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2014 TAX ORGANIZER

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

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

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

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

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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2014 TAX ORGANIZER

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O**

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

Taxpayer Signature	Date
Spouse Signature	Date

Mail Sheet: Send to Taxpayer
REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2014 federal and requested state income tax returns from information that you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

It's that time of the year again...time to start thinking about your tax return! Enclosed is your annual Tax Organizer, which needs to be completed and returned along with all pertinent forms and statements relating to your tax situation.

Complete Your Tax Organizer via the Internet

We are pleased to announce that we are offering an exciting alternative to completing the enclosed Tax Organizer for 2014. You now have the option of submitting your Tax Organizer online using Tax Notebook!

Tax Notebook is much more than just a web-based Tax Organizer - it ensures you never overlook important tax data and is much easier to complete! It even allows you to conveniently use your home computer to provide us with your tax data. All you need is an Internet connection to submit your information via this secure, dependable online tool.

Better yet, Tax Notebook is easy to use! You simply link to the Tax Notebook designed exclusively for you, answer all questions and complete relevant sections of the Tax Notebook online. When your Tax Notebook is complete, you can print a copy of the Notebook for your own records, and then submit your tax data to us with just the click of a button! Your information is always secure and will not be seen by anyone but the tax professionals working on your return.

If you are interested in using Tax Notebook rather than completing the enclosed Tax Organizer, please call us and we will forward you a User ID and password. Likewise, if you have any questions about Tax Notebook, we would be happy to provide you with additional information regarding this exciting new Internet tool.

If you would rather complete the hard copy of the Tax Organizer, please feel free to do so and send it back to us in the enclosed envelope.

Thank you for your time in this matter. We look forward to serving you throughout the tax season!

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Personal Information

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

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

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

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

Contact Information:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP or Postal Code _____

Foreign Province or County _____

Foreign Country _____

Taxpayer Daytime/Work Phone _____ Spouse Daytime/Work Phone _____

Taxpayer Evening/Home Phone _____ Spouse Evening/Home Phone _____

Taxpayer Foreign Phone _____ Spouse Foreign Phone _____

Taxpayer Cell Phone _____ Spouse Cell Phone _____

Taxpayer Fax Number _____ Spouse Fax Number _____

Taxpayer Email Address _____

Spouse Email Address _____

Preferred Method of Contact _____

May the IRS or other taxing authority discuss the return with the preparer?
Is the taxpayer claimed as a dependent on someone else's tax return?

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

Are you considered legally blind per IRS regulations?
Do you want to contribute to the Presidential Election Campaign Fund?

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tax Organizer Legend:

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



2014

Dependents and Wages

Dependent Information:

Did dependent have income over \$3,950?

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

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

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

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

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

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



2014

Dependents

3A

Dependent Information:

Did dependent have income over \$3,950?



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

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

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



2014

Electronic Filing

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

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

Do not electronically file the federal return

Do not electronically file the state return(s)

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

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

Would you like to use a randomly generated PIN?	Yes	No
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>

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

Taxpayer PIN _____

Spouse PIN _____



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

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. Electronic filing is the only filing method that provides you with acknowledgment that the IRS has received your return and is processing it. If you are to receive a refund and use direct deposit with electronic filing, you will normally receive your refund in about 2 weeks.

Note that not all returns qualify for electronic filing under IRS rules.

	Yes	No
If you qualify for electronic filing, would you like to file the return electronically with the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like your return prepared and filed electronically when you have a balance due?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like your federal return filed electronically only if your refund is greater than a certain minimum dollar amount?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enter the amount here.	<input style="width: 100px;" type="text"/>	
If you qualify, would you like to file your state return electronically?	<input type="checkbox"/>	<input type="checkbox"/>
If you file more than one state, do you want to file all of them electronically?	<input type="checkbox"/>	<input type="checkbox"/>

The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

	Yes	No
Would you like to use a randomly generated PIN?		
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>
If No, provide a 5-digit self-selected PIN:		
Taxpayer PIN	_____	
Spouse PIN	_____	



2014

Electronic Filing

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

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically. If you prefer not to electronically file your return, please refer to and sign the opt-out statement below. Because some states have official opt-out forms, additional signatures may be necessary before your return can be filed.

Opt-Out Statement:

_____ has informed me (us) that my (our) 2014 Individual Income Tax return may be required to be electronically filed if the firm files the return on my (our) behalf. I (We) understand that electronic filing may provide a number of benefits to taxpayers, including an acknowledgment that the IRS received the return, a reduced chance of errors in processing, and faster refunds. I (we) do not want to file my (our) return electronically and will personally file the paper return. My (our) signature(s) below represent(s) my (our) agreement that I (we) was (were) not influenced by my (our) preparer or any other member of the firm to sign this statement.

Taxpayer signature: _____ Date: _____

Spouse signature: _____ Date: _____

The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?		Yes	No
Taxpayer		<input type="checkbox"/>	<input type="checkbox"/>
Spouse		<input type="checkbox"/>	<input type="checkbox"/>

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

Taxpayer PIN _____

Spouse PIN _____



Direct Deposit and Electronic Funds Withdrawal Account Information:

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

Account Information:

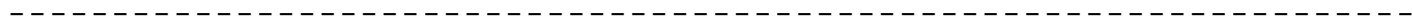
Account owner Taxpayer Spouse Joint

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

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

Name of financial institution _____
Routing Transit Number _____
Account number _____

If requesting electronic withdrawal:
What amount do you want withdrawn, if not the entire balance due? _____
When should the withdrawal occur, if not the due date of the return? _____



Account Information:

Account owner Taxpayer Spouse Joint

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

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

Name of financial institution _____
Routing Transit Number _____
Account number _____

If requesting electronic withdrawal:
What amount do you want withdrawn, if not the entire balance due? _____
When should the withdrawal occur, if not the due date of the return? _____



2014

U.S. Series I Savings Bonds Purchase

4B

Up to \$5,000 of your refund may be used to purchase U.S. Series I Savings Bonds for yourself, your spouse, and up to two other individuals, in \$50 increments.

Do you want to use any of your refund to purchase any U.S. Series I Savings Bonds?

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

If Yes, provide the information requested for each type of bond you want to purchase using your refund.

If the purchase is for someone other than the taxpayer or spouse, or if the bond should have a co-owner or beneficiary, provide the name of the person receiving the bond (if not the taxpayer or spouse), the name of the person being designated as the co-owner of the bond, if applicable, the name of the person designated as the beneficiary of the bond, if applicable, and the amount of the bond to be purchased.

Joint:

Co-owner name

Beneficiary name

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

Note: If filing a married filing joint return, bonds purchased will be jointly owned by the taxpayer and spouse. In this case, the spouse's name does not need to be entered as a co-owner. If the bonds will not be jointly owned by the taxpayer and spouse, the savings bond information should be entered in the taxpayer, spouse, or other owner areas below.

Taxpayer:

Co-owner name

Beneficiary name

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

Spouse:

Co-owner name

Beneficiary name

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

Bond purchases for someone other than the taxpayer or spouse:

Taxpayer name

Co-owner name

Beneficiary name

Amount of purchase

Taxpayer name

Co-owner name

Beneficiary name

Amount of purchase



2014

Interest Income

5A

Interest Information:

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

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

TSJ	Name of Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2013 Interest Amount
Total						

Seller-Financed Mortgage Interest Information:

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

Address of Individual from Whom Mortgage Interest Was Received

Enter Any Additional Information:

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



2014

Dividend Income

5B

Dividend Information:

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

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

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

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

Enter Any Additional Information:

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



2014

Interest Income and Foreign Information

5A

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

Interest Income:

(List all items sold during the year on Form 7.)

Special Interest Code: 1 - Qualified Educational Series EE Bonds 2 - Seller Financed Mortgage Interest 3 - Early Withdrawal Penalty 4 - Nominee Interest 5 - Accrued Interest 6 - Original Issue Discount Adjustment 7 - Amortizable Bond Premium Adjustment

TSJ	Source	Interest Income	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

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

Social Security No. of Home Buyer	Address of Individual from Whom Mortgage Interest Was Received	Code	Tax-Exempt Interest
A			
B			
C			
D			
E			

Federal Withholding	State Withholding	Investment Expenses	Tax Exempt Paid CUSIP No.	2013 Interest Amount
A				
B				
C				
D				
E				

Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

Additional State Information:

Payer ID	New Hampshire Reason Interest is Nontaxable
A	
B	
C	
D	
E	

Foreign Bank Accounts and Trusts:

At any time during 2014, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2014, whether or not you had any beneficial interest in it?



Dividend Income and Foreign Information

Dividend Income: Include all Forms 1099-DIV or other documents for dividends received
(List all items sold during the year on Form 7.)

TSJ	Source	Form 1099-DIV				
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code	Tax-Exempt Interest
A						
B						
C						
D						
E						

Form 1099-DIV					
Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	2013 Gross Dividends Amount
A					
B					
C					
D					
E					

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

Form 1099-DIV		
Box 4 Federal Withholding	Box 5 Investment Expenses	State Withholding
A		
B		
C		
D		
E		

Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

Additional State Information:

Payer ID	New Hampshire Reason Dividend is Nontaxable
A	
B	
C	
D	
E	

Foreign Bank Accounts and Trusts:

At any time during 2014, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2014, whether or not you had any beneficial interest in it? Yes No



2014

Foreign Assets

5C

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

General Information:

TSJ _____
 Title of filer _____
 Enter all countries where you have foreign bank accounts _____

Foreign Identification:

Yes	No

Passport _____
 Foreign TIN _____
 If not passport or TIN, enter description _____
 Number _____
 Country of issue _____

Information on Foreign Financial Accounts:

1 - Bank Account 2 - Securities Account 3 - Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name
A				
B				

Street Address	City
A	
B	

State	ZIP/Postal Code	Country
A		
B		

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN) B - SSN or ITIN C - Foreign

Last Name or Organization Name	First Name	Middle Initial	Suffix	Taxpayer ID Number
A				
B				

# of Joint Owners	Street Address	City
A		
B		

1 - No financial interest 2A - Joint ownership - spouse is joint owner 2B - Joint ownership - other joint owner

State	ZIP/Postal Code	Country	Ownership Code	Filer's Title
A				
B				

1 - Deposit 2 - Custodial

Type	Foreign Currency	Exchange Rate	Source of Exchange	Acct Open	Acct Closed	Joint	No Tax Items Reported
A							
B							



2014

Foreign Assets

5D

Asset Information:

Description	Identifying Number	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Jointly Owned	No Tax Items Reported

Value	Foreign Currency	Exchange Rate	Source of Exchange Rate

If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Partnership 2 - Corporation 3 - Trust 4 - Estate

Name of Foreign Entity	Type of Foreign Entity	Mailing Address of Foreign Entity

City or Town of Foreign Entity	Province, County or State of Foreign Entity	Country of Foreign Entity	Postal Code of Foreign Entity

If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Issuer 2 - Counterparty

1 - U.S. person
2 - Foreign person

Name of Issuer	Issuer Code	Type of Issuer	Residence of Issuer

1 - Individual 2 - Partnership 3 - Corporation 4 - Trust 5 - Estate

Mailing Address of Issuer	City or Town of Issuer

Province, County or State of Issuer	Country of Issuer	Postal Code of Issuer

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

Foreign assets were acquired or sold during the tax year

Foreign Bank Accounts and Trusts:

At any time during 2014, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?

If Yes, enter name of foreign country

Were you the grantor of, or transferor to, a foreign trust that existed during 2014, whether or not you had any beneficial interest in it?



2014

Brokerage Statement Details

5EA

	TSJ	Payer Name	Account No.	Information Included (X or ✓)
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				

	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
L								
M								
N								
O								
P								
Q								
R								
S								
T								

▲

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

Note: For other amounts not listed, attach a copy of your brokerage statement.



2014

Consolidated Brokerage Statement

5E

Brokerage Name	TSJ	Account Number

Brokerage Address

Interest Income and Foreign Information

Interest Income: (List all items sold during the year on Form 5G.)

Special Interest Code: 2 - Early Withdrawal Penalty 4 - Accrued Interest 6 - Amortizable Bond
 1 - Qualified Educational Series EE Bonds 3 - Nominee Interest 5 - Original Issue Discount Adjustment Premium Adjustment

	Source	Interest Income	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

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

Code	Tax-Exempt Interest	Investment Expenses	Federal Withholding	State Withholding	Tax Exempt Bond CUSIP No.	2013 Interest Amount
A						
B						
C						
D						
E						

Foreign Taxes Paid or Accrued:

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
B						
C						
D						
E						

Additional State Information:

	Payer ID	New Hampshire Reason Interest is Nontaxable
A		
B		
C		
D		
E		



Consolidated Brokerage Statement Dividend Income and Foreign Information

List all items sold during the year on Form 5G.

