PERSONAL DATA

TAXPAYER AND SPOUSE

TAXPAYER (OR SINGLE)			SPOUSE	
Last Name			Last Name	
First Name & Initial			First Name & Initial	
Occupation			Occupation	
Phone (Home)	(Work)		Phone (Home)	(Work)
Soc. Sec. Number	Date of Birth		Soc. Sec. Number	Date of Birth
Mailing Address ☐ *Check if address is new*				County
City, State & Zip			E-Mail Address	

DEPENDENTS

Name (First, Initial and Last)	(D.O.B.)	X if post-secondary student ↓	Social Security No.	Relationship	# of mos. lived in your home ↓

Social Security Numbers are required for all dependents.

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

QUESTIONS: (Yes answers, include explanations)

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

INCOME

WAGES/SALARIES/W-2 FORMS

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

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

MISCELLANEOUS INCOME

(Show Losses in Brackets)

T/S/J	Source of Income		Amount
	Alimony (Not Child Support) (If you pay Alimony - list in misc. deductions)		
	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		
	Other (Explain):		

* ✔ if you did not actively or materially participate in earning the income (or loss) listed

SALE OF PERSONAL RESIDENCE

Date Old Residence Acquired		Cost or Basis	
Improvements (Additions, Landscaping, Driveway, New Roof, etc.)			
Fixing-Up Expenses (Painting, Repairs, etc., To Prepare for Sale)			
Date Old Residence Sold		Selling Price	
Expenses of Sale (Commissions, Legal Fees, Points, Stamps, etc.)			

1. Was any part of residence rented or used for business? Yes ☐ No ☐
2. Did you own and use the home as your principal residence for at least 2 of the last five years? You: Yes ☐ No ☐ Spouse: Yes ☐ No ☐
3. Have you rolled over a gain from the sale of a prior residence into the home sold? If so, please provide Form 2119 from tax return for year prior home sold. Yes ☐ No ☐
4. Was sale required due to job transfer, medical or unforeseen circumstance? Yes ☐ No ☐

Date New Residence Acquired (Or Construction Began)			
Date Of Occupancy		Cost of New Residence	

If married, do you and your spouse have the same proportionate interest in the new residence as in the old? Yes ☐ No ☐

Attach Copy of Real Estate Closing Papers for both the sale and purchase.

INTEREST INCOME (always use payer name listed on 1099)

T/S/J	Name of Payer	Interest Amount	Exempt	CODE
	Penalty for early withdrawal of savings	( )		

- List interest income reported on all 1099-INT and 1099-OID forms.
- Attach all 1099 forms reporting Tax Withheld.
- Do not list IRA or Retirement Plan reported interest unless withdrawn and not redeposited in another Retirement Plan within 60 days.

Use Codes below if from indicated sources:
MB MUNICIPAL BONDS
IN INSTALLMENT SALES
US U.S. BONDS
TE TAX EXEMPT (explain)
MF MORTGAGE FINANCED BY SELLER (list name, address & SSN)

LIST CODE HERE

DIVIDEND INCOME (please attach all 1099 DIV forms)

T/S/J	Name of Payer	Total Ordinary Dividends	Qualified Dividends	Capital Gains*	Non Taxable	✔

- List Gross Dividends above as reported on 1099 DIV forms received.
- Attach all 1099 DIV forms.

* Related to mutual funds.

✔ if this 1099 DIV has information not listed above please check here.

CAPITAL GAINS AND LOSSES

Stocks, Bonds and Mutual Funds (Attach Form 1099-B) Sale of Property and Real Estate (Attach Form 1099-S)

T S J	Description	Date Acquired mm/dd/yy	Date Sold mm/dd/yy	Sale Price	Cost or Basis*	CODE
	1.					
	2.					
	3.					
	4.					

NOTE: Record ALL fund transactions including mutual funds.

