SECURITY (Form SSA - 1099)

Benefits (from box 5)

IMPORTANT: provide all SSA-1099 statements

Taxpayer
Spouse

Note any Federal tax withheld

DEDUCTIONS

List only amounts that have actually been paid during the year. Save all cancelled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar. **DO NOT DUPLICATE ANY ENTRY.**

MEDICAL Only un-reimbursed medical expenses that exceed 10% of adjusted gross income are allowed (7.5% if age 65 or older).

T/S	Drugs and Medicines	Amount			
	Prescriptions & Drugs (Doctor Prescribed Only)				
	Insulin				
T/S	Medical Insurance	Please specify if paid	Pre Tax <input type="checkbox"/> After Tax <input type="checkbox"/> Unsure <input type="checkbox"/>	Amount	
	Insurance — Paid by You	(<input checked="" type="checkbox"/> If Paid Through a Health Insurance Exchange <input type="checkbox"/>)			
	Group Health Plans	(Deducted from Salary; provide final year pay stub)			
	Medicare Premiums	From Social Security Benefits			
		From Supplemental Insurance			
	Long-term Health Care Insurance				
	HSA, Other				
T/S	*Doctors, Dentists, Clinics, Hospitals, Nurses, Etc.	Amount Paid By You	T/S	Other Medical Expenses	Amount Paid By You
				Eye Glasses/Contact Lenses	
				Hearing Aids & Supplies	
				X-Ray/Lab Fees	
				Ambulance, Paramedics	
				Nurses (Board & Room)	
				Medical Aid Rental	
				Artificial Teeth	
				Equipment (Prescribed)	
				Nursing Home Medical Care	
				Medicare Part B Service Payments	
				Smoking Cessation Program	
				Parking / Transportation Fees	
	*Summary Total (Optional)				
	Lodging: While away from home (per day per person maximums apply)				
	Transportation: Total number of miles driven for medical reasons or actual cost				
	Above amounts reimbursed by insurance				
	NEW! Note any Health Insurance Premium Credits Received during the year.				

Comments or explanations:

NOTE: Use T/S columns above and on page 9 under MISCELLANEOUS if married and filing separately or to determine if filing separately could be beneficial. Be sure to include co-payments for doctor visits.

TAXES

Description of Tax	State Located	Amount of Tax
Real Estate Taxes (Include whether you plan to itemize or not)		
Real Estate Taxes (Other) (Exclude if included on a Rental Schedule)		
Property Tax Rebates (If Any)		()
Personal Property Tax (If Any)		
Auto Licenses (Not a Deduction in All States)	Number of Licenses	Total Cost
State or Local Income Taxes (If Not Listed Elsewhere or on W-2) (Describe Below)		
Sales Tax*:		
Other:		
Comments or Explanations:		

* Please provide sales tax support documents for any large purchases made during the year.

INTEREST (Amounts, names, and social security numbers must match Form 1098 issued by financial institutions.)

Mortgage Interest Principal Residence	Paid to Financial Institution (Form 1098)	
	Paid to an Individual (List name, address, Soc. Sec. no. below)	
	Name	Address
		Soc. Sec. No.
Mortgage Interest Second Home	Paid to Financial Institution (Form 1098)	
	Paid to an Individual (List name, address, Soc. Sec. no. below)	
	Name	Address
		Soc. Sec. No.
Did you acquire a new mortgage or borrow on an existing mortgage during the year? Yes <input type="checkbox"/> No <input type="checkbox"/>		
(provide closing settlement papers - pages 1 & 2)		
If yes, what is your combined mortgage debt? —————→		\$
Mortgage insurance premiums paid (new insurance contracts issued 2007 or later)		\$
Points paid to acquire new mortgage (if not included above)		
Home Equity Loan Interest (Form 1098)		
Home Improvement Loan Interest (Form 1098)		
Student Loan Interest (Attach details of loan: who for, date of loan, purpose of loan)		
Other:		
Deductible Investment Interest (explain below) ie: Margin Interest		
Comments or Explanations:		

NOTE: Personal interest from credit cards, department stores, autos, bank loans, etc., is not deductible.