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

Dividend Income:



	Source	Form 1099-DIV				
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code	Tax-Exempt Interest
A						
B						
C						
D						
E						

Form 1099-DIV					
Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	2013 Gross Dividends Amount
A					
B					
C					
D					
E					

Form 1099-DIV		
Box 4 Federal Withholding	Box 5 Investment Expenses	State Withholding
A		
B		
C		
D		
E		

Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

Additional State Information:

Payer ID	New Hampshire Reason Dividend is Nontaxable
A	
B	
C	
D	
E	



Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

5G

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

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

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions		
Exchange of any securities or investments for something other than cash		
Sales of inherited property		
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale		
Commodity sales, short sales or straddles		
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest		
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock		
Securities which became worthless		

	Kind of Property and Description	Gross Sales Price (Less Commissions)	Cost or Other Basis
A			
B			
C			
D			

	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				

Other Income:

Nature and Source	2014 Amount	2013 Amount

Other Adjustments to Income:

Nature and Source	2014 Amount	2013 Amount

Investment Interest Expense:

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

Paid To	2014 Amount	2013 Amount

Foreign Bank Accounts and Trusts:

At any time during 2014, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2014, whether or not you had any beneficial interest in it? Yes No



2014

Business Income and Cost of Goods Sold

Name of Business: _____

Principal Business or Profession: _____

TSJ _____

Employer ID number _____

Street address _____

City, state and ZIP code _____

Method of inventory _____

Method of accounting _____

Business Questions for 2014:

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

2014 Amount	2013 Amount

Health insurance premiums paid for yourself and your dependents _____

Income:

Include all Forms 1099-K

Payment card and third party transactions:

Description	2014 Amount	2013 Amount

Miscellaneous income: Include all Forms 1099-MISC

Other Income:

Other gross receipts or sales _____

Less returns and allowances _____

Cost of Goods Sold:

2014 Amount	2013 Amount

Beginning inventory _____

Purchases less cost of items withdrawn for personal use _____

Cost of labor (do not include amounts paid to yourself) _____

Materials and supplies _____

Other costs of goods sold: _____

Description	2014 Amount	2013 Amount

Ending inventory _____



Name of Business: _____

Principal Business or Profession: _____

Expenses:

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

2014 Amount	2013 Amount

Other Expenses:

Description	2014 Amount	2013 Amount

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

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

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



Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2014:

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

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

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

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

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

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

Mileage:

Total miles

Total business miles

Total commuting miles for the year ..

Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest

Taxes

Fair market value of leased vehicle ..

Vehicle rentals/leases

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



2014

Business Expenses

6C

Name of Business: _____

Principal Business or Profession: _____

Business Expenses: Enter all expenses at 100 percent

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

Table with 3 columns: Description, 2014 Amount, 2013 Amount. Rows include Parking fees and tolls, Local transportation, Travel expenses, Meals and entertainment, and Other Business Expenses.

Table with 3 columns: Description, 2014 Amount, 2013 Amount. Row for Other Business Expenses with a description field.

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

Amount received for other expenses
Amount received for meals and entertainment

Table with 3 columns: Description, 2014 Amount, 2013 Amount. Rows for other expenses and meals/entertainment.

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?

Yes No checkboxes

Vehicle:

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

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

Percentage field and description/date fields

Do you (or your spouse) have another vehicle available for personal purposes?

Yes No checkboxes

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

Yes No checkboxes

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

Table with 3 columns: Description, 2014, 2013. Rows for various vehicle expenses.

Table with 3 columns: Description, 2014 Amount, 2013 Amount. Row for Other Vehicle Expenses with a description field.



2014

Business Use of Home

6D

Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2014	2013

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2014 Amount	2013 Amount	2014 Amount	2013 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2014 Amount	2013 Amount	2014 Amount	2013 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Sales of Stocks, Securities, Capital Assets & Installment Sales

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

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

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions	<input type="checkbox"/>	<input type="checkbox"/>
Exchange of any securities or investments for something other than cash	<input type="checkbox"/>	<input type="checkbox"/>
Sales of inherited property	<input type="checkbox"/>	<input type="checkbox"/>
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale	<input type="checkbox"/>	<input type="checkbox"/>
Commodity sales, short sales or straddles	<input type="checkbox"/>	<input type="checkbox"/>
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest	<input type="checkbox"/>	<input type="checkbox"/>
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock	<input type="checkbox"/>	<input type="checkbox"/>
Debts that became uncollectible	<input type="checkbox"/>	<input type="checkbox"/>
Securities that became worthless	<input type="checkbox"/>	<input type="checkbox"/>
Sale of any property where you will receive payments in future years	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Installment Sales: Do not include interest received in principal amount

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



Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ _____

Date acquired (Mo/Da/Yr) _____

Date sold (Mo/Da/Yr) _____

Selling price

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? Yes No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? Yes No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated _____

Moving Expenses:

TSJ _____

Were the moving expenses reimbursed by your employer? Yes No

Enter reimbursements not included in wages on your Form W-2

Mileage:

Number of miles from old home to new workplace

Number of miles from old home to old workplace

Number of automobile miles in move

Transportation Expenses:

Costs of transportation of household goods and personal effects

Costs of travel and lodging (do not include meals or automobile expenses)

Automobile expenses (gasoline, oil, etc.)

Meals (Pennsylvania only)



Individual Retirement Account (IRA) Information

Individual Retirement Account (IRA):

TS

IRA Questions for 2014:

- Are you covered by an employer's retirement plan?
- If no, is your spouse covered by an employer's retirement plan?
- Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
- If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
- Did you use any IRA as security for a loan this year?
- Did you have any transactions with any IRA during the year?
- If Yes, explain. _____

Yes	No

IRA Values, Rollovers, and Distributions:

Include copies of all Forms 1099-R

- Total value of all traditional IRAs on December 31, 2014
- Outstanding rollovers on December 31, 2014
- Total distributions converted to Roth IRAs
- Total retirement plans converted to Roth IRAs

Contributions:

Include copies of all Forms 5498

IRA:

- Contributions in 2014 for the 2014 tax return
- Contributions in 2015 for the 2014 tax return
- Amount for 2014 you choose to be treated as nondeductible

Roth IRA:

- Contributions made for the 2014 tax year

--

Distributions:

Include all Forms 1099-R and any nontaxable distribution details

Name of Payer	2014 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2013 Gross Distributions



2014

Pension, Annuity and Retirement Plan Information

9A

Pensions and Annuities: Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2014 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2013 Gross Distributions

Self-Employed Retirement Plan: Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?

Do you want to contribute the maximum amount allowed?

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contributions to:

Simplified employee pension plan

Defined benefit plan

Defined contribution plan

SIMPLE plan

2014 Amount	2014 Amount



2014

Rental and Royalty Income

Location of Property: _____

TSJ _____

Type of property _____

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

Yes	No

Ownership percentage if not 100% _____ %

How many days was this property rented at fair market value? _____

How many days was this property used personally (including use by family members)? _____

2014	2013

Income:

Rents received _____

Royalties received _____

2014 Amount	2013 Amount

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

Description	2014 Amount	2013 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2014 Amount	2013 Amount

Other income:

Description	2014 Amount	2013 Amount



Rental and Royalty Expenses

Location of Property: _____

Expenses:

	2014 Amount	2013 Amount
Advertising		
Auto and travel		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks, etc.		
Mortgage interest paid to individuals		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Dependent care benefits		
Employee benefits		
Other Expenses:		

Description	2014 Amount	2013 Amount



2014

Rental and Royalty Property and Equipment & Depletion

10B

Location of Property: _____

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

Acquisitions:

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

Dispositions:

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

Percentage Depletion Information:

Production Type	Royalty Income	
	2014 Amount	2013 Amount



Rental and Royalty Vehicle and Other Listed Property

Location of Property: _____

Listed Property Questions for 2014:

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

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

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

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?

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

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2014 Miles	2013 Miles
2014 Amount	2013 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2014 Miles	2013 Miles
2014 Amount	2013 Amount

Mileage:

Total miles

Total business miles

Total commuting miles for the year ..

Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest

Taxes

Fair market value of leased vehicle ..

Vehicle rentals/leases



2014

Rental and Royalty Business Expenses

10D

Location of Property: _____

Business Expenses: Enter all expenses at 100 percent

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

	2014 Amount	2013 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2014 Amount	2013 Amount

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

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

Vehicle:

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

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

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

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

Description	2014 Amount	2013 Amount



Rental - Business Use of Home

Location of Property: _____

Partial Use of Your Home for Business:

2014

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? .. Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2014 Amount	2013 Amount	2014 Amount	2013 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2014 Amount	2013 Amount	2014 Amount	2013 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Partnership, S Corporation, Estate, Trust and REMIC Income

Partnership Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income: Include all Schedules Q

TSJ	Entity Name	Employer ID Number



2014

Partnership and S Corporation Business Expenses

11A

Activity Name:

Business Expenses: Enter all expenses at 100 percent

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

	2014 Amount	2013 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2014 Amount	2013 Amount

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

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

Vehicle:

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

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

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

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

Description	2014 Amount	2013 Amount



2014

Passthrough Business Use of Home

11B

Activity Name: _____

Partial Use of Your Home for Business:

2014

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? ... Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2014 Amount	2013 Amount	2014 Amount	2013 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2014 Amount	2013 Amount	2014 Amount	2013 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



2014

Farm Income (Page 1 of 2)

Proprietor's Name: _____

Principal Crop or Activity: _____

TSJ _____
Employer identification number _____
Method of accounting _____

Farm Questions for 2014:

Did you dispose of this farm? Yes No
If Yes, what was the disposition date? _____ (Mo/Da/Yr)
Have you prepared or will you prepare all required Forms 1099?

2014 Amount	2013 Amount

Health insurance premiums paid for yourself and your dependents _____

Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

Description	2014		2013	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

Income:

	2014 Amount	2013 Amount
Sales of livestock, produce, grains, etc. you raised		
Total cooperative distributions (Forms 1099-PATR)		
Taxable cooperative distributions		
Total agricultural program payments		
Taxable agriculture program payments		
Total Commodity Credit Corporation (CCC) loans		
Total crop insurance proceeds and certain disaster payments received in 2014		
Taxable crop insurance proceeds received		
Crop insurance proceeds deferred from prior year		
Custom hire (machine work) income		
Federal gasoline tax or fuel tax credit or refund		
State gasoline tax or fuel tax credit or refund		



2014

Farm Income (Page 2 of 2)

12A

Proprietor's Name:

Principal Crop or Activity: ..

Income:

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

Description	2014 Amount	2013 Amount

Government payments: Include all Forms 1099-G

Description	2014 Amount	2013 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2014 Amount	2013 Amount

Other income:

Description	2014 Amount	2013 Amount



2014

Farm Expenses and Property & Equipment

12B

Proprietor's Name:

Principal Crop or Activity:

Expenses:

Business meals and entertainment
 Car and truck expenses
 Chemicals
 Conservation expenses
 Custom hire (machine work)
 Employee benefit programs and health insurance (other than pension and profit sharing plans)
 Feed purchased
 Fertilizers and lime
 Freight and trucking
 Gasoline, fuel and oil
 Insurance (other than health)
 Interest - mortgage (paid to banks, etc.)
 Interest - other
 Labor hired
 Pension and profit-sharing plans
 Rent or lease - vehicles, machinery and equipment
 Rent or lease - other (land, animals, etc.)
 Repairs and maintenance
 Seeds and plants purchased
 Storage and warehousing
 Supplies purchased
 Taxes
 Utilities
 Veterinary, breeding and medicine
 Capitalized preproductive period expenses
 Dependent care benefits

2014 Amount	2013 Amount

Other Expenses:

Description	2014 Amount	2013 Amount

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

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

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



2014

Farm Vehicle and Other Listed Property

12C

Proprietor's Name: _____

Principal Crop or Activity: _____

Listed Property Questions for 2014:

Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

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

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service . . . (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for your personal use?

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

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

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



Farm Business Expenses

Proprietor's Name: _____

Principal Crop or Activity: _____

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

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

	2014 Amount	2013 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		
Description	2014 Amount	2013 Amount

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

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

Vehicle:

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

Description of vehicle

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

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

Was your vehicle available for personal use during off-duty hours? Yes No

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

Description	2014 Amount	2013 Amount



Farm Business Use of Home

Proprietor's Name: _____

Principal Crop or Activity: _____

Partial Use of Your Home for Business:

2014

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2014 Amount	2013 Amount	2014 Amount	2013 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2014 Amount	2013 Amount	2014 Amount	2013 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



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

Miscellaneous Income and Adjustments:

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

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2014 Amount	2013 Amount

Alimony Paid or Received:

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



Miscellaneous Adjustments

Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2014 Amount	2013 Amount

Health Savings Accounts (HSAs)

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

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

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

Were all distributions from your HSA for unreimbursed medical expenses?

Did you or your spouse enroll in Medicare?

If Yes, what month did you enroll?

What month did your spouse enroll?

Yes	No

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

TSJ	Nature and Source	2014 Amount	2013 Amount



2014

Ministerial Income

13B

TS

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

Are these deductions associated with a business?

If Yes, enter the name of the business: _____

Are these deductions employee business expenses?

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

If Yes, enter the occupation: _____

Parsonage:

Fair rental value of parsonage provided by church

Utility allowance of parsonage

Actual expenses for utilities of parsonage

2014 Amount	2013 Amount

Rental or Parsonage Allowance:

Parsonage or rental allowance

Utility allowance

Actual expenses for parsonage

Actual expenses for utilities

Fair rental value of home, plus the cost of utilities

2014 Amount	2013 Amount



Itemized Deductions - Medical and Taxes

Medical and Dental Expenses:

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

TSJ	2014 Amount	2013 Amount

2014 Amount	2013 Amount

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

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

Other Medical Expenses:

TSJ	Description	2014 Amount	2013 Amount

Taxes Paid: Include copies of your tax bills

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

TSJ	2014 Amount	2013 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2014 Amount	2013 Amount

Other Taxes Paid:

TSJ	Description	2014 Amount	2013 Amount

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



Mortgage Questions for 2014:

	Yes	No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.)	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? _____		
Did you purchase a new home or sell your former home during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home?	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

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

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2014 Amount	2013 Amount
	Name	Address			

Deductible Points:

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

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2014 Amount	2013 Amount

Investment Interest Expense:

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

TSJ	Paid To	2014 Amount	2013 Amount



Cash Contributions: Include all Forms 1098-C.

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

Table with 4 columns: TSJ, Organization or Description of Contribution, 2014 Amount, 2013 Amount

Table with 4 columns: TSJ, Conservation Real Property, 2014 Amount, 2013 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2014 Miles, 2013 Miles. Includes row for Number of miles traveled performing volunteer work for qualified charitable organizations.