Use These Codes below if from indicated sources
A 1099-B Received; Box 3 basis (cost)
B 1099-B Received; No Box 3 basis (cost)
C No 1099-B Received; basis is my cost

LIST CODE HERE

1. List line # if items sold on installment basis.* # ______
   - Note interest above.
   - Principal Received: this year $ ______ prior year $ ______
2. If anything above was inherited and sold, list line number(s). # ______
3. If 1099-B stated basis (cost) is wrong, mark next to the incorrect value with the codes above and provide the correct cost on an attached sheet.

* For new installment sale, also report selling expenses, mortgage assumed and if used in business, accumulated depreciation and include copy of settlement papers.

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	
	Stimulus Payment Received	
	Other (Explain):	

SOCIAL SECURITY (SSA-1099)

Use amount reported in box 5 of Social Security Benefit Statement (SSA-1099) and attach a copy.		Benefits (box 5)
	Taxpayer	
	Spouse	

INCOME TAXES PAID OR REFUNDED

If someone else prepared your taxes 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		Federal	State	Local
If not paid by due dates, list actual dates paid.	1st Qtr. 4/15			
	2nd Qtr. 6/15			
	3rd Qtr. 9/15			
	4th Qtr. 1/15			

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. Please circle any deduction that is a disproportionate amount for only you or only your spouse (It may be to your advantage to file separately).

MEDICAL

Only the amount of un-reimbursed medical expenses that exceeds 10% of Adjusted Gross Income is allowed (7.5% if age 65 or older).

Description of Medical Expenses		Amount
Doctors, Dentists, Clinics, Hospitals, Nurses, Etc.		
Prescriptions & Drugs (Doctor Prescribed Only)		
Insulin (General Drugs Not Allowed)		
Eye Glasses/Contact Lenses		
Hearing Aids & Supplies		
X-Ray/Lab Fees		
Ambulance, Paramedics		
Nurses (Board & Room)		
Medical Aid Rental		
Equipment (Prescribed)		
Nursing Home Medical Care		
Medicare Part B Service Pmts		
Smoking Cessation Program		
Other:		
Medical Insurance Code: Pre-Tax = P After Tax = A Unsure = U	▼	
Insurance – Paid by You		
Group Health Plans (Deducted from Salary)		
Medicare Premiums (From Soc. Sec. Benefits & Supplemental Ins.)		
Other Insurance (Long Term Healthcare, MSA, Other)		
***Summary Total (Optional)**		
Lodging: While away from home		
Transportation: Total miles driven for medical reasons or actual cost.		

TAXES

Description of Tax	State	Amount
Real Estate Taxes (Home) (Include if you plan to itemize or not)		
Real Estate Taxes (Other) (Not if included on Rental Schedule)		
Property Tax Rebates (If Any)		( )
Personal Property Tax (If Any)		
Auto Licenses (Not a Deduction in All States)		
State or Local Income Taxes (If Not Listed Elsewhere)		
Sales Tax/Other: If you paid any special assessments or substantial sales tax, please attach supporting documents.		

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	So. 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	So. Sec. No.

Did you acquire a new mortgage or borrow on an existing mortgage during the year?

Yes ☐ No ☐ If yes, what is your combined mortgage debt?	$
Mortgage insurance premiums (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 ie: Margin Interest).	

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

CONTRIBUTIONS

Receipts/canceled checks are now required for all cash donations.

Cash Contribution Must have receipts or bank records for all donations.	Amount
Church/Temple (Name)	
Cancer/Heart/Easter/Christmas Seals, etc. (attach list if more than one)	
Red Cross/United Way/YMCA/YWCA (attach list if more than one)	
Public TV/Radio	
Veteran's Org. (Name)	
Schools (Name & Describe)	
Other:	
Summary Total Optional – A summary total for cash/check contributions may be used. Political contributions are not deductible. Deduct value of gift received for any contributions.	
Non-Cash Contributions – Property, Clothing, Furniture, Food, etc. Attach explanation listing name & address of donee organization, items donated, date of donation, and fair market value. If total value of a single donation exceeds $500 explain method used to arrive at value (Items over $5,000 require an appraisal). If you donated a vehicle, please attach your Charity's acknowledgement of value.	
Volunteer Work – Mileage & Parking Attach explanation listing date, name & address of donee organization, activity performed, miles driven, and parking fees.	