CONTRIBUTIONS

T/S	Church and Religious	If No Receipt	X	Amount			
	Church (Name)						
	Church (Other)						
	Other Religious (Name)						
Other Charitable Organizations (*You must have a cancelled check, a bank record or receipt from donee for all cash contributions)							
T/S	If No Receipt*	X	Amount	T/S	If No Receipt*	X	Amount
	Cancer				Heart Fund		
	Easter Seals				Christmas Seals		
	Red Cross				United Way		
	Scouts				YMCA/YWCA		
	Blind				Educational TV/Radio		
	Muscular Dystrophy						
	Arthritis Foundation						
	Veteran's Organization (Name)						
	Schools (Name & Describe)						
	Misc. Door-to-Door						
	Other:						
Summary Total Optional (See note below)							
Note: A summary total for cash or check contributions may be used above. Political contributions are not deductible. If you received a gift for your donation listed above, reduce your donation by the value of the gift.							
Non-Cash Contribution (List the Fair Market Value of non-cash items donated, such as clothing and other property).							
	Name of Organization		Items Donated		Date		Value
Note: If non-cash donations have a total value of \$500 or more, attach a detailed list of items donated, the name and address of donee organization, the purchase date, cost and the method used to arrive at fair market value (items over \$5,000 require appraisal). If you donated a vehicle, please attach your Charity's acknowledgement. If the Charity sells the vehicle, your deduction value is generally limited to the amount of the sale proceeds. Donated clothing and household items must be in good or better condition.							
Volunteer Work — Mileage (Church, Hospitals, or Non-Profit Organizations or to drop off contributions)							
	Name of Organization		Activity Performed		Parking		Miles Driven
Meals, lodging and other expense, may also be allowed — list full details.							
Comments or explanations:							

MISCELLANEOUS DEDUCTIONS

ONLY THE TOTAL AMOUNT THAT EXCEEDS 2% OF ADJUSTED GROSS INCOME IS ALLOWED

T/S	Amount	T/S	Amount
	Tax Preparation Fees		Safe Deposit Box
	Union Dues		Professional Dues
	Subs. & Trade Journals		Tools/Shoes/Glasses
	Uniforms and Upkeep		Job Hunting Expenses (Detail)
	Second Job Mileage #		IRA/Keogh Fund Fees
	Telephone (Explain requirement)		
	Investment Exp.: (Describe)		
	Alimony Paid (Not subject to 2% limit)	Paid to: (Name)	SSN
	Gambling Losses (Not subject to 2% limit but limited to Gambling Winnings)		

See next page (10) for Auto and Employee Business Expenses.

CASUALTY/THEFT LOSSES

ONLY THE TOTAL NET RESULT THAT EXCEEDS 10% OF ADJUSTED GROSS INCOME IS ALLOWED

☒ if loss is in Presidentially declared disaster area.

From Fire, Storm, Theft and Auto Damage — If more than one, provide similar detail for each.			
Kind of Property or Item	Date Acquired	Cost or Basis	
		Insurance Paid	
Describe How or What Happened:	Date of Loss	Fair Market Value — Before	
		Fair Market Value — After	

CHILD AND DEPENDENT CARE

(care expenses must be for child under 13 or individual physically or mentally incapacitated)

☒ if you have employer provided dependent care benefits.

If required to be gainfully employed (or a full time student) "X" if service performed in your home (Nanny)			
Name of Provider	Soc. Sec. or ID Number	Address	Paid
Federal ID number if required to file IRS wage reports.	#	Total Child Care Paid During Year	\$
		No. of Children Under Age 13	#

Form W-10 should be used to obtain provider details. Expenses must be allocated by child or dependent. If more space needed, attach list with details.

MOVING EXPENSE

Miles from old home to old job	#	Miles from old home to new job	#
Cost to pack & ship household goods and personal items		\$	
Cost of travel and lodging from old to new residence (no meals)		\$	
Other:		\$	
Amount (if any) reimbursed by employer		\$	

RETIREMENT CONTRIBUTIONS

	Date	Traditional IRA	Roth IRA	Keogh/SEP/SIMPLE
Single or Taxpayer	/ /			
Spouse	/ /			
If you want the maximum allowable deduction - write MAX in money column(s). You will be informed of amount to deposit.				
List total value of ALL IRAs on 12-31	Single or Taxpayer		Spouse	

EMPLOYEE BUSINESS EXPENSES

Vehicle Mileage Detail		Odometer Reading		Vehicle 1	Vehicle 2
<input type="checkbox"/> X if another vehicle is available for personal use.	A. End of Year	+			
Subtract B from A for (1), Total Miles Driven.	B. Beginning of Year	-			
List Business Mile (2), from driving log. Subtract 2 from 1 to get personal miles (3). Divide line 2 by line 1 for percent of business use.	1. Total Miles Driven	=			
Number of round-trip miles from home to work?	2. Business Miles				
Number of days worked last year?	3. Personal Miles				
	4. Other Miles				
	% Business Use (Line 2 ÷ Line 1) =		%	%	

Vehicle Expenses (If both taxpayer and spouse have deductions, use vehicle 1 for taxpayer, 2 for spouse)											
		Vehicle 1		Vehicle 2				Vehicle 1		Vehicle 2	
Gas & Oil						Licenses					
Washing/Lube						Lease Payments					
Repairs/Maint.						Other					
Tires/Accessories						Other					
Insurance											
	Date Placed in Service	Make	Year	Model	Cost or Basis	▼	X if New This Year				
Vehicle 1	/ /							Furnish details on newly acquired vehicles and trade-in or disposition of old vehicle.			
Vehicle 2	/ /										

Travel Expenses — Away from Home (Days Gone Overnight _____)					
(non-reimbursed)		Taxpayer		Spouse	
Transportation				Auto Rentals	
Lodging				Cabs, Bus, etc.	