Noncash Contributions Totaling \$500 or Less:

Table with 4 columns: TSJ, Description of Donated Property, 2014 Amount, 2013 Amount

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

TSJ Description of the donated property

Donee organization name

Donee organization address

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

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

Cost or basis of the donated property

Fair market value of the donated property

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

- Appraisal Thrift shop value Catalog Comparable sale

Other - please explain

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

- Purchase Gift Inheritance Exchange



Miscellaneous Itemized Deductions:

- Union and professional dues
- Tax preparation fee
- Professional subscriptions
- Hobby expense (To extent of income)
- Safe deposit box
- Uniforms and protective clothing
- Work tools
- Gambling losses
- Estate taxes

TSJ	2014 Amount	2013 Amount

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees
- Investment expenses
- Custodial fees
- Employment agency fees
- Certain educational expenses

TSJ	Description	2014 Amount	2013 Amount

Casualty or Theft Loss:

TSJ _____
 Property description _____

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use Business use Income producing Employee Use Personal use due to Hurricane Katrina
- Personal use attributable to a federally declared disaster between 2007 and 2009 Personal use attributable to Midwestern disaster area Personal use attributable to Kansas disaster area
- Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Date acquired (Mo/Da/Yr) _____
 Date damaged or lost (Mo/Da/Yr) _____

Original cost or other basis

Fair market value before casualty

Fair market value after casualty

Cost of replacement

Insurance reimbursement



Partial Use of Your Home for Business:

Square footage of home used exclusively for business
Total square footage of home
Total hours home was used for day care during the year

Table with 2 columns: 2014, 2013

Was your home used for day care purposes for the entire year?
Were improvements made to the home and/or home office since the time you began using the home for business?

Yes/No checkboxes

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.
Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

Table with 4 columns: Direct Expenses (2014 Amount, 2013 Amount), Indirect Expenses (2014 Amount, 2013 Amount). Rows include Casualty losses, Deductible mortgage interest paid to: Financial institutions, Individuals, Real estate taxes, Insurance, Qualified mortgage insurance premiums, Repairs and maintenance, Utilities, Rent.

Other Expenses:

Table with 4 columns: Description, Direct Expenses (2014 Amount, 2013 Amount), Indirect Expenses (2014 Amount, 2013 Amount)

Seller-Financed Mortgage Interest Information:

Table with 3 columns: Name of Individual to Whom Mortgage Interest Was Paid, Identification Number of Individual, Address of Individual to Whom Mortgage Interest Was Paid



Employee Business Expenses

TS: _____ Occupation: _____

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

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, enter the percentage to apply to Schedule A _____ %

	2014 Amount	2013 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2014 Amount	2013 Amount

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

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

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No

Vehicle:

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

Description of vehicle

Date vehicle was placed in service

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

Was your vehicle available for personal use during off-duty hours? Yes No

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

Description	2014 Amount	2013 Amount



Employee Business Expenses- Business Use of Home

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2014	2013

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2014 Amount	2013 Amount	2014 Amount	2013 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2014 Amount	2013 Amount	2014 Amount	2013 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No

Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2013 but paid in 2014

Employer-provided dependent care benefits that were forfeited in 2014

2013 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name
Street address
City, state and ZIP code
Social security number OR
Employer identification number
Telephone number (California only)

	2014 Amount	2013 Amount
Expenses incurred and paid in 2014		
Expenses incurred and not paid in 2014		

Provider 2:

Name
Street address
City, state and ZIP code
Social security number OR
Employer identification number
Telephone number (California only)

	2014 Amount	2013 Amount
Expenses incurred and paid in 2014		
Expenses incurred and not paid in 2014		

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2014 Expenses Incurred	2013 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Include copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	2014 Qualified Expenses



Household Employment Taxes

General Information:

TSJ

Employer identification number

Did you pay any one household employee cash wages of \$1,900 or more in 2014? Yes No

Did you withhold any federal income tax from wages paid to any household employee? Yes No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2013 or 2014? Yes No

Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes

Cash wages subject to Medicare taxes (if different than cash wages subject to social security)

Cash wages subject to additional Medicare tax withholding

Federal income tax withheld

State disability plan payments subject to social security taxes

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)

	2014 Amount	2013 Amount

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? Yes No

State	Total Cash Wages Subject to FUTA	2013 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2015

Name of State	Total Taxable Wages	Contribution Paid to Unemployment Fund	X	2013 Amount



Federal Tax Payments

Refund Application:

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

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

Federal Estimated Tax Payments:

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

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

2013 overpayment applied to 2014 estimate

Tax Planning Information for Tax Year 2015:

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

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

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



2014

State and City Tax Payments

20A

State and City Estimated Tax Payments:

2014 1st Quarter Estimate

2014 2nd Quarter Estimate

2014 3rd Quarter Estimate

2014 4th Quarter Estimate

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

2013 overpayment applied to 2014 estimate

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

Estimated tax payments for 2013 paid in 2014

State and City Estimated Tax Payments:

2014 1st Quarter Estimate

2014 2nd Quarter Estimate

2014 3rd Quarter Estimate

2014 4th Quarter Estimate

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

2013 overpayment applied to 2014 estimate

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

Estimated tax payments for 2013 paid in 2014

State and City Estimated Tax Payments:

2014 1st Quarter Estimate

2014 2nd Quarter Estimate

2014 3rd Quarter Estimate

2014 4th Quarter Estimate

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

2013 overpayment applied to 2014 estimate

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

Estimated tax payments for 2013 paid in 2014



Gambling Winnings

Include all of your current year Forms W-2G

TS	Name of Payer	Gross Winnings	Tax Withheld	
			Federal	State



Foreign Employment Information (Page 1 of 3)

General Information:

TS _____

Foreign address _____

Name of employer _____

Employer's U.S. address _____

Employer's foreign address _____

Employer type: Foreign entity, U.S. company,
 Foreign affiliate of a U.S. company, Self _____

Enter the last year that Form 2555 was filed to
 claim either of the exclusions _____

Type of exclusions revoked in prior years _____

Year exclusion revoked _____

If a separate foreign residence was maintained for your
 family due to adverse living conditions, please provide
 the city, country, and number of days maintained _____

List tax home(s) during tax year and dates established _____

Country of citizenry or nationality _____

Qualified housing expenses for the tax year

Adjustment to employer provided amounts for qualified
 housing expense

Tax Home History:

	Principal City and Country of Employment	Start Date (Mo/Da/Yr)	End Date (Mo/Da/Yr)
Most recent tax home			
First previous tax home			
Second previous tax home			
Third previous tax home			



Foreign Employment Information (Page 2 of 3)

Bona Fide Residence Test Information:

Beginning date for foreign residence (Mo/Da/Yr) _____
 Ending date for foreign residence (Mo/Da/Yr) _____

Kind of foreign living quarters:
 Purchased house, Rented house or apartment, Rented room,
 Quarters furnished by employer

If any family members lived abroad with you during any part
 of the tax year, enter their names. Include the dates when
 the family members lived with you

Relationship	First Name	MI	Last Name	Date Arrived	Date Left	X if Entire Period

Was a statement made to foreign country authorities declaring you were not a resident of their country?	Yes	No
Were you required to pay income tax in that country?		
Does the foreign country have an income tax?		

State any contractual terms or other conditions relating to the length of employment abroad

What type of visa was used to enter the foreign country?

Explain any limitations of the visa as to length of stay or employment in a foreign country

If a home was maintained in U.S. while residing abroad, show address, whether rented, names and relationships of occupants

Address

Street address

City

State

ZIP Code

X if rented

Occupants			
First Name	MI	Last Name	Relationship



2014

Foreign Employment Information (Page 3 of 3)

30B

Travel Abroad for 12 Month Period:

Name of Country (Including U.S.)	Date Arrived (Mo/Da/Yr)	Date Left (Mo/Da/Yr)	Full Days in Country	Number of Days Present in U.S. on Business



Foreign Housing Expenses Worksheet

Indicate below (for yourself, spouse and dependents living with you) the amount of housing expenses incurred (whether paid by you or your employer) in the foreign country. If expenses are listed in foreign currency, indicate dates of payment to the left of the amount boxes and enter type of currency.

Type of currency	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses
Rent			
Fair market value of employer-owned housing furnished to you (Without reduction for U.S. equivalent housing charge)			
Foreign real estate, occupancy taxes or television taxes (not included on Medical Expenses and Taxes form, detail by country on continuation sheet)			
Utilities (but not telephone charges)			
Real and personal property insurance			
"Key money" or other similar nonrefundable deposits paid to secure a lease			
Repairs and maintenance			
Furniture rental			
Lodging portion of temporary living expenses (Do not include on Moving Expenses page)			

Other Expenses:

Description	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses

Total expenses

--	--	--

Indicate if meals and/or lodging were provided by or on behalf of your employer on his business premises: (If you resided in a camp, you are considered to be on the business premises of your employer.)

To you	<input type="checkbox"/>	<input type="checkbox"/>
To your family members	<input type="checkbox"/>	<input type="checkbox"/>



2014

Foreign Travel and Workdays Information Worksheet

30D

Complete for every month even if this may have been your first or last year in the U.S.

Travel To/From the U.S.				Days in Month	Days Worked In and Outside U.S.				
Dates (Mo/Da/Yr)		Dates (Mo/Da/Yr)			Days Not Worked*		Days Worked**		
Left Foreign Country	Arrived U.S.	Left U.S.	Arrived Foreign Country		U.S.	Foreign	U.S.	Foreign	
				January	31				
				February	28				
				March	31				
				April	30				
				May	31				
				June	30				
				July	31				
				August	31				
				September	30				
				October	31				
				November	30				
				December	31				
				Total	365				

* Weekends, holidays, vacation, sick, etc.

** Include weekends and holidays if you worked on these days.

During 2014, in which state(s)/city(ies) did you work?

List the dates

State/City	From (Mo/Da/Yr)	To (Mo/Da/Yr)	Days Worked

Total (must agree with U.S. days worked shown above)

Days in U.S. for any reason in 2013 ____ 2012 ____



2014

Foreign Wages and Other Income (Page 1 of 2)

Foreign Questions for 2014:

- If you will be outside the U.S., do you want an automatic extension if you qualify?
- Will any tax due be paid with the extension?
- If you were working outside the U.S., did you terminate your foreign employment in 2014?
- Did you have foreign income derived from sources within designated "Boycott Activities"?
- If Yes, provide all information pertaining to the boycott activities.

Yes	No

Foreign Source Wages and Salaries:

Include all copies of your current year Forms W-2 or other wage statements

TS _____ Employer name

Employer address

Employer city

Employer state

Employer ZIP

Employer foreign country

	2014 Amount	2013 Amount
Base wages		
Federal tax withheld		
FICA withheld		
Medicare tax withheld		
Days in foreign country before foreign assignment		
Days in foreign country after foreign assignment		
Days in U.S. while on foreign assignment		

Allowances and Reimbursements:

	2014 Amount	2013 Amount
Cost of living and overseas differential		
Moving expense reimbursement		
Family		
Education		
Home leave		
Quarters		
Bonus		
Stock option - current year		
Foreign tax reimbursement		
Survivor's insurance		
Automobile		
Hardship premium		
Home gross salary		
Tax adjustment - current year		
Gross up		
Mobility premium		
Relocation allocation		
Wire transfer allowance		
Home housing allowance		
Home gross entitlement		
Home net entitlement		
Variable pay awards		
Miscellaneous		
Imputed tax preparation fees		
Home country pension cost		
401(k) reductions		



2014

Foreign Wages and Other Income (Page 2 of 2)

Allowances and Reimbursements (Continued):

Other Allowances and Reimbursements:

Description	2014 Amount	2013 Amount

State and Local Information:

State	Employer's State I.D. No.	State Wages, Tips	State Income Tax	Local Wages, Tips	Local Income Tax	City	Locality Name

Other Income and Noncash Income:

TSJ	Nature and Source	2014 Amount	2013 Amount

Other Adjustments:

TSJ	Nature and Source	2014 Amount	2013 Amount

Miscellaneous Income:

	TSJ _____		TSJ _____	
	2014 Amount	2013 Amount	2014 Amount	2013 Amount
Unemployment compensation received				
Unemployment compensation repaid in 2014				
Social security benefits received				
Social security benefits repaid in 2014				

Enter Any Additional Information:



2014

Foreign Wages and Other Income Worksheet

31B

You may skip this page if company statements for this information are provided.

NOTE: If you received income in 2014 for services performed in prior years, (bonus, separation payments, etc.) provide us with a copy of your tax return for these years unless we have them in our possession. If expenses are listed in foreign currency, indicate dates of payment and type of currency to the left of the amount boxes.

Compensation: You must provide the originals of Form W-2

Employer:

Gross base salary
Tax deferred savings (401K)
Bonus - 2014
Bonus - other years
Indicate year(s)
Cost of living allowance
Education
Dependent travel
Housing
Group life insurance
Tax equalization
Foreign taxes reimbursed - 2014
- 2013 and prior years
Moving

Table with 2 columns: Taxpayer, Spouse. Rows correspond to the compensation items listed on the left.

Table with 3 columns: Other Allowances - Description, Taxpayer, Spouse. Includes a header row and three blank rows.

Non-cash Remuneration:

Home (lodging)
Meals
Car

Table with 2 columns: Taxpayer, Spouse. Rows correspond to the non-cash remuneration items listed on the left.

For additional employers, provide details on a continuation sheet.