MISC. ITEMIZED DEDUCTIONS

Only the TOTAL amount that exceeds 2% of Adjusted Gross Income is Allowed.

Description of Miscellaneous Deductions	Amount
Tax Preparation Fees	
Safe Deposit Box	
Union / Professional Dues	
Business Gifts	
Subscriptions & Trade Journals	
Tools/Shoes/Glasses	
Telephone (business)	
Uniforms and Upkeep	
Job Hunting Expenses (Detail)	
Second Job Mileage	#
IRA/Keogh Fund Fees	
Investment Expenses (Describe):	
Gambling Losses: *(Not subject to 2% limit but limited to Gambling Winnings)*	
Alimony Paid: *(Not subject to 2% limit)*	
Alimony Paid to: (Name)	Soc. Sec. No.

CASUALTY/ THEFT LOSSES

☐ ✓ if loss is in Presidentially declared disaster area.

Only the TOTAL NET RESULT that exceeds 10% of Adjusted Gross Income is Allowed

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	Mkt. Value Before	
		Mkt. Value After	

CHILD AND DEPENDENT CARE

☐ ✓ if you have employer provided dependent care benefits.

If required to be gainfully employed (or a full time student) ✓ if service performed in your home (Nanny)

Name/Address of Provider	Soc. Sec. or ID Number	Paid

Federal ID No. if required to file IRS wages reports.		Total Paid During Year $	
		No. of Children Under Age 13 #	

Use Form W-10 for provider details. Allocate expenses by dependent. Attach details if more space is needed.

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

✓	If covered by a retirement plan at work	Date	Traditional IRA	SEP/SIMPLE	Roth IRA
	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	

HIGHER EDUCATION EXPENSES

Note: Many of your higher education expenses qualify for special tax credits and deductions. Others may qualify as exclusions from income for tax-free and/or penalty-free withdrawals from your tax deferred savings accounts. Please provide information individually for each student enrolled in a qualified institution.

Note: "✓" If student is attending less than 1/2 Time	1st Student	2nd Student	3rd Student
Code (T=Taxpayer, S=Spouse, D1= Dependent 1, D2=Dependent 2)			
	Amount	Amount	Amount
Tuition			
Fees, Books, Supplies			

Other Expenses (Enter amounts as these expenses may qualify for tax/penalty-free IRA withdrawals, student loan interest deduction, or U.S. Savings Bond Interest Income Exclusion)

	1st Student	2nd Student	3rd Student
Room and Board			
Amount of any Grants, Scholarships			

JOB RELATED EDUCATION

(Enter amounts only if job/career-related and only for you and your spouse)

	Taxpayer	Spouse
Miles Driven		
Room and Board		
Books and Supplies		
Seminar Fees		

EMPLOYEE BUSINESS EXPENSES

Vehicle Info.	Date Placed In Service	Make	Year	Model	Cost or Basis	New This Yr? ✓
Vehicle 1	/ /					
Vehicle 2	/ /					

Furnish details on newly acquired vehicles and trade-in or disposition of old vehicle

Vehicle Mileage Detail

☐ X If another vehicle is available for personal use

No. of round-trip miles from home to work	
Number of days worked last year?	

Odometer Reading	Vehicle 1	Vehicle 2
End of Year		
Beginning of Year		
Business Miles		
Personal Miles		

Vehicle Expenses (If both taxpayer & spouse have deductions, use vehicle 1 for taxpayer, 2 for spouse)

	Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2
Gas & Oil			Parking/Tolls		
Washing/Lube			Licenses		
Repairs/Maint.			Lease Payments		
Tires/Accessories			Other		
Insurance					

Travel Expenses — Away from Home (Days Gone Overnight)

	Taxpayer	Spouse		Taxpayer	Spouse
Transportation			Auto Rentals		
Lodging			Cabs, Bus, etc.		