Other Business Expense (If more lines needed continue on back page.)					
Postage/Cards				Commissions	
Office Supplies				Other	
Parking/Tolls				Other	
Reimbursement for All Expenses Above — if not reported on W-2					
Meals & Entertainment (Must have supportive records and receipts)					
Meals & Tips				Tickets & Events	
Entertainment				Gifts	
Reimbursement for Meals & Entertainment only — if not reported on W-2					
Did you purchase any business equipment during the year? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, list on back cover: date bought, cost, description and trade-in details.					
I have adequate records and sufficient written evidence to support use of vehicles and deductions listed above. (Please Sign)					

HOME OFFICE

Type of Business					
If Justified for Business or Professional Use for: Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/>					
Date Acquired Home		Utilities			
Cost of Land		Interest (mortgage, home equity loan)			
Cost of Home		Taxes			
Cost of Improvements		Insurance			
Sq. footage of living area		Rubbish & Maintenance			
Sq. ft. of office area (incl. inventory & sample storage)		Other:			

QUESTIONS (you or spouse)

For yes answers, supply details on the next page or on a separate sheet:

- Were you notified by the IRS or STATE of any change to a tax return? Yes ☐ No ☐
- Are any of your claimed dependents not residents or citizens of the U.S.? Yes ☐ No ☐
- Did you make any gifts of over \$14,000 to any individual (no tax advantage to you)? Yes ☐ No ☐
- Do you have any foreign income or foreign bank accounts? Yes ☐ No ☐
- Did you have living expenses in a foreign country as a result of income earned abroad? Yes ☐ No ☐
- Do you have any worthless stocks, uncollectible bad debts or were a victim of a ponzi scheme? Yes ☐ No ☐
- Did you become disabled during the year? Yes ☐ No ☐
- Are you a handicapped employee? Yes ☐ No ☐
- Did you receive any distribution from an IRA, Profit Sharing or Pension Plan? Yes ☐ No ☐
- Have you used bartering to exchange any goods or services? Yes ☐ No ☐
- Did you live in a presidentially declared disaster area or incur a loss due to conditions in a Presidentially declared disaster relief area? Yes ☐ No ☐
- Did you receive any insurance or other reimbursement from a prior year casualty, theft loss or medical deduction? Yes ☐ No ☐
- Did you start a new business during the year or do you expect to start one this coming year? Yes ☐ No ☐
- Do you expect any significant changes in income, withholding taxes or your tax liability for the coming year? Yes ☐ No ☐
- Did you receive any source of income that is not listed in this booklet (lottery, awards, etc.)? Yes ☐ No ☐
- Do you have children under age 19 with investment income (age 24 if dependent student)? Yes ☐ No ☐
- Did you pay anyone (over 18) \$1,900 or more to work at your home (housecleaning, yard work or other domestic help) during the calendar year? If yes, submit details. Yes ☐ No ☐
- Do you wish to designate \$3.00 of your taxes to the Presidential Campaign Fund (no cost to you)? You Yes ☐ No ☐ Spouse Yes ☐ No ☐
- Are you and a same-sex partner considered legally married in any state? Yes ☐ No ☐
- Did you donate a partial interest in any goods to charitable organizations? Yes ☐ No ☐
- Do you have a Medical or Health Savings Account (MSA or HSA)? Yes ☐ No ☐
- If you reached the age of 70½, have you begun your mandatory retirement saving withdrawals? Yes ☐ No ☐
- Did you receive employer-provided: commuter transportation benefits? Yes ☐ No ☐
educational assistance? Yes ☐ No ☐
- Did you pay long term healthcare insurance premiums or receive benefits? Yes ☐ No ☐
- Are you paying off a student loan? Yes ☐ No ☐
- Are you a school teacher who paid for classroom materials without reimbursement? Please provide a recap of expenses for potential deduction. Yes ☐ No ☐
- Have you or your dependents taken a distribution from a Qualified Tuition Program (QTP) of an educational institution during this year? Yes ☐ No ☐
- Did you roll funds into a Roth IRA or recharacterize a Roth IRA? Yes ☐ No ☐
- Did you purchase any energy efficient equipment during the year (hybrid car, air conditioner, furnace, windows, doors, water heater, etc.)? Yes ☐ No ☐
- Did you have qualified military combat pay? Yes ☐ No ☐
- Do you own bonds that qualify for the Gulf Bond, Renewable Energy or Build America bond credits? Yes ☐ No ☐
- If over age 70½, did you make a direct contribution to a charity from an IRA? Yes ☐ No ☐
- Do all your family members have health insurance? Yes ☐ No ☐
- Did you receive any premium health insurance credits during the year? Yes ☐ No ☐

Please answer all questions above. Provide details for any "Yes" answers. A "No" answer will be assumed if not otherwise indicated.