2014

Foreign Taxes

Country of residence: _____

Foreign Taxes Paid or Accrued:

TS	Country Name	Income Type (Dividends, Rents, Etc.)	Is Tax Accrued?	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (In Foreign Currency)	Tax Amount (In U.S. Dollars)

Prior Year Foreign Taxes Paid in the Current Year:

Year	Date Paid (Mo/Da/Yr)	Amount

Enter Any Additional Foreign Tax Information:



Gifts Made Outright to an Individual

NOTE: Only complete Forms 34 and/or 35 if in 2014:

- You made gifts of cash or marketable securities to an individual that exceeded \$14,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

Gift 1:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift	_____		
Address of person	_____		
Your relationship to the person (e.g., son, granddaughter or friend)	_____		
Age of the person	_____		
Date(s) of gift(s)	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$14,000 in cash or 500 shares of ABC stock)	_____		
Cost basis of assets gifted if other than cash	<input style="width:100%;" type="text"/>		
Value of assets gifted if other than cash	<input style="width:100%;" type="text"/>		

Gift 2:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift	_____		
Address of person	_____		
Your relationship to the person (e.g., son, granddaughter or friend)	_____		
Age of the person	_____		
Date(s) of gift(s)	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$14,000 in cash or 500 shares of ABC stock)	_____		
Cost basis of assets gifted if other than cash	<input style="width:100%;" type="text"/>		
Value of assets gifted if other than cash	<input style="width:100%;" type="text"/>		



NOTE: Complete this form only if you have made gifts in or to a trust during the year.

For each gift made in trust during the year, provide the following information:

Name of trust receiving the gift _____

Name of the trustee _____

Address of the trustee _____

Trust identification number _____

Name of the beneficiary of the trust _____

Your relationship to the beneficiary
(e.g., son, granddaughter or friend) _____

Age of the beneficiary _____

Date(s) of gift(s) (Mo/Da/Yr) _____

Description and amount of assets gifted
(e.g., \$14,000 in cash or 500 shares of ABC stock) _____

Cost basis of assets gifted if other than cash

Value of assets gifted if other than cash

For gifts other than cash, include a copy of any appraisal(s) of assets. If no appraisal is available, describe how the value was determined.

Include a copy of the following:

A copy of the trust document(s) unless previously furnished to us.

A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.



2014

Detail Depreciation

DP

Business or Activity: _____

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed in Service (Mo/Da/Yr)	If the Asset Was Sold, Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price



2014

2014 Tax Return Checklist

Client Name: _____

	Prior Year	Current Year
Income:		
Wages (IRS W-2)	_____	_____
Interest Income (IRS 1099-INT)	_____	_____
Dividend Income (IRS 1099-DIV)	_____	_____
Brokerage Statements (Form 1099-A,B,S)	_____	_____
IRA/Pension/Annuity Income (IRS 1099R)	_____	_____
Schedule K-1s (IRS K-1)	_____	_____
Miscellaneous Income and Adjustments (IRS-1099-MISC, G)	_____	_____
Rent and Royalty Income	_____	_____
Itemized Deductions:		
Medical/Dental Expenses	_____	_____
Real Estate Taxes	_____	_____
Property Taxes	_____	_____
Mortgage Interest (Form 1098)	_____	_____
Charitable Contributions	_____	_____
Other:		
Estimated Tax Payments	_____	_____

* Provide any tax related information not listed above, e.g. new brokerage statements, K-1 investments, etc.



2014

Interest Income

TSJ	Payer Name	Account No.	Prior Year Amount	Information Included (X or ✓)



Miscellaneous Income and Adjustments

Table with 5 columns: TSJ, Payer Name, Account No., Prior Year Amount, and Information Included (X or checkmark). The table contains 28 empty rows for data entry.



2014

Itemized Deductions

TSJ	Description	Prior Year Amount	Information Included (X or ✓)
-----	-------------	-------------------	-------------------------------

Medical/Dental Expenses:

Real Estate Taxes:

Property Taxes:

Mortgage Interest:

Charitable Contributions:



2014

Federal, State, and City Tax Payments

Refund Application:

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

Refunded Yes No
 Applied to next year's estimated tax liability Yes No

Federal Estimated Tax Payments:

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

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

State and City Estimated Tax Payments:

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

TSJ _____
 State/City Name _____

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

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

TSJ _____
 State/City Name _____

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

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

TSJ _____
 State/City Name _____

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

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

TSJ _____
 State/City Name _____

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid



2014

General Information:

Name and address of present employer:

Taxpayer: Name, Address, City, State, ZIP Code, Foreign Province/State/County, Foreign Country, Foreign Postal Code

Spouse: Name, Address, City, State, ZIP Code, Foreign Province/State/County, Foreign Country, Foreign Postal Code

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Alabama for all of 2014, enter the dates you did live in Alabama
Enter the state names other than Alabama for which you had income

Education Savings:

Did you or your spouse make any contributions to an Alabama Prepaid Affordable College Tuition Program or Alabama College Education Savings Program account? Yes No

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2014 Amount Contributed

Consumer Use Tax:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax: General use, Automotive vehicles, Farm machinery and equipment

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Senior Services Trust Fund, Alabama Arts Development Fund, Alabama Nongame Wildlife Fund, Child Abuse Trust Fund, Alabama Veteran's Program, Alabama State Historic Preservation Fund, Alabama Firefighters Annuity and Benefit Fund, Cancer Research Institute, Archive Services Fund, Foster Care Trust Fund, Mental Health, Alabama Breast & Cervical Cancer Program, Victims of Violence Assistance, Alabama Military Support Foundation, Alabama Veterinary Medical Foundation, Spay-Neuter Program, Alabama Association of Rescue Squads

Alabama Election Campaign Fund Contribution - Democratic Party, - Republican Party



2014

Arizona Information

General Information:

Arizona lottery winnings

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Arizona for all of 2014, enter the dates you did live in Arizona

Enter the state names other than Arizona where you had income

Education Savings:

Yes	No
-----	----

Did you or your spouse make any contributions to a qualified state tuition (Section 529) plan?

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2014 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Sustainable State Parks and Road Fund	<input type="text"/>
Wildlife Fund	<input type="text"/>
Child Abuse Prevention Fund	<input type="text"/>
Domestic Violence Shelter Fund	<input type="text"/>
National Guard Relief Fund	<input type="text"/>
Neighbors Helping Neighbors Fund	<input type="text"/>
Special Olympics Fund	<input type="text"/>
Veteran's Donation Fund	<input type="text"/>
Solutions Teams Assigned to Schools	<input type="text"/>
I Didn't Pay Enough Fund	<input type="text"/>
Political Gift - Democratic	<input type="text"/>
Libertarian	<input type="text"/>
Republican	<input type="text"/>
Americans Elect	<input type="text"/>

Enter Any Additional Arizona Information:



2014

Arkansas Information

General Information:

Number of developmentally disabled individuals

Names of developmentally disabled individuals

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you qualify as being deaf for personal credit purposes?

Early Childhood Program certification number

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Arkansas for all of 2014, enter the dates you did live in Arkansas

Enter the state names other than Arkansas where you had income

Education Savings:

Did you or your spouse make any contributions to an Arkansas Tax Deferred Tuition Savings Program account? Yes No

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2014 Amount Contributed

Check-Off Contribution:

Enter the amount you wish to contribute on your 2014 tax return to:

Arkansas Disaster Relief Fund	<input type="text"/>
U.S. Olympic Fund	<input type="text"/>
Arkansas School for the Blind and Deaf	<input type="text"/>
Baby Sharon's Children Catastrophic Illness Grant Program Trust Fund	<input type="text"/>
Organ Donor Awareness Education Program	<input type="text"/>
Military Family Relief Program	<input type="text"/>
Arkansas Area Agencies on Aging	<input type="text"/>
Newborn Umbilical Cord Initiative	<input type="text"/>
Arkansas Tax Deferred Tuition Savings Program	<input type="text"/>

Enter Any Additional Arkansas Information:



2014

General Information:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

Complete this section only if you were a resident of any other state during any portion of the year. Taxpayer Spouse. If you became a resident of California in 2014, enter - State of prior residence abbreviation - Date of move (Mo/Da/Yr). If you became a nonresident of California in 2014, enter - New state of residence abbreviation - Date of move (Mo/Da/Yr). If you were a military nonresident, enter state of residence abbreviation. If you were a military nonresident, enter state stationed in abbreviation. If you were a prior resident of California, enter the date you moved back to California (Mo/Da/Yr). If you were a prior resident of California, enter the date you left California (Mo/Da/Yr). Did you own homes and/or properties in California during 2014? How many days during 2014 were spent in California? Date entered California if prior to 2014 (Mo/Da/Yr). Date left California if prior to 2014 (Mo/Da/Yr).

Voluntary Contributions: Enter the amount you wish to contribute on your 2014 tax return to the following funds:

California Seniors Special Fund
Alzheimer's Disease/Related Disorders Fund
Rare and Endangered Species Preservation Program
California Breast Cancer Research Fund
California Firefighters' Memorial Fund
Emergency Food Assistance Program
California Peace Officer Memorial Fund
California Sea Otter Fund
CA Cancer Research Fund
Child Victims of Human Trafficking Fund
Protect Our Coast and Oceans Fund
Arts for Kids Fund
American Red Cross, California Chapters Fund
California Senior Legislature Fund
Habitat for Humanity Fund
CA Sexual Violence Victim Services Fund



2014

Renter's Credit:

List the address(es) of residence(s) in California and the dates you rented during 2014:

Street Address	City, State, and ZIP code	Dates Rented in 2014	
		From (Mo/Da/Yr)	To (Mo/Da/Yr)

List the name, address and telephone number of the person(s) you paid rent to:

Name	Street Address	City, State and ZIP Code	Telephone Number

- | | | |
|---|--------------------------|--------------------------|
| Are you a dependent or minor living with or under the care of another? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the property you rented in 2014 exempt from property tax? | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you claim the homeowner's property tax exemption anytime during 2014? | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your spouse claim the homeowner's property tax exemption anytime during 2014? | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| If you and your spouse file separate returns and lived in the same rental property, do you wish to claim 100% of this credit? | <input type="checkbox"/> | <input type="checkbox"/> |

Enter Any Additional California Information:



2014

General Information:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax:

Combine individual purchases less than \$300 each per category and enter the total purchase amount.

Luxury items	
Computer and data processing services	
Other purchases	

For any amounts entered, include the date of purchase, description, purchase price, and tax paid.

Residency Information:

Taxpayer		Spouse	
From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)

If you did not live in Connecticut for all of 2014:

Enter the dates you did live in Connecticut

List the prior/new state of residence

Enter the state names other than Connecticut where you had income

Education Savings:

Did you or your spouse make any contributions to a Connecticut Higher Education Trust (CHET) account?

Yes	No
-----	----

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	CHET Account Number	2014 Amount Contributed

Nonresident and Part-Year Resident Employee Apportionment Worksheet Information:

If your employment required you to perform services both inside and outside Connecticut and you do not know the actual amount of income you earned in Connecticut and you were an employee who was compensated, complete the information below:

Basis for apportionment: Working days (1), Sales (2), Mileage (3)

Days/sales/miles outside Connecticut

Days/sales/miles inside Connecticut

Nonworking days (only to be used with working days basis for apportionment)

Total income being apportioned

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

AIDS Research Education Fund	
Organ Transplant Fund	
Endangered Species/Wildlife Fund	
Breast Cancer Research Fund	
Safety Net Services Fund	
Military Family Relief Fund	



2014

Delaware Information

General Information:

Taxpayer

Spouse

Business telephone number (including area code)

Do you qualify as permanently disabled? Yes No

Do you qualify as permanently disabled? Yes No

Residency Information:

Table with columns: Taxpayer, From (Mo/Da/Yr), To (Mo/Da/Yr)

Table with columns: Spouse, From (Mo/Da/Yr), To (Mo/Da/Yr)

If you did not live in Delaware for all of 2014, enter the dates you did live in Delaware

Enter the state names other than Delaware where you had income

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Taxpayer

Spouse

- List of voluntary contribution funds: Delaware's Nongame Wildlife, Endangered Species, and Natural Areas Preservation Fund, U.S. Olympic Committee, Emergency Housing Assistance Fund, Delaware Breast Cancer Coalition, Organ Donation Awareness Trust Fund, Diabetes Education Fund, Delaware Veteran's Home Fund, Delaware National Guard and Reserve Emergency Assistance Fund, Juvenile Diabetes Research Foundation, Multiple Sclerosis Society, Ovarian Cancer Fund, 21st Fund for Children, White Clay Creek Wild and Scenic River Preservation Fund, Home of the Brave Fund, Senior Trust Fund, Veteran's Trust Fund

Table for Taxpayer contributions

Table for Spouse contributions

Section B - Subtractions from Federal Income:

Travelink Program

Travelink Program Taxpayer box

Travelink Program Spouse box

Enter Any Additional Delaware Information:

Large empty table for additional information



2014

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in the District of Columbia for all of 2014, enter the dates you did live in the District of Columbia

Enter the state names other than the District of Columbia where you had income

Education Savings:

Yes	No
-----	----

Did you or your spouse make any contributions to a qualified DC "529" College Savings Plan account?

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2014 Amount Contributed

Property Tax Credit Information:

TS

What type of property is the property tax credit for? Private home Apartment Rooming house

Were you physically or mentally impaired on January 1, 2014? Yes No

Is your disability expected to last 12 months or more? Yes No

Are you age 62 or older? Yes No

Did you file a physician's certification in prior years? Yes No

Physician's name

Physician's address

Physician's apartment number

Physician's city, state and ZIP code

Physician's telephone number

Landlord's name

Landlord's address

Landlord's apartment number

Landlord's city, state and ZIP code

Landlord's telephone number

Business Credits

Organ and Bone Marrow Donor Credit

Job Growth Incentive Act Credit



2014

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Public Trust for Drug Prevention and Children at Risk

DC Statehood Delegation Fund

Anacostia River Cleanup and Protection Fund

Disability Income Exclusion Information:

	TS ____	TS ____
Date retired (Mo/Da/Yr)	_____	_____
Name of employer	_____	_____
Name of payer	_____	_____

Non-Custodial Parent EITC Claim Information:

Dependent name	_____	_____
Dependent SSN	_____	_____
Location of court	_____	_____
Case or Docket number	_____	_____
Name of government agency	_____	_____
Street address of government agency City, state and ZIP code	_____	_____
Monthly court ordered payments	_____	_____
Start date of ordered payments (Mo/Da/Yr)	_____	_____
Custodian first name and initial	_____	
Custodian last name	_____	
Custodian social security number	_____	
Custodian street address	_____	
City, state and ZIP code	_____	
Custodian date of birth (Mo/Da/Year)	_____	

Enter Any Additional District of Columbia Information:



2014

Unincorporated Business Franchise Tax Information:

General Information:

TSJ _____

Number of business locations: _____

 Within DC _____

 Outside DC _____

DC business tax number _____

Federal employer I.D. number _____

Fiscal year begin date _____

Fiscal year end date _____

Business name _____

Business street address _____

Business city, state, and ZIP code _____

Supplemental Information:

Principal business activity _____

Type of ownership _____

Date business began (Mo/Da/Yr) _____

Was the business terminated during 2014? Yes No

 If Yes, enter the termination date and reason below.