Reimbursement for All Expenses Above — if not reported on W-2 ______

Other Business Expense

	Taxpayer	Spouse		Taxpayer	Spouse
Postage/Cards			Commissions		
Office Supplies			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 other business equipment during the year? Yes ☐ No ☐
If yes, attach information including: date bought, cost, description and trade-in details.

I have sufficient written evidence to support use of vehicles and deductions listed. (Please Sign) ______

HOME OFFICE

Type of Business: ______

If Justified for Business or Professional Use for: Taxpayer ☐ Spouse ☐ Both ☐

Date Acquired Home		Utilities	
Land Cost		Interest (Mortgage, Home Equity)	
Home Cost		Taxes	
Improvement Cost		Insurance	
Sq. ft. of living area		Rubbish & Maintenance	
Sq. ft. of office (incl. inventory & sample storage)		Other:	

OTHER INFORMATION (you or spouse) For yes answers, attach detailed explanation.

1. Were you notified by the IRS or STATE of a change to any prior year tax return? Yes ☐ No ☐
2. Are any of your claimed dependents not residents or citizens of the U.S.? Yes ☐ No ☐
3. Did you make any gifts of over $14,000 to any individual (no tax advantage to you)? Yes ☐ No ☐
4. Do you have any foreign income or foreign bank accounts? Yes ☐ No ☐
5. Did you have living expenses in a foreign country as a result of income earned abroad? Yes ☐ No ☐
6. Do you have any worthless stocks, uncollectible bad debts, or were a victim of a ponzi scheme? Yes ☐ No ☐
7. Did you become disabled during the year? Yes ☐ No ☐
8. Are you a handicapped employee? Yes ☐ No ☐
9. Did you receive any distribution from an IRA, Profit Sharing or Pension Plan? Yes ☐ No ☐
10. Have you used bartering to exchange any goods or services? Yes ☐ No ☐
11. Did you live in or incur a loss in a Presidentially declared disaster relief area? Yes ☐ No ☐
12. Did you receive any insurance or other reimbursement from a prior year casualty, theft loss or medical deduction? Yes ☐ No ☐
13. Did you start a new business during the year or do you expect to start one this coming year? Yes ☐ No ☐
14. Did you pay anyone (over 18) $1,800 or more to work at your home during the calendar year? If yes, submit details. Yes ☐ No ☐
15. Did you donate a partial interest in any goods to charitable organizations? Yes ☐ No ☐
16. Do you have children under age 19 with investment income (age 24 if dependent student)? Yes ☐ No ☐
17. Do you expect any significant changes in income, withholding taxes or your tax liability for the coming year? Yes ☐ No ☐
18. Did you receive any source of income that is not listed in this booklet (lottery, awards, etc.)? Yes ☐ No ☐
19. 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 ☐
20. Do you have a Medical or Health Savings Account (MSA or HSA)? Yes ☐ No ☐
21. Are you a same-sex couple considered legally married? Yes ☐ No ☐
22. If you reached the age of 70½, have you begun your mandatory retirement saving withdrawals ? Yes ☐ No ☐
23. Did you receive employer provided educational assistance or transporation benefits? Yes ☐ No ☐
24. Did you pay long term healthcare insurance premiums or receive benefits during the year? Yes ☐ No ☐
25. Are you a school teacher who paid for classroom materials without reimbursement? Please provide a recap of expenses for potential deduction. Yes ☐ No ☐
26. If you would like your refund deposited directly into your bank account, please attached a voided check or deposit slip. (up to 3 accounts) Yes ☐ No ☐
27. Did you purchase any energy efficient equipment (hybrid car, AC, furnace, etc.)? Yes ☐ No ☐
28. Did you or your spouse have qualified military combat pay? Yes ☐ No ☐
29. Do you own bonds that qualify for the Gulf, Renewable Energy or Build America bond credits? Yes ☐ No ☐
30. Did you purchase a new home this year? Yes ☐ No ☐
31. If over age 70½, did you make a direct contribution to a charity from an IRA? Yes ☐ No ☐
32. Did you make any major purchases during the year requiring payment of sales tax (including any new vehicles)? Yes ☐ No ☐