 Termination date (Mo/Da/Yr) _____

 Termination reason _____

IRS Service Center where the 2014 federal income tax return was filed _____

Taxpayer name shown on the 2014 federal income tax return filed _____

Have you filed annual Federal Information Return Forms 1096 and 1099? Yes No

 If No, enter the reason for not filing Forms 1096 and 1099 _____

Which method is used on the federal income tax return? Accrual Cash Other (specify) _____

Did you withhold DC income tax from your employees' wages during 2014? Yes No

 If No, enter the reason for not withholding DC income tax _____

Did you file a DC franchise tax return for the business for 2013? Yes No

 If No, enter the reason for not filing a DC franchise tax return _____

Did you file an annual ballpark fee return? Yes No

Has the IRS made or proposed any adjustments to your 2014 income tax return, or did you file any amended federal income tax returns? Yes No

Enter Any Additional District of Columbia UBT Information:



2014

General Information:

Taxpayer Disability Information:

Type
Date (Mo/Da/Yr)

Spouse Disability Information:

Type
Date (Mo/Da/Yr)

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Georgia for all of 2014, enter the dates you did live in Georgia
Enter the state names other than Georgia where you had income

Education Savings:

Yes No

Did you or your spouse make any contributions to a Georgia Path2College 529 Plan account?
If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2014 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Table with 2 columns: Fund Name, Amount

Enter Any Additional Georgia Information:

Large empty rectangular box for additional information.



2014

Hawaii Information

General Information:

County of residence

Jury duty pay returned to employer

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you qualify as deaf or disabled?

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Hawaii for all of 2014, enter the dates you did live in Hawaii

Enter the state names other than Hawaii where you had income

Voluntary Contributions:

Do you wish to contribute \$3 to the Hawaii Election Campaign Fund? This will not increase your balance due or decrease your refund

Do you wish to contribute \$2 to the Hawaii school-level minor repairs and maintenance special fund?

Do you wish to contribute \$2 to the Hawaii Public Libraries Fund?

Do you wish to contribute \$5 to the Hawaii Domestic Violence/Child Abuse and Neglect Funds?

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Low-Income Household Renters:

Address

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

Dates occupied

Owner's name

Owner's address

Owner's tax ID number

Enter total rent paid

Enter Any Additional Hawaii Information:



2014

Idaho Information

General Information:

	Taxpayer		Spouse	
	Yes	No	Yes	No
Are you disabled and age 62, 63 or 64?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you the unremarried widow of a retired U.S. Civil Service employee, U.S. Military Serviceman, Idaho fireman or Idaho policeman?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter the amount of Internet or out of state purchases for which you did not pay sales tax ..	<input type="text"/>		<input type="text"/>	

Residency Information:

	Taxpayer		Spouse	
	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in Idaho for all of 2014, enter the dates you did live in Idaho	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enter the state names other than Idaho where you had income	<input type="text"/>		<input type="text"/>	

	Taxpayer		Spouse	
	Yes	No	Yes	No
Are you a resident on active military duty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a military nonresident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Education Savings:

Did you or your spouse make any contributions to a Idaho College Savings Program account?	Yes	No
If Yes, enter the following:	<input type="checkbox"/>	<input type="checkbox"/>

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2014 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Nongame Wildlife Conservation Fund	<input type="text"/>
Idaho Guard and Reserve Family Support Fund	<input type="text"/>
Children's Trust Fund/Child Abuse Prevention	<input type="text"/>
American Red Cross of Greater Idaho Fund	<input type="text"/>
Special Olympics Idaho	<input type="text"/>
Idaho Food Bank	<input type="text"/>
Veterans Support Fund	<input type="text"/>
Opportunity Scholarship Program	<input type="text"/>

Enter Any Additional Idaho Information:



2014

General Information:

Enter the total property tax paid applicable to the personal residence

Property index number

County name

Enter the amount of general merchandise for which you did not pay any sales tax

Enter the amount of qualifying food, non-prescription drugs and medical appliances for which you did not pay any sales tax

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Illinois for all of 2014, enter the dates you did live in Illinois

Enter the state names other than Illinois where you had income

Education Savings:

Did you or your spouse make any contributions to a Bright Start College Savings Pool, College Illinois Prepaid Tuition Program, or Bright Directions College Savings Pool account?

Yes No

If Yes, enter the following:

Table with 6 columns: TS, Name of Designated Beneficiary, Type of Plan, Social Security Number, Account Number, 2014 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to the following funds:

Table with 2 columns: Fund Name, Amount

Qualified Education Expense Information:

Table with 5 columns: Dependent Name, Grade (K - 12), School Name, School City, Tuition, Book/Lab Fees

Are you including a receipt for qualified education expenses? Yes No

Enter Any Additional Illinois Information:

Empty text box for additional information



2014

General Information:

Taxpayer	Spouse
----------	--------

County of residence _____

County of employment _____

School district corporation name _____

Enter the amount of Internet or out of state purchases for which you did not pay sales tax _____

Residency Information:

Taxpayer		Spouse	
From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)

If you did not live in Indiana for all of 2014, enter the dates you did live in Indiana _____

Enter the state names other than Indiana where you had income _____

Education Savings:

Did you or your spouse make any contributions to an Indiana CollegeChoice 529 Education Savings Plan account? Yes No

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2014 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Nongame Wildlife Fund _____

Deductions and Credits:

Taxpayer	Spouse

Enter the amount of Indiana lottery winnings _____

If you made a contribution during 2014 to an Indiana college or university, enter the following information:

Name of College or University	Date	Amount

Renter's Deduction:

Landlord information:

Name _____

Address _____

City, State, ZIP _____

Rental property:

Street address _____

City, State, ZIP _____

Number of months rented in 2014 _____

Rent paid _____



2014

General Information:

County of residence

School district number

Has your name or address changed since filing last year's return? Yes No

Taxpayer Spouse

Tuition and textbook expenses for Grades K-12

Residency Information:

Table with columns for Taxpayer and Spouse, and sub-columns for From (Mo/Da/Yr) and To (Mo/Da/Yr)

If you did not live in Iowa for all of 2014, enter the dates you did live in Iowa

Education Savings:

Did you or your spouse make any contributions to a College Savings Iowa or Iowa Advisor 529 Plan account? Yes No

If Yes, enter the following:

Table with columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2014 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Form with rows for Fish and Game Protection Fund, Iowa State Fair Foundation, Child Abuse Prevention Program Fund, Veterans Trust Fund/Volunteer Fire Fighter Preparedness Fund

If you wish to contribute to the 2014 Iowa election campaign fund, enter one of the following:

Taxpayer Spouse

Democratic, Republican, or Campaign

Iowa Itemized Deductions:

Taxpayer Spouse

Enter the amount of expenses incurred for the care of a disabled relative

Enter any adoption expenses

Dependent Child Health Care Coverage:

Number of dependent(s) with health care coverage (including Medicaid or hawk-i)

Number of dependent(s) without health care coverage



2014

General Information:

County

School district number

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Kansas for all of 2014, enter the dates you did live in Kansas

Enter the state names other than Kansas where you had income

Education Savings:

Did you or your spouse make any contributions to a Learning Quest or other state's qualified tuition (Section 529) plan account? Yes No

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2014 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Table with 2 columns: Contribution Name, Amount

Intangibles Tax Information:

City Township

Do you qualify as being disabled or blind? Yes No

County



2014

Homestead and Food Sales Tax Claim Information:

Was any part of your homestead rented or used for business?

Do you want to send your 2015 homestead advancement to the county treasurer?

Is your property tax delinquent?

If the property is owned by someone other than the taxpayer or spouse, did they pay any part of the property tax?

Are you filing as surviving spouse of a disabled veteran or an active duty service member who died in the line of duty?

If you qualify as disabled and are not over 55, enter the date of your disability (Mo/Da/Yr):

Taxpayer

Spouse

Yes	No

Household Income:

2014 Amount

Social security death benefits

SSI and SS disability income

Other veteran's pensions benefits

TAF payments, general assistance, worker's compensation, grants and scholarships

Other Household Income:

Recipient	Source	2014 Amount

Other Exempt Income:

Description	2014 Amount

Please list any other members of the household that lived with you for an extended period during the tax year. Do not include your dependents.

Name	Date of Birth (Mo/Da/Yr)	Relationship	Number of Months in Household	Social Security Number

Enter Any Additional Kansas Information:



2014

Kentucky Information

General Information:

Are you a member of the National Guard?

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

If you did not live in Kentucky for all of 2014, enter the dates you did live in Kentucky

From (Mo/Da/Yr)	To (Mo/Da/Yr)
<input type="text"/>	<input type="text"/>

Enter the state names other than Kentucky where you had income

Voluntary Contributions:

Do you wish to contribute to the Political Party Fund?

Democratic

Republican

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter the amount of your overpayment you wish to contribute on your 2014 tax return to:

Nature and Wildlife Fund

Child Victims' Trust Fund

Breast Cancer Research and Education Trust Fund

Veterans' Program Trust Fund

Farm to Food Banks Trust Fund

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Enter Any Additional Kentucky Information:



2014

General Information:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

If you have a refund, would you like to receive it by paper check instead of a MyRefund card?

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Louisiana for all of 2014, enter the dates you did live in Louisiana

Enter the state names other than Louisiana where you had income

Education Savings:

Yes No

Did you or your spouse make any contributions to a START Savings Program account?

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2014 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

- Wildlife Habitat and Natural Heritage Trust Fund
Louisiana Cancer Trust Fund
Louisiana Animal Welfare Commission
Military Family Assistance Fund
National Lung Cancer Partnership
Additional Donation to the Military Family Assistance Fund
Coastal Protection and Restoration Fund
Additional Donation to Coastal Protection and Restoration Fund
Louisiana Chapter of the National Multiple Sclerosis Society Fund
Additional Donation to Louisiana Chapter of the National Multiple Sclerosis Society Fund
Louisiana Food Bank Association
Louisiana Bicentennial Commission and Battle of New Orleans Bicentennial Commission
Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana
Additional Donation to Louisiana Food Bank Association
Alliance for the Advancement of End of Life Care
Center of Excellence for Autism Spectrum Disorder
New Opportunities Waiver Fund
American Red Cross
Dreams Come True, Inc.
Friends of Palmetto Island State Park
Louisiana Association of United Ways / LA 2-1-1
SNAP Fraud and Abuse Detection and Prevention Fund
Louisiana Coalition Against Domestic Violence, Inc.
Decorative Lighting on the Crescent City Connection
Operation and Maintenance of the New Orleans Ferries
Louisiana National Guard Honor Guard for Military Funerals
Bastion Community of Resilience
Additional Donation to the Snap Fraud and Abuse Detection and Prevention Fund

Grid for entering contribution amounts



2014

Louisiana Information (Page 2 of 2)

Disability Credits:

Do you qualify as deaf?

Do you have a loss of limb?

Do you qualify as mentally incapacitated?

Taxpayer		Spouse	
Yes	No	Yes	No

Dependent Name	X the Applicable Box(es)			
	Deaf	Loss of Limb	Mentally Incapacitated	Blind

LA Hunting and Fishing Licenses Information:

TS	Dependent Name	State ID Number	Driver's License Number	State of Issue	Amount

School Expenses Information:

- * 1. Elementary & Secondary School
- 2. Home Schooled
- 3. Quality Public Education

Enter information for each qualified dependent:

Dependent Name	Name of School	*Deduction Code

Enter qualified expenses for each dependent listed above:

Tuition and Fees	School Uniforms	Textbooks or Other Inst. Material	Supplies

Enter Any Additional Louisiana Information:



2014

General Information:

Are you engaged in commercial farming or fishing? [] Yes [] No

Enter the amount of Internet or out of state purchases for which you did not pay sales tax []

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Maine for all of 2014, enter the dates you did live in Maine [] []

Enter the state names other than Maine where you had income []

Education Savings:

Did you or your spouse make any contributions to a qualified state tuition (Section 529) plan account? [] Yes [] No

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2014 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Endangered and Nongame Wildlife Fund []

Maine Children's Trust []

Companion Animal Sterilization Fund []

Maine Military Family Relief Fund []

Maine Veterans' Memorial Cemetery Maintenance Fund []

Maine Asthma & Lung Disease Research Fund []

Maine Public Library Fund []

Do you want \$3.00 to go to the Maine Clean Election Fund? [] Yes [] No

Does your spouse want \$3.00 to go to this fund? [] Yes [] No

Park Passes:

Number of park passes to be purchased:

Individual park pass? []

Vehicle park pass? []

Number of Passes []



2014

Property Tax Fairness Credit

Rent paid on your home

Does rent paid include heat, utilities, furniture, snowplowing or similar items? Yes No

Was your rent reduced or paid in part by the government? Yes No

Landlord's name and telephone number

Did you or your spouse, if married, receive social security disability benefits or supplemental security income disability benefits in 2014? Yes No

Enter Any Additional Maine Information:

Large empty rectangular box for additional information.



2014

General Information:

County of residence on December 31, 2014
Incorporated city, town or taxing area on December 31, 2014

Do you qualify as totally disabled?
Are you or your spouse a member of the military?

Residency Information:

If you did not live in Maryland for all of 2014:
Enter the dates you did live in Maryland
Enter the other state of residence
Enter the state names other than Maryland where you had income
Pennsylvania residents:
What is the name of your township?
What is the name of your county?
If you are a nonresident of Maryland, did you reside the full year in your state of legal residency?

Education Savings:

Did you or your spouse make any contributions to a Maryland Prepaid College Trust or Maryland College Investment Plan Account?
If Yes, enter the following:

Table with 6 columns: TS, Name of Designated Beneficiary, Type of Plan, Social Security Number, Account Number, 2014 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:
Chesapeake Bay and Endangered Species Fund
Maryland Cancer Fund
Developmental Disabilities Waiting List Equity Fund

Long-Term Care Insurance Information:

Table with 5 columns: Name of Insured, Age, Social Security Number, Relationship to Taxpayer, Amount of Premium Paid

Quality Teacher Incentive Credit:

If you are a Maryland teacher and qualify for this credit:
Enter the amount of tuition paid
Enter the amount of tuition reimbursement



2014

General Information:

Has your address changed from 2013?	<input type="checkbox"/>	<input type="checkbox"/>
Do you qualify for the blind exemption?		
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>
Are you a noncustodial parent?	<input type="checkbox"/>	<input type="checkbox"/>
Total purchases in 2014 subject to Massachusetts use tax	<input type="text"/>	
Sales/use tax paid to other state or jurisdiction	<input type="text"/>	

Residency Information:

	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in Massachusetts for all of 2014, enter the dates you did live in Massachusetts	_____	_____
Enter the state names other than Massachusetts where you had income	_____	

Voluntary Contributions:

Do you want to contribute \$1.00 to the Massachusetts Election Campaign Fund?		
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>
Enter the amount you wish to contribute on your 2014 tax return to:		
Organ Transplant Fund	<input type="text"/>	
Endangered Wildlife Conservation	<input type="text"/>	
Massachusetts AIDS Fund	<input type="text"/>	
Massachusetts United States Olympic Fund	<input type="text"/>	
Massachusetts Military Family Relief Fund	<input type="text"/>	
Animal Care Fund	<input type="text"/>	

Rental Deduction Information:

Name of landlord

Rent paid



2014

Schedule HC Private Health Insurance

Name of Insurance Company or Administrator

Taxpayer

Spouse

Federal Identification Number of Insurance Company

Taxpayer

Spouse

Subscriber Number

Taxpayer

Spouse

Schedule HC Government - Subsidized Health Insurance

Table with 3 columns: Description, Taxpayer, Spouse. Rows include Commonwealth Care, MassHealth, Medicare, Veterans Administration Program Enrollment, Tri-Care, Other (see instructions), and Applied for MassHealth or Commonwealth Care in 2014 and denied.

Name of Other Provider

Taxpayer

Spouse

Months Covered by Health Insurance (if not all of 2014)

Table with 12 columns (Jan-Dec) and 2 rows (Taxpayer, Spouse) for reporting months covered.

Other Information

Table with 3 columns: Description, Taxpayer, Spouse. Row: Not issued Form MA 1099-HC

Enter Any Additional Massachusetts Information:

Three horizontal lines for entering additional information.



2014

General Information:

Enter your school district name

	Taxpayer		Spouse	
	Yes	No	Yes	No
Are you hemiplegic, paraplegic, or quadriplegic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you totally and permanently disabled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you deaf?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive pension or retirement benefits from employment with a governmental agency that was not covered by the federal SSA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you blind and own your own homestead?	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you a veteran with a service-connected disability or a surviving spouse of such a veteran?	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes to above, enter percentage of disability	_____			
Are you a surviving spouse of a veteran deceased in service?	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you a pensioned veteran, a surviving spouse of such a veteran, or on active military duty?	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you a surviving spouse of a nondisabled or nonpensioned veteran of the Korean War, World War II, or World War I?	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
How many of your dependents are:				
Deaf?	_____			
Blind or disabled?	_____			
How many qualified disabled veterans?	_____			
Did you incur expenses related to the Historic Preservation Tax Credit?	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Enter the amount of Internet or out of state purchases for which you did not pay sales tax	<input type="text"/>			

Residency Information:

	Taxpayer		Spouse	
	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in Michigan for all of 2014, enter the dates you did live in Michigan	_____	_____	_____	_____
Enter the state names other than Michigan where you had income ..	_____			

Education Savings:

Did you or your spouse make any contributions to a Michigan Education Savings Program or Michigan 529 Advisor Plan account?

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

If Yes, enter the following:

TS	Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Number	2014 Amount Contributed



2014

Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Military Family Relief Fund	
Children's Trust Fund - Prevent Child Abuse Michigan	
Children of Veterans Tuition Grant Program	
Animal Welfare Fund	
United Way Fund	
Special Olympics	
ALS of Michigan Fund	
Alzheimer's Association of Michigan	
AMBER Alert Fund of Michigan	
Girl Scouts and Boy Scouts of Michigan Fund	

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you wish to make a contribution on the 2014 return to the State Campaign Fund?

Property Tax Credit Information:

	Residence #1	Residence #2
Date residency began if after 1/1/14 (Mo/Da/Yr)		
Date residency ended if before 12/31/14 (Mo/Da/Yr)		
Address of homestead:		
Street number and name		
City or township		
State		
ZIP code		
Taxable value of homestead if owned	<input type="text"/>	<input type="text"/>
Current year property taxes	<input type="text"/>	<input type="text"/>
Landlord, housing project or care facility:		
Name		
Street address		
City		
State		
ZIP code		
Number of months rented		
Monthly rent	<input type="text"/>	<input type="text"/>
Total rent paid	<input type="text"/>	<input type="text"/>
Non-homestead property tax millage	<input type="text"/>	<input type="text"/>

Farmland Preservation Tax Credit Information:

County Code	Contract Number	Expiration Date (Mo/Da/Yr)	Joint Owner Name	Joint Owner Social Security Number	Partner's Share of Income



2014

Home Heating Credit:

County

- Are heating costs currently included in your rent payments? Yes No
- Do you want your name and address referred to other government assistance programs? Yes No
- Do you and/or your spouse receive Supplemental Security Income (SSI)? Yes No

If you and/or your spouse live in one of the following care facilities, please indicate which one:
Nursing home, adult foster care home, home for the aged or substance abuse center

How much were you billed for heat between 11/1/13 - 10/31/14?

Number of persons sharing the home who are eligible to file a claim

Household Resources:

Enter the amount you received for:

- Child support and foster care payments
- Worker’s compensation, veteran’s disability compensation and veteran’s pension benefits
- Strike pay, SUB pay, long-term disability benefits and income protection insurance benefits
- Trade Act of 1974 (TRA) benefits
- Gifts or expenses paid on your behalf

Other Household Resources	Amount

Enter Any Additional Michigan Information:

[Grid for additional information]



2014

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Minnesota for all of 2014, enter the dates you did live in Minnesota

Enter the state names other than Minnesota where you had income

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to the Nongame Wildlife Fund

Do you wish to designate \$5.00 on your 2014 tax return to the state elections campaign fund?

If Yes, select one of the following: Democratic Farmer - Labor, General Campaign Fund, Libertarian, Independent, Republican or Grassroots.

Taxpayer
Spouse

Qualified School Expenses for Dependents:

	Dependent 1	Dependent 2
Dependent's name		
Dependent's grade		
Qualified expenses		
Type of school (public, private, home)		
Type of expense (Classes, Individual instruction, Textbooks, Computer, Tuition, Transportation, Musical instrument)		
Type of Instruction (Class or Individual)		
Instructor or organization		
Type of class		
Type of musical instrument		

Long Term Care Insurance:

If you had long term care insurance, list the policy owner, policy company name and policy number below.

Policy Owner	Policy Company Name	Policy Number
Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		
Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		



2014

Property Tax Refund Information:

Include Statement of Property Taxes Payable in 2015

County of residence

Are you a mobile home owner who rented a lot?

Yes No

Were you or your spouse disabled on or before December 31, 2014?

Yes No

Are you living in a nursing home or health care facility?

Yes No

Did you own AND occupy your homestead on BOTH January 2, 2014 and January 2, 2015?

Yes No

Enter the percent of your home that is NOT used for business or rented to others %

Enter the amount of property tax refund received

Input box

Employer Transit Pass Credit:

Did your business buy Transit passes to resell or give to your employees?

Yes No

If Yes, what was the original cost of the passes?

Input box

What amount was charged to employees for the passes?

Input box

What is your Minnesota ID number?

Enter Any Additional Minnesota Information:

Table with 20 rows for additional information



2014

General Information:

County of residence

Residency Information:

If you had income from a state other than Mississippi during 2014, enter the name of the other state(s)

Education Savings:

Did you or your spouse make any contributions to a Mississippi Prepaid Affordable College Tuition Program (MPACT) or Mississippi Affordable College Savings (MACS) account? Yes No

If Yes, enter the following:

TS	Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Number	2014 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

- Mississippi Military Family Relief Fund
- Mississippi Wildlife Heritage Fund
- Mississippi Educational Fund
- Mississippi Commission for Volunteer Service Fund
- Mississippi Burn Care Fund
- Mississippi Wildlife Fisheries and Parks Foundation
- Mississippi Bicentennial Celebration Fund

Enter Any Additional Mississippi Information:



2014

General Information:

County of residence

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you qualify as disabled?

Do you or your spouse qualify as a 100 percent disabled veteran?

Are you 60 years of age or older and did you receive surviving spouse social security benefits?

Did you make contributions to a health care sharing ministry?

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

Residency Information:

If you did not live in Missouri for all of 2014:

Enter the dates you did live in Missouri

Enter the dates you lived in the other state

Enter the state names other than Missouri where you had income ..

Taxpayer		Spouse	
From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education Savings:

Did you or your spouse make any contributions to a Missouri Savings for Tuition Program (MOST) account?

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

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2014 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Children's Trust Fund	<input type="text"/>	American Heart Association Fund	<input type="text"/>
Veteran's Trust Fund	<input type="text"/>	American Lung Association of Missouri Fund	<input type="text"/>
Elderly Home Delivered Meals Trust Fund	<input type="text"/>	Amyotrophic Lateral Sclerosis (ALS) Fund	<input type="text"/>
Missouri National Guard Trust Fund	<input type="text"/>	Arthritis Foundation Fund	<input type="text"/>
Workers' Memorial Fund	<input type="text"/>	March of Dimes Fund	<input type="text"/>
Childhood Lead Testing Fund	<input type="text"/>	Muscular Dystrophy Association Fund	<input type="text"/>
American Cancer Society Heartland Division Inc., Fund	<input type="text"/>	National Multiple Sclerosis Society Fund	<input type="text"/>
American Diabetes Association Gateway Area	<input type="text"/>	Missouri Military Family Relief Fund	<input type="text"/>
American Red Cross Trust Fund	<input type="text"/>	General Revenue Fund	<input type="text"/>
Breast Cancer Awareness Fund	<input type="text"/>	After School Retreat Reading and Assessment Grant Program Fund	<input type="text"/>
Foster Care and Adoptive Recruitment and Retention Fund	<input type="text"/>	Development Disabilities Waiting List Equality Trust Fund	<input type="text"/>
Puppy Protection Trust Fund	<input type="text"/>	Donate Life Organ Donor Program Fund	<input type="text"/>
Pediatric Cancer Research Trust Fund	<input type="text"/>		



2014

Montana Information

General Information:

Enter the number of exemptions for handicapped dependent children

Taxpayer	Spouse
----------	--------

Enter your total disability payments received this year

--	--

Residency Information:

If you did not live in Montana for all of 2014, enter the dates you did live in Montana

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

Enter the state names other than Montana where you had income

Education Savings:

Did you or your spouse make any contributions to a Montana Family Education Savings Program or other state's qualified tuition (Section 529) plan that is not a prepaid tuition plan?
If Yes, enter the following:

Yes	No

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2014 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Taxpayer	Spouse
----------	--------

Nongame Wildlife Program

Agriculture in Schools

Child Abuse Prevention

Military Family Relief Fund

College Contribution Credit:

TSJ	Donation(s) Made To	Total Amount

Elderly Homeowner/Renter Credit if Over Age 62:

Number of months occupied Montana residence

Rent paid

Public assistance received

Federal Tax Data:

Federal estimated tax payment paid in 2014

Federal income taxes paid in 2014 for 2013 and prior years

Enter Any Additional Montana Information:



2014

Nebraska Information

General Information:

County of residence

School district name

Are you on active duty in the military? Yes No

Residency Information:

	From (Mo/Da/Yr)	To (Mo/Da/Yr)
--	----------------------------	--------------------------

If you did not live in Nebraska for all of 2014, enter the dates you did live in Nebraska

Enter the state names other than Nebraska where you had income

Education Savings:

Did you or your spouse make any contributions to a Nebraska College Savings Program account? **Yes** **No**

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2014 Amount Contributed

Use Tax:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Local jurisdiction to which use tax is owed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Wildlife Conservation Fund Donation	
Nebraska College Savings Plan Contribution or Eligible Donation	

Enter Any Additional Nebraska Information:



2014

New Hampshire Information (Page 1 of 3)

General Information:

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you qualify as disabled?

If the IRS has made adjustments to your federal income tax return that have not been previously reported to New Hampshire, indicate which years

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
-----------------	---------------

If you did not live in New Hampshire for all of 2014, enter the dates you did live in New Hampshire

Enter the state names other than New Hampshire where you had income

Passthrough Distributions Subject to Interest and Dividends Tax

Payer's Name	Payer's ID	Entity Type	Amount	FSO

Other Nontaxable Interest and Dividends

TSJ

Payer's Name

Payer's Identification Number

Tax-Exempt Type

Tax-Exempt Interest



2014

Proprietorship Business General Information:

Is this a final return?	<input type="checkbox"/>	<input type="checkbox"/>
Has the name changed since last year	<input type="checkbox"/>	<input type="checkbox"/>
Single Member LLC Name	_____	
Department Identification Number	_____	

Proprietorship Business Activity Information:

TS

In what city and state are the books kept?

What is the principal business activity?

What country are the records kept in if not the U.S.?

What is the state of incorporation?

What year was your first New Hampshire business return filed?

What year was the business registered with the New Hampshire Secretary of State?

Proprietorship Business Locations:

In New Hampshire:

City/Town Location of Factories, Sales Offices, Warehouses, Construction Sites

Outside New Hampshire:

Location City and State	Factory, Sales Office, Warehouse, Construction Site, Etc.

Enter Any Additional New Hampshire Proprietorship Information:



2014

Single Member LLC General Information:

Is this a final return?	<input type="checkbox"/>	<input type="checkbox"/>
Has the name changed since last year	<input type="checkbox"/>	<input type="checkbox"/>
Single Member LLC Name	_____	
Department Identification Number	_____	

Single Member LLC Business Activity Information:

In what city and state are the books kept?

What is the principal business activity?

What country are the records kept in if not the U.S.?

What is the state of incorporation?

What year was your first New Hampshire business return filed?

What year was the business registered with the New Hampshire Secretary of State?

**Single Member LLC Business Locations:
In New Hampshire:**

City/Town Location of Factories, Sales Offices, Warehouses, Construction Sites

Outside New Hampshire:

Location City and State	Factory, Sales Office, Warehouse, Construction Site, Etc.

Enter Any Additional New Hampshire SMLLC Information:



2014

New Jersey Information

General Information:

County or municipality of residence

How many dependents do you have attending college?

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you qualify as disabled?

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in New Jersey for all of 2014, enter the dates you did live in New Jersey

Enter the state names other than New Jersey where you had income

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Wildlife Conservation Fund	<input type="text"/>
Children's Trust Fund	<input type="text"/>
Breast Cancer Research Fund	<input type="text"/>
Vietnam Veterans' Memorial Fund	<input type="text"/>
USS New Jersey Educational Museum Fund	<input type="text"/>

Other contributions (You may choose only one of the following. Enter the amount.):

Drug Abuse Education Fund	<input type="text"/>
Korean Veterans' Memorial Fund	<input type="text"/>
Organ and Tissue Donor Awareness Education Fund	<input type="text"/>
NJ - AIDS Services Fund	<input type="text"/>
Literacy Volunteers of America - New Jersey	<input type="text"/>
New Jersey Prostate Cancer Research Fund	<input type="text"/>
World Trade Center Scholarship Fund	<input type="text"/>
New Jersey Veterans Haven Support Fund	<input type="text"/>
Community Food Pantry Fund	<input type="text"/>
Cat and Dog Spay/Neuter Fund	<input type="text"/>
New Jersey Lung Cancer Research Fund	<input type="text"/>
Boys and Girls Club in New Jersey Fund	<input type="text"/>
New Jersey National Guard Fund	<input type="text"/>
American Red Cross - NJ Fund	<input type="text"/>
Girl Scouts Councils in New Jersey Fund	<input type="text"/>
The Leukemia and Lymphoma Society	<input type="text"/>
NJ Homeless Veterans	<input type="text"/>

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you want \$1 to go to the Gubernatorial Election Fund?

Property Tax Reimbursement Application Information:

Property tax paid on principal residence	<input type="text"/>
Rent paid on principal residence	<input type="text"/>

Enter Any Additional New Jersey Information:



2014

General Information:

Enter the name of your Indian nation, tribe or pueblo for taxpayer

Enter the name of your Indian nation, tribe or pueblo for spouse

Enter the amount of income earned on your reservation or pueblo by enrolled member

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in New Mexico for all of 2014, enter the dates you did live in New Mexico

Enter the state names other than New Mexico where you had income

Education Savings:

Yes No

Did you or your spouse make any contributions to a New Mexico Education Trust Fund account?

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2014 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Table listing various funds like Share with Wildlife, Veterans' National Cemetery Fund, etc., with corresponding input boxes.

If you or your spouse wish to contribute \$2.00 to a political party, specify a party:

Taxpayer [] Democratic [] Republican [] Libertarian [] Independent American

Spouse [] Democratic [] Republican [] Libertarian [] Independent American



2014

General Information:

Resident county

School district name

School district code number

Did you make out of state, Internet or catalog purchases on which no sales tax was paid? ... Yes No

If Yes, enter the number of months the taxpayer maintained a permanent place of abode in NY

Did you receive a property tax freeze credit? ... Yes No

If Yes, enter the amount

Did you receive a family tax relief credit? ... Yes No

Permanent Home Address if Different from Mailing Address:

Street

Apartment number

City

ZIP code

Foreign country

Residency Information:

Table with 2 columns: From (Mo/Da/Yr), To (Mo/Da/Yr)

If you did not live in New York state for all of 2014, enter the dates you did live in New York

If you were not a resident of New York state for any of 2014, enter the number of days spent in the state ..

Were you a part-year resident and received New York State income during nonresidency period? ... Yes No

If only one spouse had New York income, indicate which spouse - Taxpayer or Spouse

Did you maintain living quarters in New York state? If Yes, enter address(es) below:

.....

Do you still maintain these living quarters in New York? ... Yes No

Were New York State living quarters maintained for the entire year? ... Yes No

Were you a New York City resident for only part of the taxable year? ... Yes No

Table with 2 columns: From (Mo/Da/Yr), To (Mo/Da/Yr)

If Yes, enter the dates you did live in New York City

Were you a Yonkers resident for only part of the taxable year? ... Yes No

Table with 2 columns: From (Mo/Da/Yr), To (Mo/Da/Yr)

If Yes, enter the dates you did live in Yonkers

Did you live in a nursing home during 2014? ... Yes No

Did you reside in public housing or other residence completely exempted from real property taxes in 2014? ..



2014

New York - Worksheet

Wages and Salaries Earned in New York State or Yonkers:

If you worked in and out of New York State or Yonkers, please complete the following information for each job worked while a nonresident.

Wages earned

Total days employed if less than full year

Saturdays and Sundays (not worked)

Holidays (not worked)

Sick leave

Vacation

Other nonworking days

Days worked outside state/city

Days worked at home

Select state/city: NY, Yonkers or NY/Yonkers

Job #1
T/S ____
<input type="text"/>

Job #2
T/S ____
<input type="text"/>

Wages earned

Total days employed if less than full year

Saturdays and Sundays (not worked)

Holidays (not worked)

Sick leave

Vacation

Other nonworking days

Days worked outside state/city

Days worked at home

Select state/city: NY, Yonkers or NY/Yonkers

Job #3
T/S ____
<input type="text"/>

Job #4
T/S ____
<input type="text"/>



2014

North Dakota Information

General Information:

School district name

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
---------------------------	-------------------------

If you did not live in North Dakota for all of 2014, enter the dates you did live in North Dakota

Enter the state names other than North Dakota where you had income

Nonresident and part-year only:

Enter the date you first received North Dakota income (Mo/Da/Yr)

Education Savings:

Yes	No
------------	-----------

Did you or your spouse make any contributions to a North Dakota College SAVE account?

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2014 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Watchable Wildlife Fund

Trees for North Dakota Program Trust Fund

Enter Any Additional North Dakota Information:



2014

Ohio Information

General Information:

Public school district name
County of residence
Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

If you did not live in Ohio for all of 2014, enter the dates you did live in Ohio
Enter the state names other than Ohio where you had income

From (Mo/Da/Yr) To (Mo/Da/Yr)

Education Savings:

Did you or your spouse make any contributions to an Ohio Tuition Trust Authority CollegeAdvantage 529 Savings Plan account?
If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2014 Amount Contributed

Voluntary Contributions:

Do you wish to make a contribution on your 2014 tax return to the Ohio Political Party Fund?

Enter the amount you wish to contribute on your 2014 tax return to:

Nature preserves, scenic rivers and endangered species protection
Conservation of endangered species and wildlife diversity
Military injury relief fund
Ohio Historical Society

Enter Any Additional Ohio Information:

Large empty rectangular box for additional information.



2014

Oklahoma Information

General Information:

Qualifying disability deduction	.....
Qualified adoption expenses paid	.....
Enter the total amount of political contribution(s) paid in 2014	.....
Enter the amount of Internet or out of state purchases for which you did not pay sales tax	.....

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Oklahoma for all of 2014, enter the dates you did live in Oklahoma

Enter the state names other than Oklahoma where you had income

Education Savings:

Did you or your spouse make any contributions to an Oklahoma 529 College Savings Plan or
OklahomaDream 529 account?

Yes	No
-----	----

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2014 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute from your 2014 tax return refund to:

Support of Programs for Oklahoma Volunteers to Act as Court Appointed Special Advocates for Abused or Neglected Children	.....
Support of the Oklahoma National Guard	.....
Support of Programs for Regional Food Banks in Oklahoma	.....
Support Oklahoma Honor Flights	.....
Eastern Red Cedar Revolving Fund	.....
Support of Domestic Violence and Sexual Assault Services	.....
Support of Volunteer Fire Departments	.....
Oklahoma Sports Eye Safety Program	.....
Historic Greenwood District Music Festival Fund	.....
Public School Classroom Support Fund	.....
Oklahoma Lupus Revolving Fund	.....

Enter Any Additional Oklahoma Information:



2014

General Information:

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you qualify as disabled?

If you are a retired U.S. Government employee receiving a federal pension, enter the payer's name and dates you worked for the U.S. Government.

TSJ	Payer's Name	From (Mo/Da/Yr)	To (Mo/Da/Yr)

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)

If you did not live in Oregon for all of 2014, enter the dates you did live in Oregon

Enter the state names other than Oregon where you had income

Education Savings:

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

Did you or your spouse make any contributions to a 529 Oregon College Savings Network account?

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Portfolio Number	Account Number	2014 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

American Red Cross	<input type="text"/>	Alzheimer's Disease Research	<input type="text"/>
Oregon Historical Society	<input type="text"/>	OR Head Start Association	<input type="text"/>
Child Abuse Prevention	<input type="text"/>	Albertina Kerr Centers	<input type="text"/>
Habitat for Humanity	<input type="text"/>	Stop Domestic and Sexual Violence	<input type="text"/>
Oregon Food Bank	<input type="text"/>	OR Military Financial Assistance	<input type="text"/>

Other Charity (Choose up to two of the following):

American Diabetes Association	<input type="text"/>	Oregon Coast Aquarium	<input type="text"/>
SMART	<input type="text"/>	SOLV	<input type="text"/>
St. Vincent de Paul	<input type="text"/>	The Nature Conservancy	<input type="text"/>
Doernbecher Children's Hospital	<input type="text"/>	Oregon Humane Society	<input type="text"/>
The Salvation Army	<input type="text"/>	Oregon Veteran's Home	<input type="text"/>
Planned Parenthood of OR	<input type="text"/>	LIONS	<input type="text"/>
Shriner's Hospital for Children	<input type="text"/>	Special Olympics Oregon	<input type="text"/>
Susan G. Komen for the Cure	<input type="text"/>	Cascade AIDS project	<input type="text"/>
Oregon Nongame Wildlife	<input type="text"/>		

If you or your spouse wish to contribute \$3.00 to a political party, specify a party.

Taxpayer: Constitution Democratic Independent Libertarian
 Republican Pacific Green Progressive Working Families

Spouse: Constitution Democratic Independent Libertarian
 Republican Pacific Green Progressive Working Families



2014

Pennsylvania Information

General Information:

Taxpayer

Spouse

Daytime telephone number (including area code) _____

Gambling and lottery winnings

Name of county _____

School district name _____

Note: If your school district has changed, please update the school district shown above.

Enter the amount of Internet or out of state purchases
or services for which you did not pay sales tax

Residency Information:

From
(Mo/Da/Yr)

To
(Mo/Da/Yr)

If you did not live in Pennsylvania for all of 2014, enter the date you moved into or out of Pennsylvania:

Taxpayer _____

Spouse _____

Education Savings:

Did you or your spouse make any contributions to a Pennsylvania 529 College Savings Program or
other state's qualified tuition (Section 529) account?

Yes

No

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2014 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Taxpayer

Spouse

Wild Resource Conservation

Military Family Relief Assistance

Organ and Tissue Donation Awareness Trust Fund

Juvenile (Type 1) Diabetes Cure Research Fund

Breast Cancer Coalition

Children's Trust Fund

American Red Cross

Sale of Residence Information:

If you sold your residence in 2014, enter the following information about the sold residence:

Address _____

City, state and ZIP code _____

Enter Any Additional Pennsylvania Information:



2014

Rhode Island Information

General Information:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Rhode Island for all of 2014, enter the dates you did live in Rhode Island

Enter the state names other than Rhode Island where you had income

Education Savings:

Yes	No
-----	----

Did you or your spouse make any contributions to a Tuition Savings Program account?

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2014 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Drug Program Account	<input type="text"/>
Organ Transplant Fund	<input type="text"/>
Council on the Arts (Residents only)	<input type="text"/>
Nongame Wildlife Appropriation	<input type="text"/>
Childhood Disease Victim's Fund	<input type="text"/>
Military Family Relief Fund	<input type="text"/>

Yes	No
-----	----

Do you want to contribute to the Rhode Island Electoral System?

If you want to designate a party, what party do you want to specify?

Do you want to contribute to the Olympics?

Enter Any Additional Rhode Island Information:



2014

South Carolina Information

General Information:

County

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in South Carolina for all of 2014, enter the dates you did live in South Carolina

Enter the state names other than South Carolina where you had income

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Endangered Wildlife Fund	
Children's Trust Fund	
Eldercare Trust Fund	
Veterans' Trust Fund	
Donate Life South Carolina	
First Steps to School Readiness Trust Fund	
War Between States Heritage Trust Fund	
Law Enforcement Assistance Program	
Litter Control Enforcement Program	
K-12 Public Education Fund	
State Parks Fund	
Military Family Relief Fund	
Conservation Bank Trust Fund	
Financial Literacy Trust Fund	
SC State Forests Fund	
Department of Natural Resources Fund	

Classroom Teacher Expenses Credit:

Amount spent on teacher supplies and materials

Reimbursed for teacher supplies and materials Yes No

Enter Any Additional South Carolina Information:



2014

Utah Information

General Information:

If you are a member of an Indian nation or tribe, enter the name of the

Indian nation or tribe - Taxpayer

- Spouse

Tribal enrollment or census number - Taxpayer

- Spouse

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Utah for all of 2014, enter the dates you did live in Utah

Enter the state names other than Utah where you had income

Education Savings:

Yes	No
-----	----

Did you or your spouse make any contributions to a Utah Educational Savings Plan account?

If Yes, include all Forms TC-675H and enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2014 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Pamela Atkinson Homeless Account

Kurt Oscarson Children's Organ Transplant Account

School District and Nonprofit School District Foundation

Name of School District

Cat and Dog Community Spay and Neuter Program

Canine Body Armor Account

Invest More for Education Account

Youth Development Organization Account

Youth Character Organization Account

If you or your spouse wish to contribute to the Election Campaign Fund, please specify a party:

Taxpayer Democratic Republican Constitution Libertarian Independent American

Spouse Democratic Republican Constitution Libertarian Independent American

Enter Any Additional Utah Information:



2014

General Information:

911 street address at end of 2014, if different than mailing address

School district name

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Vermont for all of 2014, enter the dates you did live in Vermont

Enter the Canadian provinces or state names other than Vermont where you had income

Education Savings:

Yes No

Did you or your spouse make any contributions to a Vermont Higher Education Investment Plan account?

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2014 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Vermont Nongame Wildlife Fund, Vermont Children's Trust Fund, Vermont Veterans' Fund

Payments:

If you sold real estate in Vermont and the buyer withheld Vermont income tax, enter the amount withheld and include a copy of Form REW-1

Amount of 2014 estimated payments made on your behalf by a partnership, limited liability company or S corporation you are associated with

Income Adjustments:

Amount of military pay when on active duty outside Vermont, Number of months on active military duty

Amount received from the state of Vermont for the support of a person with developmental disabilities, Amount of bond/note interest from VSAC, Amount of bond/note interest from Build America, Amount of bond/note interest from VT Telecommunication Authority, Amount of bond/note interest from VT Public Power Supply Authority

Renter Rebate Claim Information:

Location of rental property if not current address

Total rent from Form LC-142

Percent of rented property used for home if not 100%



2014

Household Income Information:

Enter the amount you received from:

Cash public assistance/welfare
Veterans' benefits
Workers' compensation
Support money/child support
Gifts of cash or cash equivalent
Enter the amount you paid for child support

Table with 3 columns: Taxpayer, Spouse, All Others. Rows for each income category.

Name of person paid
Social security number of person paid

Two rows of horizontal lines for name and social security number.

Others contributing to household income

Table with 2 columns: Name, Social Security Number. Rows for other contributors.

Tax Credits:

Charitable Housing Credit
Qualified Sale of Mobile Home Part Credit
Research & Development Credit
Veteran Business Credit
Affordable Housing Credit
Rehabilitation for Older & Historic Buildings Carry Forward Credits:
Rehabilitation of Certified Historic Buildings
Older or Historic Buildings Rehabilitation
Commercial Buildings Code Improvement
Platform Lifts, Elevators or Sprinkler Systems
Downtown & Village Center Tax Credits:
Historic Rehabilitation
Facade Improvement
Code Improvements
Wood Products Manufacturer Tax Credit
Entrepreneur's Seed Capital Fund Credit
Economic Advancement Tax Incentive Carry Forward Credits:
Payroll Tax
Research & Development Tax
Capital Investment
Workforce Development Tax
Export Tax
High-Tech Business
Sustainable Technology Research & Development Tax
Sustainable Technology Export

Table with 1 column for tax credit amounts. Rows corresponding to each credit category.



2014

Homestead Declaration Information:

Location of homestead if not current address _____

SPAN (School Property Account Number) _____

Percent of business use of dwelling _____ %

Percent of rental use of dwelling _____ %

Are improvements of other buildings located on your parcel, other than the dwelling used for business or rented out? Yes No

Are you the grantor and sole beneficiary of a revocable trust owning the property? Yes No

Are you the life estate holder of the property? Yes No

Are you the owner of homestead property crossing town boundaries? Yes No

Are you residing in a dwelling owned by a related farmer? Yes No

Property Tax Adjustment Information:

Enclose a copy of your property tax bill and/or Lister's Certification of the homestead value and proof of payment. Enclose statement of school property tax allocable to your homestead from your land trust, cooperative or non-profit mobile home park.

Were you domiciled in VT all year? Yes No

Do you anticipate selling your housesite on or before April 1, 2015? Yes No

From 2014/2015 property tax bill:

Housesite value _____

Housesite education tax _____

Housesite municipal tax _____

Percent of ownership interest if not 100% _____ %

Mobile home lot rent from Form LC-142 _____

Allocated property tax from land trust, cooperative, or non-profit mobile home park:

Allocated education tax _____

Allocated municipal tax _____

Property tax from contiguous property if housesite has less than 2 acres:

Contiguous property education tax _____

Contiguous property municipal tax _____

Enter Any Additional Vermont Information:

Five horizontal lines for additional information.



2014

General Information:

City or county of residence on January 1, 2015:

Taxpayer

Spouse

Residency Information:

Table with columns for Taxpayer and Spouse, each subdivided into From (Mo/Da/Yr) and To (Mo/Da/Yr).

If you did not live in Virginia for all of 2014, enter the dates you did live in Virginia

Enter the state names other than Virginia where you had income

Education Savings:

Yes No checkboxes

Did you or your spouse make any contributions to a Virginia College Savings Plan account?

If Yes, enter the following:

Table with columns: TS, Name of Designated Beneficiary, Type of Plan, Social Security Number, Account Number, 2014 Amount Contributed.

Voluntary Contributions and Consumer Use Tax:

Enter the amount you wish to contribute on your 2014 tax return to:

- Virginia Nongame Wildlife Program
Virginia Democratic Party political contribution
Virginia Republican Party political contribution
U.S. Olympic Committee
Virginia Housing Program
Elderly and Disabled Transportation Fund
Community Policing Fund
Virginia Arts Foundation
Open Space Recreation and Conservation Fund
Chesapeake Bay Restoration Fund
Family and Children's Trust Fund (FACT)
Virginia State Forests Fund
Virginia Uninsured Medical Catastrophe Fund
Historic Resources Fund
Children of America Finding Hope Inc.
Home Energy Assistance Fund

Table with columns for Taxpayer and Spouse, corresponding to the list of contributions.



2014

General Information:

County of residence

Do you qualify as permanently and totally disabled? Yes No

Taxpayer

Spouse

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

From (Mo/Da/Yr) To (Mo/Da/Yr)

Residency Information:

If you did not live in West Virginia for all of 2014, enter the dates you did live in West Virginia

Enter the state names other than West Virginia where you had income

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Children's Trust Fund

Education Savings:

Did you or your spouse make any contributions to a West Virginia College Savings Plan and Prepaid Tuition Trust Funds Account? Yes No

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2014 Amount Contributed

Tax Credits:

Table listing various tax credits such as Non-family adoption credit, Business investment and jobs expansion credit, etc.



2014

General Information:

Enter the following information pertaining to where you live:

City, Village, Town, County, School district number, Date entered nursing home, Name of nursing home

Enter the amount of adoption fees, court costs, and legal fees relating to the adoption of a child
Enter the amount of human organ donation expenses relating to the donation of a human organ
Enter the amount of Internet or out of state purchases for which you did not pay sales tax
Amount of rent paid on your primary residence during 2014:
To a landlord who paid for heat
To a landlord who did not pay for heat

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Wisconsin for all of 2014, enter the dates you did live in Wisconsin

Are you a former resident moving back to Wisconsin? Yes No

Education Savings:

Yes No

Did you or your spouse make any contributions to a Wisconsin State-Sponsored College Savings Program account?

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2014 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

Endangered Resources, Packers Football Stadium, Cancer Research, Veterans Trust Fund, Multiple Sclerosis, Firefighters Memorial, Military Family Relief, Second Harvest/Feeding America, Red Cross WI Disaster Relief, Special Olympics

Homestead Information:

Yes No

Was your home used for nonhomestead or nonfarm purposes during the year?

Is your home part of a farm?

If No, enter the number of acres your home is located on (to the nearest tenth)

How many months during 2014 did you receive a Wisconsin Works payment of any amount for a community service job or a transitional placement or county relief of \$400 or more?



2014

Medical Care Insurance

Enter the amount of medical care insurance you paid when:

You had no employer and were not self-employed _____

You were employed and your employer paid a portion of premiums _____

You were employed and your employer paid no portion of premiums _____

If you were only employed for a partial year, enter number of weeks employed _____

Enter Any Additional Wisconsin Information:

Lined area for entering additional information



2014

Kansas City Information

General Information:

Enter the account identification number assigned by the city:

Taxpayer _____

Spouse _____

Residency Information:

Taxpayer		Spouse	
From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)

If you did not work in Kansas City for all of 2014, enter the dates you did work in Kansas City _____

Business Information:

Enter the physical address of the business:

Taxpayer _____

Spouse _____

If you are no longer in business, enter the date the business closed:

Taxpayer (Mo/Da/Yr) _____

Spouse (Mo/Da/Yr) _____

Enter Any Additional Kansas City Information:



2014

General Information:

Name of city

Township

Other township

Provide your present employer's:

Name

Address

Provide your spouse's present employer's:

Name

Address

	Taxpayer		Spouse	
	Yes	No	Yes	No
Do you qualify as deaf?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you qualify as disabled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Residency Information:

Did you reside in this city for all of 2014?

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

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not reside in this city for all of 2014, enter the dates you did reside in this city

Former address

Wages Earned in Other Cities:

Name/Address Where Work Performed	Gross Wages	Total Number of Days Worked	Number of Days Worked in City

Enter Any Additional Michigan Cities Information:



2014

Voluntary Contributions:

Enter the amount you wish to contribute on your 2014 tax return to:

City of Albion	<input type="text"/>
Big Rapids Community Library	<input type="text"/>
Big Rapids Community Pool	<input type="text"/>
Flint Indigent Water Fund	<input type="text"/>
American Flags for Veterans' Graves in Grand Rapids	<input type="text"/>
Grand Rapids Children's Fund	<input type="text"/>
City of Hamtramck	<input type="text"/>
Ionia Community Library	<input type="text"/>
Ionia Theater	<input type="text"/>
Ionia Youth Recreation Program	<input type="text"/>
Jackson Parks and Recreation Fund	<input type="text"/>
Lansing Police Problem Solving	<input type="text"/>
Lansing Hope Scholarship	<input type="text"/>
Lansing Homeless Assistance	<input type="text"/>
Muskegon Summer Celebration Fireworks	<input type="text"/>
Muskegon Veterans' Memorial Park	<input type="text"/>
Muskegon Lakeshore Trail Improvements	<input type="text"/>
Muskegon Heights Street Improvements	<input type="text"/>
City of Pontiac	<input type="text"/>
Saginaw Annual Fireworks	<input type="text"/>

Choose one of the following if you wish to donate your refund to the Walker Education Foundation:

Yes **No**

Comstock Park Education Foundation	<input type="checkbox"/>	<input type="checkbox"/>
Grandville Education Foundation	<input type="checkbox"/>	<input type="checkbox"/>
Kenowa Hills Education Foundation	<input type="checkbox"/>	<input type="checkbox"/>



2014

New York City UBT Information

Unincorporated Business Tax (UBT) General Information:

Business name

Street address

City and state

ZIP code

Nature of business or profession

Business telephone number (including area code)

Federal identification number

New York State sales tax identification number

Business email address

Did you file a 2012 New York City Unincorporated Business Tax return?

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

Did you file a 2013 New York City Unincorporated Business Tax return?

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

If you did not file prior year(s) New York City Unincorporated Business Tax return(s), state reason:
.....

Date business began (Mo/Da/Yr) _____

If business terminated during 2014, enter the termination date (Mo/Da/Yr) _____

If business was carried on both inside and outside New York City, was any place of business in your home?

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

Enter Any Additional New York City (UBT) Information:



2014

Ohio Cities Information

General Information:

Name of city

Daytime telephone number (including area code)

If you moved during 2014, enter the date you moved (Mo/Da/Yr)

Principal business activity

Taxpayer's account number

Taxpayer's account type

2013 filing address

	Yes	No
Are you an employee?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a proprietor?	<input type="checkbox"/>	<input type="checkbox"/>
Did you file a return for 2013?	<input type="checkbox"/>	<input type="checkbox"/>
Did the IRS increase your tax liability for any prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you file an amended city return?	<input type="checkbox"/>	<input type="checkbox"/>
Is your city of residence the same as your city of employment?	<input type="checkbox"/>	<input type="checkbox"/>
Is this your final return?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, why?		

Voluntary Contributions (Akron Only):

Enter the amount you wish to contribute on your 2014 tax return to:

Police equipment	
Fire and EMS equipment	
Parks and recreation equipment	

Enter Any Additional Ohio City Information:
