2014 Tax Organizer

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2014 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2014 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2013 information is included for your reference. You do not need to make any 2013 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- ☐ A copy of your 2013 tax return (if not in our possession).
- ☐ Original Form(s) W-2.
- ☐ Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- ☐ Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- ☐ Form(s) 1099 or statements reporting dividend and interest income.
- ☐ Brokerage statements showing transactions for stocks, bonds, etc.
- ☐ Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- ☐ Copies of closing statements regarding the sale or purchase of real property.
- ☐ All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

Table of Contents

Topic Index

General Questions

PERSONAL INFORMATION

		Yes	No
1	Did your marital status change during 2014? If **yes,** explain	☐	☐
2	Do you want to allow your tax preparer to discuss this year's return with the IRS?	☐	☐

If **no,** enter another person (if desired) to be allowed to discuss this return with the IRS.
Caution: Review any transferred information for accuracy.

Designee's Name ...... ►

Phone Number .... ► Personal Identification Number (5 digit PIN) ..... ►

		Yes	No
3	Do you or your spouse plan to retire in 2015?	☐	☐
4	Were you or your spouse permanently and totally disabled in 2014?	☐	☐
5	Enter date of death for taxpayer or spouse (if during 2014 or 2015): Taxpayer: Spouse:		
6	Were you or your spouse a member of the U.S. Armed Forces during 2014 ?	☐	☐

DEPENDENT INFORMATION

		Yes	No
7 a	Do you have dependents who must file?	☐	☐
b	If **yes,** do you want us to prepare the return(s)?	☐	☐
8 a	Do you have children who are under age 19 or a full time student under age 24 with investment income greater than $2,000?	☐	☐
b	If **yes,** do you want to include your child's income on your return?	☐	☐
9	Are any of your dependents **not** U.S. citizens or residents?	☐	☐
10	Did you provide over half the support for any other person during 2014?	☐	☐
11	Did you incur adoption expenses during 2014?	☐	☐

IRA, PENSION AND EDUCATION SAVINGS PLANS

		Yes	No
12	Did you receive payments from a pension or profit-sharing plan?	☐	☐
13	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	☐	☐
14 a	Did you convert all or part of a regular IRA into a Roth IRA?	☐	☐
b	Did you roll over all or part of a qualified plan into a Roth IRA?	☐	☐
15	Did you contribute to a Coverdell Education Savings Account?	☐	☐

ITEMS RELATED TO INCOME/LOSSES

		Yes	No
16	Did you receive any disability payments in 2014?	☐	☐
17	Did you receive tip income **not** reported to your employer?	☐	☐
18 a	Did you buy, sell, refinance, or abandon a principal residence or other real property in 2014? (Attach copies of any escrow statements or Forms 1099.)	☐	☐
b	If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home?	☐	☐
c	Are you planning to purchase a home soon?	☐	☐
19	Did you incur any casualty or theft losses during 2014?	☐	☐
20	Did you incur any non-business bad debts?	☐	☐

PRIOR YEAR TAX RETURNS

		Yes	No
21	Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? If **yes,** enclose agent's report or notice of change.	☐	☐
22	Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?	☐	☐

General Questions (continued)

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

		Yes	No
23	Did you have foreign income or pay any foreign taxes in 2014 ?	☐	☐
24a	At any time during 2014 , did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?	☐	☐
b	Did the aggregate value of all your foreign accounts exceed $10,000 at any time during 2014 ? Report all interest income on Org 11	☐	☐
25	Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust?	☐	☐
26	Did you at any time during 2014 , have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded $50,000 in value at any time during the year?	☐	☐

HEALTH AND LIFE INSURANCE

		Yes	No
27a	Did you and your dependents have health care coverage for the full year?	☐	☐
b	Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach	☐	☐
c	If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please attach	☐	☐
28a	Did you or your spouse have self-employed health insurance?	☐	☐
b	If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job?	☐	☐
29	Did your employer pay premiums on life insurance in excess of $50,000 where the proceeds are payable to beneficiaries named by you?	☐	☐
30	Did you contribute to or receive distributions from a Health Savings Account (HSA)?	☐	☐

MISCELLANEOUS

		Yes	No
31	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2014 ? If **yes,** please attach details	☐	☐
32	Did you start paying mortgage insurance premiums in 2014 ? If **yes,** please attach details	☐	☐
33	Did you purchase a motor vehicle or boat during 2014 ? If **yes,** attach documentation showing sales tax paid.	☐	☐
34	Did you purchase an energy efficient vehicle in 2014 ? If **yes,** enter year, make, model, and date purchased: ____________	☐	☐
35	Did you donate a vehicle in 2014 ? If yes, attach Form 1098C	☐	☐
36	What was the sales tax rate in your locality in 2014 ? ________ % State ID .... ____		
37	Did you or your spouse make gifts of over $14,000 to an individual or contribute to a prepaid tuition plan?	☐	☐
38	Did you make gifts to a trust?	☐	☐
39	If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? If **yes,** please attach details.	☐	☐
40	Did you or your spouse participate in a medical savings account in 2014 ? If **yes,** please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)	☐	☐
41	Did you make a loan at an interest rate below market rate?	☐	☐
42	Did you pay any individual for domestic services in 2014 ?	☐	☐
43	Did you pay interest on a student loan for yourself, your spouse, or your dependents?	☐	☐
44	Did you, your spouse, or your dependents attend post-secondary school in 2014 ?	☐	☐
45	Did a lender cancel any of your debt in 2014 ? (Attach any Forms 1099-A or 1099-C)	☐	☐
46	Did you receive any income not included in this Tax Organizer? If **yes,** please attach information.	☐	☐

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

		Yes	No
47	If your tax return is eligible for Electronic Filing, would you like to file electronically?	☐	☐
48	The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?	☐	☐

Caution: Review transferred information for accuracy.

49 If **yes,** please provide the following information:

- a Name of your financial institution ____________
- b Routing Transit Number (must begin with 01 through 12 or 21 through 32) ____________
- c Account number ____________
- d What type of account is this? .... Checking ☐ Savings ☐

☑ Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Health Insurance Coverage

ORG3A

Part 1 **Coverage**

Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:
See the information below regarding the new health insurance reporting requirements beginning in 2014.

Indicate which months each person was covered by MEC*:

Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage, who may have an exemption, and who may be subject to the individual shared responsibility payment.

Beginning in 2014, most individuals are required to have:

- **Minimum Essential Coverage (*MEC),** or
- an **Exemption** from the responsibility to have minimum essential coverage, or
- Make a **Shared Responsibility Payment.**

Minimum Essential Coverage includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

Exemptions may be obtained in advance from Healthcare.gov. Exemptions are available to members of federally recognized tribes, certain religious sects, and members of healthcare sharing ministries. There are numerous other exemptions and hardship exemptions available at www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions or www.healthcare.gov/exemptions. Some exemptions may be claimed directly on the income tax return.

The **Shared Responsibility Payment** for 2014 is the **GREATER OF 1%** of the household income that is above the filing threshold for the filing status, or
the family's flat dollar amount for 2014 is $95 per adult and $47.50 per child, limited to a family maximum of $285.
This total is capped at the cost of the national average premium for a bronze level plan available through the Marketplace in 2014.
The national average bronze plan amount is $204 per month and limited to $1,020 per month for a family of five or more members.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

Business/Investment Questions

		Yes	No
1	Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.)	☐	☐
2	Did you buy or sell any stocks or bonds in 2014 ? If **yes**, attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	☐	☐
3	Did you surrender any U.S. savings bonds during 2014 ?	☐	☐
4	Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	☐	☐
5	Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?	☐	☐
6	Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	☐	☐
7	Do you have any investments for which you were **not** personally 'at risk' (other than sole proprietorship or farm)?	☐	☐
8	Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2014 ?	☐	☐
9	Did you sell property or equipment on installment in 2014 ?	☐	☐
10	Did you have any business related educational expenses?	☐	☐
11	Did you do a 'like-kind' exchange of property in 2014 ?	☐	☐
12	Do you have records, as described below, to support expenses?	☐	☐
	Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: **1** Amount; **2** Time and place; **3** Date; **4** Business purpose; **5** Description of gift(s); and **6** Business relationship of recipient.		
13	Did you purchase special fuels for non-highway use? If **yes**, please list the type of use and the number of gallons for each fuel.	☐	☐
14	Was Form 8903 (Domestic Production Activities Deduction) included in your 2013 federal income tax return?	☐	☐

Basic Taxpayer Information

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name		
First name		
Middle initial and suffix	MI ____ Suffix ____	MI ____ Suffix ____
Social security number		
Occupation		
Work phone/extension		
Cell phone		
E-mail address		
Birthdate	MM/DD/YYYY	MM/DD/YYYY
Blind	Yes ☐ No ☐	Yes ☐ No ☐
Contribute to Presidential Election Campaign Fund	Yes ☐ No ☐	Yes ☐ No ☐
Eligible to be claimed as a dependent on another return	Yes ☐ No ☐	Yes ☐ No ☐

Street address ..... ____ Apartment number .... ____

City .... ____ State .... ____ ZIP code .... ____

Home phone .... ____ Foreign country .... ____

Fax .... ____ Foreign phone .... ____

FILING STATUS

☐ **1 Single**

☐ **2 Married filing jointly**

☐ **3 Married filing separately**

Check this box if you **did not** live with spouse at any time during the year ► ☐

Check this box if you are eligible to claim spouse's exemption ► ☐

Check this box if your spouse itemizes deductions ► ☐

☐ **4 Head of household**

If the qualifying person is a child but not your dependent, enter

Child's name.............. ____ Child's social security number......... ____

☐ **5 Qualifying widow(er)**

Check the box for the year the spouse died ► 2012 ☐ 2013 ☐

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)				Social Security Number / Relationship	**Code / +Months in U.S.	Date of Birth / *Not Citizen	2014 Child Care Expense / 2013 Child Care Expense
						☐	
						☐	
						☐	
						☐	

** For the Dependent Code, enter the following:

L = dependent child who lived with you

N = dependent child who didn't live with you due to divorce or separation

O = other dependent

Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien

W-2, 1099-R, and W-2G Income

W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION

☑ **Attach all copies of your W-2 forms here.**

1

Employer's name .... ______ **Check if not applicable for 2014** .... ☐
Employer's name .... ______ **Check if for spouse** .... ☐
1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace .... ☐
2 Enter any amounts forfeited from a flexible spending account .... ______
3 Check if the income reported is from a foreign source .... ☐
4 a Clergy: Enter your designated housing or parsonage allowance .... ______
b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value........ ______
c Check SE tax on: **(a)** housing or parsonage allowance .... ☐ **(b)** W-2 wages .... ☐ **(c)** both .... ☐

2

Employer's name .... ______ **Check if not applicable for 2014** .... ☐
Employer's name .... ______ **Check if for spouse** .... ☐
1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace .... ☐
2 Enter any amounts forfeited from a flexible spending account .... ______
3 Check if the income reported is from a foreign source .... ☐
4 a Clergy: Enter your designated housing or parsonage allowance .... ______
b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value........ ______
c Check SE tax on: **(a)** housing or parsonage allowance .... ☐ **(b)** W-2 wages .... ☐ **(c)** both .... ☐

1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC

☑ **Attach all copies of your 1099-R forms here.**

1

Payer's name........ ______ **Check if not applicable for 2014** .... ☐
Payer's name........ ______ **Check if for spouse** .... ☐
1 Check if either box applies: Rollover .... ☐ Conversion to Roth IRA .... ☐
2 a If a **partial** rollover, enter the amount rolled over .... ______
b If a **partial** conversion to a Roth IRA, enter the amount converted to Roth IRA .... ______
3 Health insurance premiums deductible on Schedule A........ ______
4 a If entire distribution is a Required Minimum Distribution (RMD), check this box .... ► ☐
b If **only part** of distribution is RMD, enter the part that is RMD........ ______

2

Payer's name........ ______ **Check if not applicable for 2014** .... ☐
Payer's name........ ______ **Check if for spouse** .... ☐
1 Check if either box applies: Rollover .... ☐ Conversion to Roth IRA .... ☐
2 a If a **partial** rollover, enter the amount rolled over .... ______
b If a **partial** conversion to a Roth IRA, enter the amount converted to Roth IRA .... ______
3 Health insurance premiums deductible on Schedule A........ ______
4 a If entire distribution is a Required Minimum Distribution (RMD), check this box .... ► ☐
b If **only part** of distribution is RMD, enter the part that is RMD........ ______

W-2G – GAMBLING OR LOTTERY WINNINGS

☑ **Attach all copies of your W-2G forms here.**

Name of Payer	Check if Spouse	Gross Winnings (Box 1)	Federal Tax Withheld (Box 2)	State Tax Withheld (Box 14)	State Code (Box 13)
	☐				
	☐				
	☐				

W-2 Amounts

Box	Description	2014	2013
	WAGES, SALARIES, TIPS, AND OTHER COMPENSATION		
c	Employer's name (from ORG7)		
1	Wages, tips, etc		
2	Federal income tax withheld		
3	Social security wages		
4	Social security tax		
5	Medicare wages/tips		
6	Medicare tax withheld		
13b	Check if retirement plan participant		
7	Social security tips		
8	Allocated tips		
	Unreported tips less than $20 per month		
	Unreported tips $20 or more per month		
9	(Not used)		
10	Dependent care		
11	Nonqualified plans		
13a	Check if statutory employee		
13c	Check if third-party sick pay		

Box 12 W-2 Code	2014 Box 12 Amount	2013 Box 12 Amount

If Box 12 code is:	2014	2013
A: Attributable to RR Tier 2 tax		
M: Attributable to RR Tier 2 tax		
R: Taxpayer MSA		
Spouse MSA		
G: Not government employer		

2014 Box 14 Description or Code	2014 Box 14 Amount	2013 Box 14 Description or Code	2013 Box 14 Amount

Box 15 State	2014 Box 16 Wages, tips, etc	2014 Box 17 Income tax	2013 Box 16 Wages, tips, etc	2013 Box 17 Income tax

Box 20 Locality	2014 Box 18 Wages, tips, etc	2014 Box 19 Income tax	2013 Box 18 Wages, tips, etc	2013 Box 19 Income tax

1099-R Amounts

Source From: 1099-R ..... ► ☐ CSA-1099-R ..... ► ☐ CSF-1099-R ..... ► ☐ RRB-1099-R..... ► ☐

Payer's name..

Box	Description	2014	2013
		☐ ☐	☐ ☐
	Federal income tax withheld..........		
► ► ►	Check if a **qualified** Roth IRA distribution, but box 7 code is J or T, **not code Q**	☐ ☐ ☐	☐ ☐ ☐
►	If a fully taxable disability pension, check if recipient is under the minimum retirement age	☐	☐
	State tax withheld – State 1..........		
	State tax withheld – State 2..........		
	State/Payer's state number – State 1		
	State/Payer's state number – State 2		
	State distribution – State 1..........		
	State distribution – State 2..........		
	Local tax withheld – Locality 1..........		
	Local tax withheld – Locality 2..........		
	Name of locality – Locality 1		
	Name of locality – Locality 2..........		
	Local distribution – Locality 1		
	Local distribution – Locality 2..........		

Inherited IRA **If this distribution is from an inherited IRA, indicate the distribution is from the IRA of**

	2014	2013
► Spouse and treat as recipient's own (treat as rollover)..........	☐	☐
► Recipient, but originally was inherited from spouse's (own IRA)..........	☐	☐
► Spouse and not treat as recipient's own (taxable amount in box 2a)	☐	☐
► Someone other than a spouse (taxable amount in box 2a)	☐	☐

1099-MISC Income

MISCELLANEOUS INCOME

☑ **Attach all copies of 1099-MISC forms here.**

Box	Description	Payer 1	Payer 2	Payer 3
	Check if spouse			
	Check if you did not receive income from this payer in 2014			
	Payer's name			
	Payer's federal identification number **or** Payer's social security number			
1	Rents			
2	Royalties			
3	Other income			
4	Federal income tax withheld			
5	Fishing boat proceeds			
6	Medical/health care payments			
7	Nonemployee compensation			
8	Substitute payments			
10	Crop insurance proceeds			
13	Excess golden parachute payments			
14	Gross proceeds paid to an attorney			
15a	Section 409A deferrals			
15b	Section 409A income			
16	State tax withheld – 1st state			
17	State name – two letters – 1st state			
	Payer's state number – 1st state			
18	State income – 1st state			
16	State tax withheld – 2nd state			
17	State name – two letters – 2nd state			
	Payer's state number – 2nd state			
18	State income – 2nd state			

Social Security Benefits/Form 1099-G/Other Income

ORG10

SOCIAL SECURITY BENEFITS

☑ **Attach all copies of SSA and RRB forms.**

		Taxpayer	Spouse
1	Social Security Benefits from Form SSA-1099		
2	Federal income tax withheld from Form SSA-1099		
3	Medicare B premiums withheld from Form SSA-1099		
4	Medicare C premiums withheld from Form SSA-1099		
5	Medicare D premiums withheld from Form SSA-1099		
6	Railroad Retirement Benefits from Form RRB-1099		
7	Federal income tax withheld from Form RRB-1099		
8	Medicare premiums withheld from Form RRB-1099		

FORM 1099-G

☑ **Attach all copies of 1099-G forms.**

Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse	☐	☐	☐
	Check if Joint	☐	☐	☐
	Payer's name			
1	Unemployment compensation			
a	Unemployment benefits you repaid in 2014			
2	State and local income tax refunds			
3	Enter the tax year from 1099-G box 3			
a	If tax year is 2013 or prior, enter the taxable portion of the amount reported in box 2			
4	Federal income tax withheld			
5	RTAA payments			
6	Taxable grants			
7	Agriculture payments			
8	Check if box 2 amount is from trade or business	☐	☐	☐
9	Market gain			
10a	Two-letter state abbreviation	____	____	____
	Two or three-letter local abbreviation	____	____	____
b	State identification number			
11	State income tax withheld			

OTHER INCOME

	Nature and Source	2014 Taxpayer	2014 Spouse	2013 Combined
1	Alimony received			
2	Recovery of bad debts previously deducted			
3	Jury duty pay			
4	Gambling winnings not reported on W2G/1099			
5	Income from not for profit activities (hobbies)			
6	Income from the rental of personal property			
7	Other miscellaneous income items: Description:			

Interest and Dividend Income

T = Taxpayer, S = Spouse, J = Joint

INTEREST INCOME

☑ Attach all copies of your Form 1099-INTs here.

**Type of Interest
blank = Regular taxable interest
ME1 = ME bond interest in federal income
MD1 = MD nontaxable interest — taxable federal
MA1 = MA bank interest
NH1 = NH nontaxable interest — taxable federal
NJ1 = NJ nontaxable interest — taxable federal
OK1 = OK bank interest
TN1 = TN nontaxable interest — taxable federal
WV1 = WV bond interest in federal income

TSJ	X*	Payer Name	2014 Box 1 Interest	Type of Interest**	2014 Box 3 US/Treasury Interest	2014 Box 8 Tax Exempt	State	2013 Box 1 + 3

X* Check if you did not receive income from this account in 2014 .

DIVIDEND INCOME

☑ Attach all copies of your Form 1099-DIVs here.

TSJ	X*	Payer Name	2014 Box 1a Ordinary Dividends	2014 Box 1b Qualified Dividends	2014 Box 2a Capital Gains	State	2013 Box 1a + 2a

X* Check if you did not receive income from this account in 2014 .

1099-INT Amounts

Box	Form 1099-INT	2014	2013
	Payer Name		
2	Early withdrawal penalty		
4	Federal taxes withheld		
5	Investment expenses		
6	Foreign taxes paid		
7	Foreign country		
9	Private activity bond interest		
	Percent of private activity bond amount included in total interest		
10	Market discount		
11	Bond premium		
13a	State (postal code)		
14a	State Identification number		
15a	State taxes withheld		
13b	State (postal code)		
14b	State Identification number		
15b	State taxes withheld		
	Types of adjustments:* ☐N ☐O ☐B ☐A ☐H ☐U		
	Amount of adjustment		

*Type of adjustment:
- N = Nominee distribution
- O = Original issue discount (OID) adjustment
- B = Amortizable bond premium (ABP) adjustment
- A = Accrued interest adjustment
- H = Other adjustment
- U = U.S. Savings bond interest previously reported

1099-DIV Amounts

Box	Form 1099-DIV	2014	2013
	Payer Name		
2 b	Unrecaptured Section 1250 gain		
2 c	Section 1202 gain		
2 d	Collectibles (28%) gain		
3	Nondividend distributions (Nontaxable distributions)		
4	Federal taxes withheld		
5	Investment expenses		
6	Foreign tax paid		
7	Foreign country		
10	Exempt-interest dividends (not included in box 1 or box 3)		
11	Private activity bond amount included above		
	OR		
	Percent of private activity bond amount included in total exempt-interest dividends (Enter 75 percent as 75.00		
12	State taxes withheld		
13	State (postal code)		
14	State ID		
12a	State taxes withheld		
13a	State (postal code)		
14a	State ID		
	U.S. government interest in dividends		
	Margin interest paid in 2014		
	Types of adjustments: Nominee ☐ Other ☐ ESOP ☐		
	Amount of adjustment		

Seller-Financed Interest/Child's Interest and Dividends

T = Taxpayer, **S** = Spouse, **J** = Joint

SELLER-FINANCED MORTGAGE INTEREST

TSJ	*X	Name of Payer	Address	SSN or EIN	Amount

***X** Check if you did not receive interest from this payer in 2014.

CHILD'S INTEREST AND DIVIDENDS (greater than $1000)

*X	Child's Name	2014	2013
	First name ______ MI __		
	Last name ______ Suffix __ SSN ______		
	Child's taxable interest		
	Child's tax-exempt interest		
	Child's ordinary dividends		
	Child's capital gain distributions		
	First name ______ MI __		
	Last name ______ Suffix __ SSN ______		
	Child's taxable interest		
	Child's tax-exempt interest		
	Child's ordinary dividends		
	Child's capital gain distributions		
	First name ______ MI __		
	Last name ______ Suffix __ SSN ______		
	Child's taxable interest		
	Child's tax-exempt interest		
	Child's ordinary dividends		
	Child's capital gain distributions		

***X** Check if this child did not receive interest or dividend income in 2014.

Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2014	2013
1 Prescription medications		
2 Health insurance premiums (enter Medicare B on ORG10)		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums		
b Spouse's gross long-term care premiums		
c Dependent's gross long-term care premiums		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity		
5 Insurance reimbursement		
6 Doctors, dentists, etc		
7 Hospitals, clinics, etc		
8 Lab and X-ray fees		
9 Expenses for qualified long-term care		
10 Eyeglasses and contact lenses		
11 Medical equipment and supplies		
12 Miles driven for medical purposes		
13 Ambulance fees and other medical transportation costs		
14 Lodging		
15 Other medical and dental expenses:		
a		
b		
c		
d		
e		
f		
g		
h		
i		
j		

TAXES	2014	2013
Enter state and local income taxes on **ORG7, ORG8, ORG10**, and **ORG40.**		
16 Real estate taxes paid on principal residence		
17 Real estate taxes paid on additional homes or land		
18 Auto registration fees based on the value of the vehicle		
19 Other personal property taxes		
20 Other taxes:		

Interest Paid and Cash Contributions

HOME MORTGAGE INTEREST PAID

Lender's Name	Check if NOT on Form 1098	2014	2013
	☐		
	☐		
	☐		
	☐		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME

Lender's Name	Check if NOT on Form 1098	2014
	☐	
	☐	
	☐	
	☐	

SELLER FINANCED MORTGAGE

Individual's Name	Identifying Number	Address

OTHER PERSON RECEIVING FORM 1098

Form 1098 Recipient's Name	Address

OTHER POINTS

Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.

Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2013 Points Deducted
	☐				
	☐				
	☐				
	☐				

INVESTMENT INTEREST

	2014	2013
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc)		

Interest Paid and Cash Contributions (continued)

LIMITED HOME MORTGAGE DEDUCTION

If your mortgage balance exceeded $1 million ($500,000 for married filing separately) or your home equity debt exceeded $100,000 ($50,000 for married filing separately) during 2013 complete the following:

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
1 Interest paid in 2014					
Points paid in 2014					
Months loan outstanding					
Principal pd on loan in 2014					
2 Home acquisition debt: Beginning of year balance					
Additional borrowed in 2014					
3 Home equity debt: Beginning of year balance					
Additional borrowed in 2014					
4 Grandfathered debt: (before 10/14/1987) Beginning of year balance					
Additional borrowed in 2014					

5 Fair market value of homes on date debt was last secured by home ....

6 Home acquisition and grandfathered debt on date last secured by home ....

CASH CONTRIBUTIONS

Name of Donee Organization	Check if Statement Exists for Gifts $250 or More	2014	2013
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
Charitable miles driven			
Miles driven to deliver noncash contributions			
Parking fees, tolls, and local transportation			

Noncash Contributions

	Name of Donee Organization	Check if Statement Exists for Gifts of $250 or More	Fair Market Value	Prior Year Fair Market Value
A				
B				
C				
D				
E				
F				
G				
H				
I				

Note: Complete sections below **only** if the **total** noncash contributions are **more than $500.**

	Description of Donated Property	Type**	Address of Donee Organization
A			
B			
C			
D			
E			
F			
G			
H			
I			

	Method for Fair Market Value*	Date of Contribution	Complete these columns **only** for each contribution over $500		
			Date Acquired (month, year)	How Acquired***	Your Cost
A					
B					
C					
D					
E					
F					
G					
H					
I					

***Methods of determining FMV:**

Appraisal
Average share
Catalog
Capitalization of income
Comparative sales
Consignment shop
Present value
Replacement cost
Reproduction cost
Thrift shop

****Type of Donated Property**

Household/clothing items
Motor vehicle, boat or airplane
Art, other than self-created
Art, self-created
Collectibles
Business equipment
Business inventory
Stock, publicly traded
Stock, other than publicly traded
Securities, other than stock
Intellectual property
Real property, conservation property
Real property, other than conservation
Other personal property
Other intangible property

*****How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2014	2013
Employee Business Expenses		
Note: If you have any travel, transportation, meals or entertainment expenses **or** your employer reimbursed you for **any** of your job-related expenses, complete **ORG17** for **all** your employee expenses.		
1 Union and professional dues		
2 Professional subscriptions		
3 Uniforms and protective clothing		
4 Job search costs		
5 Other unreimbursed employee expenses:		
a		
b		
c		
d		
e		
Other Expenses Subject to the 2% Limitation		
Treat all MACRS assets for this activity as qualified Indian reservation property? ☐ Yes ☐ No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ☐ Regular ☐ Extension ☐ No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ☐ Yes ☐ No		
Was this property located in a Qualified Disaster Area? ☐ Yes ☐ No		
Check to code assets as Investment Expense ☐		
Use **ORG50** to record dispositions.		
Use **ORG51A** to enter additional assets.		
Use **ORG11a** for investment expenses related to interest income.		
Use **ORG11b** for investment interest related to dividend income.		
6 Tax return preparation fees		
7 Investment counsel and advisory fees		
8 Certain attorney and accounting fees		
9 Safe deposit box rental		
10 IRA custodial fees		
11 Other expenses (list):		
a		
b		
c		
d		
e		

OTHER MISCELLANEOUS DEDUCTIONS	2014	2013
12 Federal estate tax paid on income in respect of a decedent		
13 Amortizable bond premiums (acquired before 10/23/86)		
14 Gambling losses (to the extent of gambling income)		
15 Claim repayments		
16 Unrecovered investment in annuity		

Moving Expenses

If you sold your principal residence during 2014, also complete Sale of Your Home (ORG22).

FIRST MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply ☐

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: ______________________

Enter mileage if required to meet **Distance Test:**

Number of miles from your old home to new workplace ______

Number of miles from your old home to old workplace ______

Are you a member of the armed forces? **Yes** ☐ **No** ☐

If **Yes,** did you move due to a permanent change of station? **Yes** ☐ **No** ☐

If **Yes,** enter the allowances or reimbursements received from the government ______

If **No,** enter the total amount your employer paid for your move. **Do not enter** amounts already reported in Form W-2 Box 12 ______

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses	
Storage expenses	
Expenses of moving from old to new home:	
Travel **not** including meals	
Lodging **not** including meals	

SECOND MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply ☐

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: ______________________

Enter mileage if required to meet **Distance Test:**

Number of miles from your old home to new workplace ______

Number of miles from your old home to old workplace ______

Are you a member of the armed forces? **Yes** ☐ **No** ☐

If **Yes,** did you move due to a permanent change of station? **Yes** ☐ **No** ☐

If **Yes,** enter the allowances or reimbursements received from the government ______

If **No,** enter the total amount your employer paid for your move. **Do not enter** amounts already reported in Form W-2 Box 12 ______

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses	
Storage expenses	
Expenses of moving from old to new home:	
Travel **not** including meals	
Lodging **not** including meals	

Employee Business Expenses

Occupation in which expenses were incurred .... ____

Check box if spouse's employee expenses. If blank, taxpayer assumed .... ☐

Check box if a fee-basis state or local government official .... ☐

Check box if subject to Department of Transportation (DOT) hours of service limits .... ☐

Treat all MACRS assets for activity as qualified Indian reservation property? .... ☐ Yes ☐ No

Treat all assets acquired after August 27, 2005 as qualified GO Zone property? .... ☐ Regular ☐ Extension ☐ No

Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .... ☐ Yes ☐ No

Was this activity located in a Qualified Disaster Area .... ☐ Yes ☐ No

EXPENSES	2014	2013
1 Parking fees, tolls, and local transportation		
2 Travel expenses while away from home (excluding meals/entertainment expenses)		
3 Meals and entertainment expenses		
4 Business gifts		
5 Education		
6 Home office expenses **(Preparer Use Only** — complete ORG17A)		
7 Trade publications		
8 Depreciation expense other than vehicle **(Preparer Use Only)**		
9 Carryover of Section 179 expense from prior year		
10 Other:		

EMPLOYER REIMBURSEMENTS	2014	2013
Enter amounts not reported in Box 1 on Form W-2 (include amounts reported under code 'L' in Box 12 of Form W-2).		
11 Reimbursements for other than meals and entertainment		
12 Reimbursements for meals and entertainment		

QUALIFIED PERFORMING ARTIST	2014	2013
13 Did you perform services in the performing arts as an employee for at least two employers during the year, and receive from at least two of those employers wages of $200 or more per employer?	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**

IMPAIRMENT-RELATED WORK EXPENSES	2014	2013
14 If you are disabled, were any of your expenses for attendant care at your place of employment, or were any of your expenses in connection with your place of employment that enabled you to work?	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**

Employee Business Expenses (continued)

GENERAL VEHICLE INFORMATION	Vehicle 1	Vehicle 2
15 Description of vehicle		
16 Date placed in service		
17 Enter detail on lines 17a and 17b, or total on line 17c:		
a Ending mileage reading		
b Beginning mileage reading		
c **Total miles** for the year (line 17a less line 17b)		
18 Business miles		
19 Total commuting miles		
20 Average daily commuting miles		

STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2
21 Do you qualify for standard mileage? **(Preparer Use Only)**	☐ Yes ☐ No	☐ Yes ☐ No
22 Is this a leased vehicle?	☐ Yes ☐ No	☐ Yes ☐ No

ACTUAL EXPENSES	Vehicle 1	Vehicle 2
23 Gasoline, oil, repairs, insurance, etc		
24 Vehicle registration fee (excluding property tax)		
25 Vehicle lease or rental fee		
26 Inclusion amount **(Preparer Use Only)**		
27 Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2)		
28 Depreciation **(Preparer Use Only)**		

VEHICLE DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2
29 Cost or basis		
30 Is this an electric vehicle?	☐ Yes ☐ No	☐ Yes ☐ No
31 Is this qualified Indian reservation property?	☐ Yes ☐ No	☐ Yes ☐ No
32 Type of vehicle **(Preparer Use Only)**		
33 Section 179 expense **(Preparer Use Only)**		
34 Qualified Property for Economic Stimulus? **(Preparer Use)**	☐ Yes ☐ No	☐ Yes ☐ No
35 Qualified Property for Qualified Disaster Area? **(Preparer Use)**	☐ Yes ☐ No	☐ Yes ☐ No
36 Qualified Property for Kansas Disaster Zone **(Preparer Use)**	☐ Yes ☐ No	☐ Yes ☐ No
37 Qualified property for GO Zone? **(Preparer Use Only)**	☐ Reg ☐ Ext ☐ N/A	☐ Reg ☐ Ext ☐ N/A
38 Percentage for Special Depreciation Allowance? **(Preparer Use)**	☐ 100%/50% ☐ 30% ☐ N/A	☐ 100%/50% ☐ 30% ☐ N/A
39 Elect OUT of Special Depreciation Allowance? **(Preparer Use)**	☐ Yes ☐ No	☐ Yes ☐ No
40 Elect 30% in place of 50% Allowance? **(Preparer Use)**	☐ Yes ☐ No	☐ Yes ☐ No
41 Date sold		
42 Date acquired, if different from line 16		
43 Sales price		
44 Expense of sale		
45 Gain/loss basis, if different **(Preparer Use Only)**		
46 AMT gain/loss basis, if different **(Preparer Use Only)**		

VEHICLE QUESTIONS		
47 Was your vehicle available for personal use during off-duty hours?	☐ Yes	☐ No
48 Is another vehicle available for personal use?	☐ Yes	☐ No
49 Do you have evidence to support the business use claimed?	☐ Yes	☐ No
50 If **yes,** is the evidence written?	☐ Yes	☐ No

Employee Home Office Expense

ORG17A

for:
copy:

Elect the simplified method instead of entering actual expenses .... ☐

GENERAL INFORMATION	2014	2013
1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage)		
2 Area used only partly for day care (square footage)		
3 Total area of home (square footage)		
4 Daycare hours a Number of weeks used for daycare, if less than full year		
b Number of days used for day care each week		
c Number of days closed for holidays, vacations, etc		
d Number of hours used for daycare each day		
5 Total wages from this business		
6 Enter the percent of wages above that are from the business use of this home		
7 Gain from business use of home shown on Schedule D or Form 4797 **(Preparer Use Only)**		
8 Any losses from this business shown on Schedule D or Form 4797 **(Preparer Use Only)**		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2014		2013	
	Direct	Indirect	Direct	Indirect
9 Casualty losses **(Preparer Use Only)**				
10 Mortgage interest/points on Form 1098				
11 Interest not on Form 1098				
12 Points not of Form 1098				
13 Real estate taxes				
14 Qualified mortgage insurance				
15 Other insurance				
16 Rent				
17 Repairs and maintenance				
18 Utilities				
19 Other expenses (e.g., rent)				
20 Carryover of operating expenses				
21 Excess casualty losses **(Preparer Use Only)**				
22 Depreciation of your home **(Preparer Use Only)**				
23 Carryover of excess casualty losses and depreciation				

DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this occupation, please complete the following information.

24	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
Residence				
Addition/Improvement				
Addition/Improvement				
Addition/Improvement				
Addition/Improvement				

25 Enter the land value included in cost for residence ....

Car And Truck Expenses

ORG18

(Employees use ORG17 — Employee Business Expenses)

for:

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle			
2 Date placed in service			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading			
b Beginning mileage reading			
c **Total miles** for the year (line 3a less line 3b)			
4 Business miles			
5 Total commuting miles			

STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? **(Preparer Use)**	Yes No	Yes No	Yes No
7 Is this a leased vehicle?	Yes No	Yes No	Yes No

ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc			
9 Vehicle registration fee (excluding property tax)			
10 Vehicle lease or rental fee			
11 Inclusion amount **(Preparer Use Only)**			
12 Depreciation **(Preparer Use Only)**			
13 Parking fees, tolls, and local transportation			
14 Portion of vehicle registration fee based on value			
15 Interest on vehicle			

DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis			
17 Is this an electric vehicle?	Yes No	Yes No	Yes No
18 Is this qualified Indian reservation property?	Yes No	Yes No	Yes No
19 Type of vehicle **(Preparer Use)**			
20 Section 179 expense **(Preparer Use)**			
21 Qualified Property for Economic Stimulus? **(Preparer Use)**	Yes No	Yes No	Yes No
22 Qualified Property for Qualified Disaster Area? **(Preparer Use)**	Yes No	Yes No	Yes No
23 Kansas Disaster Zone? **(Preparer Use)**	Yes No	Yes No	Yes No
24 Qualified GO Zone Property **(Preparer Use)**	Reg Ext N/A	Reg Ext N/A	Reg Ext N/A
25 Percentage for SDA? **(Preparer Use)**	100%/50% 30% No	100%/50% 30% No	100%/50% 30% No
26 Elect OUT of SDA? **(Preparer Use)**	Yes No	Yes No	Yes No
27 Elect 30% in place of 50% SDA **(Preparer Use)**	Yes No	Yes No	Yes No
28 Date sold			
29 Date acquired, if different from line 2			
30 Sales price			
31 Expense of sale			
32 Gain/loss basis, if different **(Preparer Use)**			
33 AMT gain/loss basis, if different **(Preparer Use)**			

VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
34 Is another vehicle available for personal use?	Yes No	Yes No	Yes No
35 Was vehicle available during off duty hours?	Yes No	Yes No	Yes No
36 Was vehicle used primarily by a greater than 5% owner or related person?	Yes No	Yes No	Yes No
37 Do you have evidence to support the business use claimed?			Yes No
38 If **yes,** is the evidence written?			Yes No

Business Income and Expenses

GENERAL INFORMATION

1 Check ownership ☐ Taxpayer ☐ Spouse ☐ Joint

2 Business name

3 a Business street address

b 1 City, State and Zip Code, **or**

2 Foreign country

4 Principal business/profession

5 Employer ID number

6 Business code **(Preparer Use Only)**

	Yes	No
7 Was this business fully disposed of in a fully taxable transaction during 2014 ?	☐	☐

8 Accounting method:
Cash ☐ Accrual ☐ Other (specify) ☐

9 Method used to value closing inventory:
Cost ☐ Lower of cost or market ☐ Other (explain) ☐

	Yes	No
10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory? (If yes, attach explanation)	☐	☐
11 Did you materially participate in the operation of this business during 2014 ?	☐	☐
12 Did you start or acquire this business during 2014 ?	☐	☐
13 a Did you make any payments in 2014 that require you to file Forms 1099?	☐	☐
b If yes, did you or will you file all the required Forms 1099?	☐	☐
14 At-risk determination:		
a Is all of the investment in this activity at risk?	☐	
b Is some of the investment in this activity not at risk?	☐	
15 Did you have unallowed passive losses in 2013 ?	☐	☐
16 a Treat all MACRS assets for this activity as qualified Indian reservation property?	☐	☐
b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? **Regular** ☐ **Extension** ☐ **No**		☐
c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	☐	☐
d Was this business located in a Qualified Disaster Area?	☐	☐

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2014	2013
17 Gross receipts or sales		
18 Returns and allowances plus other adjustments		
19 Other income (include federal/state gas tax credit/refund)		

COST OF GOODS SOLD – IF APPLICABLE	2014	2013
20 Inventory at beginning of year		
21 Purchases		
22 Items withdrawn for personal use		
23 Cost of labor (do not include your salary)		
24 Materials and supplies		
25 Other costs		
26 Inventory at end of year		

Business Income and Expenses (continued)

	EXPENSES	2014	2013
	Business name		
27	Advertising		
28	Car and truck expenses (complete ORG18)		
29	Commissions and fees		
30	Contract labor		
31	Depletion		
32	Depreciation and Section 179 deduction **(Preparer Use Only)**		
33	Employee benefit programs:		
a	Employee health insurance premiums		
b	Other employee benefit programs		
34	Insurance (other than health)		
35	Self-employed health insurance attributable to this business		
36	Interest:		
a	Mortgage paid to banks not reported to you on Form 1098		
b	Other		
37	Legal and professional services		
38	Office expenses		
39	Pension and profit-sharing plans		
40	Rent or lease:		
a	Machinery and equipment (enter vehicle lease on ORG18)		
b	Other business property		
41	Repairs and maintenance		
42	Supplies (not included in cost of goods sold)		
43	Taxes and licenses not reported to you on Form 1098		
44	Travel, meals, and entertainment:		
a	Travel		
b	Meals and entertainment subject to 50% limit		
c	Meals subject to 80% limit		
d	Meals and entertainment not subject to limit		
45	Utilities		
46	Gross wages		
47	Other expenses:		
48	Expenses for business use of your home **(Preparer Use Only)** Complete ORG20 for Business Use of Home.		
49	Qualified pension plan start-up costs		

Business Use of Home

for:
copy:

Elect the simplified method instead of entering actual expenses .... ☐

GENERAL INFORMATION	**2014**	**2013**
1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage)		
2 Area used only partly for day care (square footage)		
3 Total area of home (square footage)		
4 Daycare hours		
a Number of weeks used for daycare, if less than full year		
b Number of days used for day care each week		
c Number of days closed for holidays, vacations, etc		
d Number of hours used for daycare each day		
5 Enter the date you began using this home office for this business		
6 If part of your income is from a place of business other than this home, enter % of gross income from business use of this home		
7 Adjustment to gain from business use of home shown on Schedule D or Form 4797 **(Preparer Use Only)**		
8 Adjustment to losses from this business shown on Schedule D or Form 4797 **(Preparer Use Only)**		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	**2014**		**2013**	
	Direct	**Indirect**	**Direct**	**Indirect**
9 Casualty losses **(Preparer Use Only)**				
10 Total mortgage interest/points				
11 Mortgage interest/points on Form 1098				
12 Interest **not** on Form 1098				
13 Points **not** of Form 1098				
14 Real estate taxes				
15 Excess mortgage interest **(Preparer Use)**				
16 Qualified mortgage insurance				
17 Other insurance				
18 Rent				
19 Repairs and maintenance				
20 Utilities				
21 Other expenses (e.g., rent)				
22 Carryover of operating expenses				
23 Excess casualty losses **(Preparer Use Only)**				
24 Depreciation of your home **(Preparer Use Only)**				
25 Carryover of excess casualty losses and depreciation				

DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this business, please complete the following information.

26	**Description**	**Date Acquired (MM/DD/YY)**	**Date Placed in Service (MM/DD/YY)**	**Cost (include land for residence only)**
Residence				
Addition/Improvement				
Addition/Improvement				
Addition/Improvement				
Addition/Improvement				

27 Enter the land value included in cost for residence ....

Sales of Stocks and Securities

☑ **Attach all copies of Forms 1099-B and/or 1099-S here.**

		Yes	No
1	Did you exchange any securities for other securities or any other property held for investment?	☐	☐
2	Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale?	☐	☐
3	Did you engage in any transactions involving traded options?	☐	☐
4	Did you engage in any transactions involving commodity future contracts and straddle positions?	☐	☐
5	Did you engage in any transactions involving *employee* stock options?	☐	☐
6	Schedule D included in the 2013 Federal income tax return?	☐	

Do not include installment sales transactions here. Complete information on Installment Sales Income (ORG23) instead.
See notes below for entries to be made on lines 1d, 4a, 4b and 5

FORMS 1099-B, 1099-S – SALES OF STOCKS, BONDS, REAL ESTATE, ETC.

Transaction number ____
1a Check if this sale was reported to you on Form 1099-B or substitute statement ► ☐
b **If so,** check if Box 6a is marked (i.e., this is the sale of noncovered security) ► ☐
c **If so,** check if Box 6b is marked (i.e., the basis amount was reported to the IRS) ► ☐
d **If so,** select type of gain (loss) indicated in Box 1c * ► ____
2 Description of property ____
3a Date acquired ____ **b** Date sold ____
4a Type of transaction *** ____ **b** Property ownership ** ____
5 Holding period * ____
6 Sales price ____
7 Cost or other basis ____
8 Wash sale loss disallowed ____
9 Federal Tax withheld (if any) ____
10a State ____ **b** State identification ____ **c** State tax withheld ____

Transaction number ____
1a Check if this sale was reported to you on Form 1099-B or substitute statement ► ☐
b **If so,** check if Box 6a is marked (i.e., this is the sale of noncovered security) ► ☐
c **If so,** check if Box 6b is marked (i.e., the basis amount was reported to the IRS) ► ☐
d **If so,** select type of gain (loss) indicated in Box 1c * ► ____
2 Description of property ____
3a Date acquired ____ **b** Date sold ____
4a Type of transaction *** ____ **b** Property ownership ** ____
5 Holding period * ____
6 Sales price ____
7 Cost or other basis ____
8 Wash sale loss disallowed ____
9 Federal Tax withheld (if any) ____
10a State ____ **b** State identification ____ **c** State tax withheld ____

*** Type of Holding Period**
S = Short-term (one year or less)
L = Long-term (more than one year)

**** Type of Ownership**
T = Taxpayer Ownership
S = Spouse Ownership
J = Joint Ownership

***** Type of Transaction**
S = Regular Sale of Socks, Bonds, etc
W = Wash Sale
M = Collectible (28% Rate)
P = Personal Loss on Noninvestment Property
X = Expired (options, etc)
O = Worthless Securities
K = Bankrupt
N = Nonbusiness Bad Debt
E = Stock sales to ESOP's or EWOC's

Sale of Your Home

GENERAL INFORMATION

► ☑ **Attach copies of your original purchase and the current sale settlement sheets here.**

Complete if the sale of your home occurred in the current year (2014).

		Yes	No
1 a	Was the sale amount of your residence $250,000 or less ($500,000 or less if married filing a joint return)?	☐	☐
b	Did you acquire this home in a like-kind (Section 1031) exchange and sell it within 5 years of acquiring it?	☐	☐
c	Did you use this home partially or completely in a trade or business or hold it for investment **AND** dispose of it in a like-kind (Section 1031) exchange?	☐	☐
d	Did you claim the First-Time Homebuyer Credit when you purchased this home?	☐	☐
2 a	Did **you** live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale?	☐	☐
b	If married filing a joint return, did your **spouse** live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale?	☐	☐
3	Did you receive a Form 1099-S?	☐	☐
4 a	Have **you** sold and excluded gain from another principal residence within 2 years before the sale of this home?	☐	☐
b	If married filing a joint return, has your **spouse** sold and excluded gain from another principal residence within 2 years before the sale of this home?	☐	☐
5	Did you sell this home due to a change of health, place of employment or other unforeseen circumstances? (If this is a joint sale, answer both questions the same. Otherwise, answer as applicable.)		
a	**You**	☐	☐
b	Your **spouse**	☐	☐
6 a	Did you or your spouse use any part of your residence for business or rental purposes after May 6, 1997?	☐	☐
b	Was the home used as investment or rental property after December 31, 2008?	☐	☐
7 a	Will you be receiving periodic payments of principal or interest from this sale?	☐	☐
b	If **Yes,** what is the amount of the financial instrument?		

8 Address of former home sold ____________________

9 a Date former home was sold ____________

b Date former home was bought ____________

10 Sales price of the home sold ____________

COST BASIS OF HOME SOLD

	Description	Amount
	Original cost of home sold:	
11 a	Purchase price of home sold	
b	Postponed gain on the sale of your previous home (from Form 2119 for the year this home was bought)	
	Additions and increases to basis:	
12 a	Settlement fees or closing costs when home was purchased. **Do not** include amounts previously deducted as moving expenses	
b	Cost of capital improvements	
c	Additions, including costs of materials and labor	
d	Other additions and increases to basis	
	Decreases to basis:	
13 a	Seller-paid points (for old home bought after 1990)	
b	Other decreases to basis	

COMMISSIONS AND OTHER EXPENSES OF SALE

	Description	Amount
14 a		
b		
c		
d		

Installment Sale Income

☑ **Attach all closing documents if this is the year of sale.**

Was the property sold in this installment sale a rental or used in a trade or business? ☐ Yes ☐ No
Was the final installment received this year? ☐ Yes ☐ No

1 Description of property ____
2a Date acquired ____ 2b Date sold ____
c Check this box if ordinary gain from non-capital asset ☐

GROSS PROFIT INFORMATION
(Complete for year of sale only.)

3 Selling price, including mortgages and other debts ____
4 Mortgages and other debts buyer assumed or took property subject to ____
5 Cost or other basis of property sold ____
6 Depreciation allowed or allowable ____
7 Commissions and other expenses of sale ____
8 Was this property your main home? ☐ Yes ☐ No

CURRENT TAXABLE PORTION

9 Gross profit percentage ____
10a Payments received in current year ____
b Interest received in current year ____

Seller Financed Mortgage Information

11	Payer's Name	Address	SSN or EIN

12 Payments received in prior years (do not include interest) ____

SALES TO RELATED PARTIES

13a Was the property sold to a related party after May 14, 1980? ☐ Yes ☐ No
b *If* **yes**, *was the property a marketable security?* ☐ Yes ☐ No
If **yes**, *complete the rest of this form. If* **no**, *complete for year of sale and for 2 years after the sale.*
If you received the final installment payment this year, do not complete the rest of this form.
c Give the name, address, and taxpayer identification number of related party:
Name ____
Address ____
City ____ State ____ ZIP code ____
Identifying number ____

14 Did the related party, during this tax year, resell or dispose of the property? ☐ Yes ☐ No
If **no**, *do not complete the rest of this form.*

Answer **yes** to no more than one of the following questions.

15a Was the second disposition more than two years after the first disposition (other than dispositions of marketable securities)? ☐ Yes ☐ No
If **yes**, give date of disposition ____
b Was the first disposition a sale or exchange of stock to the issuing corporation? ☐ Yes ☐ No
c Was the second disposition an involuntary conversion where the threat of conversion occurred after the first disposition? ☐ Yes ☐ No
d Did the second disposition occur after the death of the original seller or buyer? ☐ Yes ☐ No
e Can it be established to the satisfaction of the IRS that tax avoidance was not a principal purpose for either disposition? ☐ Yes ☐ No
If **yes**, give explanation ____

16 If you answered **no** to all questions 15a through 15e, enter sales price of the property sold by related party *(attach Form 6252 for year of first sale)* ____

Sales of Business Property

T = Taxpayer, **S** = Spouse, **J** = Joint

☑ **Attach all copies of 1099-S and 1099-B forms here.**

Note: Enter asset dispositions here **or** on ORG50 (Transferred Assets), but not both.

SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD MORE THAN 1 YEAR
(Include in this table asset dispositions which resulted in long-term loss, and dispositions of raised livestock for long-term gain)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD 1 YEAR OR LESS
(Include in this table asset dispositions which resulted in short-term gain or loss)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

GAIN FROM THE SALE OF PROPERTY HELD MORE THAN 1 YEAR (Include in this table dispositions of depreciable trade, business, or residential rental assets which resulted in long-term gain)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

Rent and Royalty Income and Expenses

BASIC PROPERTY INFORMATION

Property description: ______
Property type: * ______ If type is other, enter a description: ______
Location (street address): ______
City: ______ State: ___ Zip: ______
If a foreign address: Foreign province or state: ______
Foreign postal code: ______ Foreign Country: ______

1 Check property owner .... ☐ Taxpayer ☐ Spouse ☐ Joint

		Yes	No
2 a	Did you make any payments that would require you to file Form(s) 1099?	☐	☐
b	If **yes,** did you or will you file all required Forms(s) 1099?	☐	☐
3 a	Enter the ownership percentage (if not 100%)	______	
b	If not 100%, are you reporting 100% of the income and expenses?	☐	☐
4	Is this a rental property? (If **yes,** answer questions 5 through 11; if **no,** skip to question 12.)	☐	☐
5	Did you have personal use of this property or rent it for part of the year at less than fair rental value?	☐	☐
6	For all rental properties, **enter the number of days** during 2014 that:		
a	The property was rented at fair rental value	______	
b	The property was used personally or rented at less than fair rental value	______	
c	You owned the property, if not the entire year	______	
7 a	Does this rental have multiple living units and you live in one of the units?	☐	☐
b	If **yes,** enter percentage of rental use	______	
8	Did you actively participate in this property's management during 2014 ?	☐	☐
9	Did you materially participate in this property's management during 2014 ?	☐	☐
10	Do you want to treat this property as non-passive?	☐	☐
11	Did this property have unallowed passive losses in 2013 ?	☐	☐
12	Did you dispose of this property in a fully taxable transaction?	☐	☐
13	Check this box if some of this investment was **not** at-risk	☐	
14 a	Treat all MACRS assets for this activity as qualified Indian reservation property?	☐	☐
b	Treat all assets acquired after August 27, 2005 as qualified GO Zone property? **Regular** ☐ **Extension** ☐ **No**		☐
c	Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	☐	☐
d	Was this activity located in a Qualified Disaster Area?	☐	☐

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2014	2013
15 Rents or royalties received		

*** Property Types:**
1 Single family residence
2 Multi-family residence
3 Vacation/short-term rental
4 Commercial
5 Land
6 Royalties
7 Self-rental
8 Other

Rent and Royalty Income and Expenses (continued)

EXPENSES	2014	2013
Property location		
16 Advertising		
17a Automobile (complete ORG18 for autos)		
b Travel		
18 Cleaning and maintenance		
19 Commissions		
20a Mortgage insurance premiums – qualified		
b Other insurance		
21 Legal and professional fees		
22 Management fees		
23a Mortgage interest paid to banks – qualified		
b Mortgage interest paid to banks – other		
24 Other interest		
25 Repairs		
26 Supplies		
27a Real estate taxes		
b Other taxes		
28 Utilities		
29 Other expenses:		
a		
b		
c		
d		
e		
30a Depreciation and Section 179 deduction **(Preparer Use Only)**		
b Depletion **(Preparer Use Only)**		

Farm Rental Income and Expenses

GENERAL INFORMATION

Name of this activity .... ______________________

1 Check ownership .... ☐ **Taxpayer** ☐ **Spouse** ☐ **Joint**

2 Employer identification number...................................... ______________

	Yes	**No**
3 Was this farm fully disposed of in a fully taxable transaction during 2014?	☐	☐
4 Did you actively participate in the operation of this business during 2014?	☐	☐
5 **Real estate professionals:** Did you materially participate in the operation of this business during 2014?	☐	☐
6 **At-risk determination:**		
a Is all of the investment in this activity at risk?	☐	
b Is some of the investment in this activity not at risk?	☐	
c Did you receive a subsidy in 2014?	☐	☐
7 Did you have unallowed passive losses in 2013?	☐	☐
8a Treat all MACRS assets for this activity as qualified Indian reservation property?	☐	☐
b Treat all assets acquired after August 27, 2005 as qualified GO Zone property?........ **Regular** ☐ **Extension** ☐ **No**		☐
c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	☐	☐
d Was this farm rental located in a Qualified Disaster Area?	☐	☐

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

FARM RENTAL INCOME – BASED ON PRODUCTION	2014	2013
9 Income from production of livestock, produce, grains and crops		
10 Total distributions received from cooperatives		
11 Taxable amount of distributions from cooperatives		
12 Total agricultural program payments		
13 Taxable amount of agricultural program payments		
14 Commodity Credit Corporation (CCC) loans under election		
15 CCC loans forfeited/repaid with certificates		
16 Taxable amount of CCC loans forfeited/repaid........		
17 Crop insurance proceeds/federal crop disaster payments received in 2014		
18 Taxable crop insurance proceeds/federal crop disaster payments		
19 Crop insurance proceeds/federal crop disaster deferred from 2013		
20 Other income – include federal/state gas tax credit/refund		

Farm Rental Income and Expenses (continued)

	EXPENSES – FARM RENTAL PROPERTY	2014	2013
	Name of this activity ____		
21	Car and truck expense (complete ORG18)		
22	Chemicals		
23	Conservation expenses		
24	Custom hire (machine work)		
25	Depreciation and Section 179 deduction **(Preparer Use Only)**		
26	Employee benefit programs other than pension and profit-sharing plans		
27	Feed		
28	Fertilizers and lime		
29	Freight and trucking		
30	Gasoline, fuel, and oil		
31	Insurance (other than health)		
32	Interest:		
	a Mortgage (paid to banks, etc)		
	b Other		
33	Labor hired		
34	Pension and profit-sharing plans		
35	Rent or lease:		
	a Machinery, equipment, etc (for vehicle rent or lease, see ORG18)		
	b Other (land, animals, etc)		
36	Repairs and maintenance		
37	Seeds and plants		
38	Storage and warehousing		
39	Supplies		
40	Taxes		
41	Utilities		
42	Veterinary fees and medicine		
43	Other expenses (specify):		
	____		
	____		
	____		
	____		
	____		
	____		
	____		
44	Qualified pension plan start-up costs		

Farm Income and Expenses

GENERAL INFORMATION

Name of this farm ....

1 Check ownership .... ☐ Taxpayer ☐ Spouse ☐ Joint

2 Principal product ....

3 Employer identification number ....

4 Agricultural activity code **(Preparer Use Only)** ....

5 Accounting method .... ☐ Cash ☐ Accrual

		Yes	No
6	Was this farm fully disposed of in a fully taxable transaction during 2014?	☐	☐
7	Did you materially participate in the operation of this business during 2014?	☐	☐
8	Did you make any payments in 2014 that would require you to file Form(s) 1099	☐	☐
9	If 'Yes,' did you or will you file all required Forms 1099?	☐	☐
10	At-risk determination:		
a	Is all of the investment in this activity at risk?	☐	
b	Is some of the investment in this activity not at risk?	☐	
c	Did you receive a subsidy in 2014?	☐	☐
11	Did you have unallowed passive losses in 2013?	☐	☐
12a	Treat all MACRS assets for this activity as qualified Indian reservation property?	☐	☐
b	Treat all assets acquired after August 27, 2005 as qualified GO Zone property? **Regular** ☐ **Extension** ☐ **No** ☐		
c	Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	☐	☐
d	Was this farm located in a Qualified Disaster Area?	☐	☐

	FARM INCOME – CASH METHOD	2014	2013
13	Sales of livestock, etc purchased for resale		
14	Cost/Basis of livestock, etc purchased for resale		
15	Sales of livestock, produce, grains, etc raised		
16a	Total distributions received from cooperatives		
b	Taxable amount of distributions from cooperatives		
17a	Total agricultural program payments		
b	Taxable amount of agricultural program payments		
c	If you received social security retirement or disability benefits, enter any Conservation Reserve Program payments included on line 15		
18a	Commodity Credit Corporation (CCC) loans under election		
b	CCC loans forfeited/repaid with certificates		
c	Taxable amount of CCC loans forfeited/repaid		
19a	Crop insurance proceeds/federal crop disaster payments received in 2014		
b	Taxable crop insurance proceeds/federal crop disaster payments		
c	Crop insurance proceeds/federal crop disaster payments deferred from 2013		
20	Custom hire (machine work) income		
21	Other income — include federal/state gas tax credit/refund		

	FARM INCOME – ACCRUAL METHOD	2014	2013
22	Sales — livestock, produce, grain, other products		
23a	Total distributions received from cooperatives		
b	Taxable amount of distributions from cooperatives		
24a	Total agricultural program payments		
b	Taxable amount of agricultural program payments		
25a	Commodity Credit Corporation (CCC) loans under election		
b	CCC loans forfeited/repaid with certificates		
c	Taxable amount of CCC loans forfeited/repaid		
26	Crop insurance proceeds and certain disaster payments		
27	Custom hire (machine work) income		
28	Other income include federal/state gas tax credit/refund		

Farm Income and Expenses (continued)

FARM INCOME – ACCRUAL METHOD (continued)	2014	2013
29 Cost of Goods Sold:		
a Beginning inventory – livestock, produce, etc		
b Cost of livestock, produce, etc purchased		
c Ending inventory – livestock, produce, etc		
30 Check if you used the unit-livestock price method or farm-price method to value inventory	☐	☐

Complete ORG51 for acquisitions and ORG50 for dispositions.

FARM EXPENSES – CASH AND ACCRUAL METHODS	2014	2013
Name of this farm		
31 Car and truck expense (complete ORG18)		
32 Chemicals		
33 Conservation expenses		
34 Custom hire (machine work)		
35 Depreciation and Section 179 deduction **(Preparer Use Only)**		
36 Employee benefit programs other than pension and profit-sharing plans		
37 Feed		
38 Fertilizers and lime		
39 Freight and trucking		
40 Gasoline, fuel and oil		
41 a Insurance (other than health)		
b Self-employed health insurance attributable to this farm business		
42 Interest:		
a Mortgage (paid to banks, etc)		
b Other		
43 Labor hired		
44 Pension and profit-sharing plans		
45 Rent or lease:		
a Machinery, equipment, etc (for vehicle rent or lease, see ORG18)		
b Other (land, animals, etc)		
46 Repairs and maintenance		
47 Seeds and plants purchased		
48 Storage and warehousing		
49 Supplies purchased		
50 Taxes		
51 Utilities		
52 Veterinary, breeding and medicine		
53 Other expenses (specify):		
54 Qualified pension plan start-up costs		

Adjustments to Income

TRADITIONAL IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Traditional IRA contributions made for 2014		
2 Check if you were covered by a retirement plan at work	☐	☐
3 Check if you wish to make an additional contribution to your traditional IRA before the due date of your return	☐	☐
4 If line 3 is checked, check this box to contribute the maximum allowable amount	☐	☐
5 Or enter the amount you wish to contribute		

If you (a) received traditional IRA distributions during 2014 **and** you have made **nondeductible** IRA contributions to any of your traditional IRAs, including SIMPLE IRAs, **OR** (b) choose to make any **nondeductible** traditional IRA contributions for 2014, please provide this information:

6 Enter the value of **all** of your IRAs on 12/31/2014		
7 Enter the value of **all** recharacterizations after 12/31/2014		
8 Enter the amount of any outstanding rollovers as of 1/1/2015		

If you received IRA distributions during 2014, please complete ORG7.

ROTH IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Roth IRA contributions made for 2014		
2 Check if you wish to make an additional contribution to your Roth IRA before the due date of your return	☐	☐
3 If line 2 is checked, check this box to contribute the maximum allowable amount	☐	☐
4 Or enter the amount you wish to contribute		

SELF-EMPLOYED PENSION CONTRIBUTIONS	Taxpayer	Spouse
Money Purchase Plan Keogh and Multiple Plans:		
1 a Payments made and/or expected to be made to a money purchase Keogh plan for 2014		
b Check this box if you wish to contribute the maximum amount to your money purchase Keogh for 2014	☐	☐
Profit Sharing Plan Keogh:		
2 a Payments made and/or expected to be made to a profit sharing Keogh for 2014		
b Check this box if you wish to contribute the maximum amount to your profit sharing Keogh for 2014	☐	☐
Defined Benefit Plan Keogh:		
3 Payments made and/or expected to be made to a defined benefit Keogh plan for 2014		
SEP:		
4 a Payments made and/or expected to be made to a SEP for 2014		
b Check this box if you wish to contribute the maximum amount to your SEP for 2014	☐	☐
Self-Employed SIMPLE Plan:		
5 a Payments made and/or expected to be made to a self-employed SIMPLE plan for 2014		
b Enter matching contributions only to report on Form 1040 to a self-employed SIMPLE plan for 2014		
Individual 401(k):		
6 a Elective deferrals made and/or expected to be made to an Individual 401(k) plan for 2014		
b Catch-up contributions made and/or expected to be made to an Individual 401(k) for 2014		
c Employer matching profit-sharing contribution made and/or expected to be made to an Individual 401(k) plan for 2014		
d Check this box if you wish to contribute the maximum amount to your Individual 401(k) for 2014	☐	☐
Roth 401(k):		
7 a Elective deferrals made or expected to be made to a designated Roth 401(k) plan for 2014		
b Catch-up contributions made or expected to be made to a designated Roth 401(k) plan for 2014		

ALIMONY PAID

	Recipient's name	Recipient's SSN	Alimony paid
1			
2			

Child and Dependent Care Expenses

CHILD AND DEPENDENT CARE EXPENSES

Enter below the persons or organizations who provided the child and dependent care.

First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name / Provider Phone	Provider Address	ID Number SSN on first line OR EIN on second line	Amount Paid
1	Care at above address? .... ☐	Tax-Exempt .. ► ☐	Foreign ...... ► ☐
2	Care at above address? .... ☐	Tax-Exempt .. ► ☐	Foreign ...... ► ☐
3	Care at above address? .... ☐	Tax-Exempt .. ► ☐	Foreign ...... ► ☐
4	Care at above address? .... ☐	Tax-Exempt .. ► ☐	Foreign ...... ► ☐

EXPENSES	2014	2013
1 Total employment taxes paid on wages for child care expenses		
2 Total expenses paid in 2014 but not incurred in 2014		
3 Total expenses incurred in 2014 but not paid in 2014		
4 Medical expenses paid for qualifying persons unable to care for themselves		

STUDENT/DISABLED PERSON INFORMATION FOR 2014	Taxpayer	Spouse
5 If taxpayer or spouse was a full-time student or disabled in 2014, answer the following questions:		
a Number of months that taxpayer/spouse was a full-time student or disabled		
b Did taxpayer or spouse work and earn less than $250/$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either $250/$500 and enter that amount here		

Education Information

EDUCATION TUITION AND FEES
Attach all Form 1098-Ts and a list of your qualified expenses.

EDUCATOR EXPENSES	2014	2013
1 a Taxpayer educator expenses		
b Spouse educator expenses		

STUDENT LOAN INTEREST PAID

Student Loan Interest Reported on a 1098-E in 2014

2 a Enter detail below or total interest in Part 2b

Lender's Name	2014	2013

Total Student Loan Interest	2014	2013
2 b Enter the total interest paid on qualified student loans		

FORM 1099-Q

3 Enter 1099-Q detail below.

State Code	Name of Payer or Program	Gross Distribution Box 1	Earnings Box 2	* Type Box 5

* For the Type Code, enter the following:

P = Private Qualified Tuition Program
S = State Qualified Tuition Program
E = Coverdell ESA

Tax Payments

ORG40

2014 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/17/14								
2 Qtr 2 due by 06/15/14								
3 Qtr 3 due by 09/17/14								
4 Qtr 4 due by 01/15/15								
5 a Additional payments								
b Additional payments								
c Additional payments								
d Additional payments								

OTHER TAX PAYMENTS

	Federal	State	Local
6 2013 overpayment applied to 2014			
7 Balance due paid with 2013 return			
8 a 2013 Quarter 4 payments paid in 2014			
b 2013 extension payments paid in 2014			
9 Other taxes paid in 2014 for prior years (include explanation)			

2015 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2015, please enter the increase or decrease below.

Income

10 Wages .... Taxpayer .... ______
Spouse .... ______

11 Self-Employment Income .... Taxpayer .... ______
Spouse .... ______

12 Capital Gains (sale of stock, real estate, etc) .... ______

13 Other Income:
Description .... ______ ______

Deductions

14 Allowable Itemized Deductions .... ______

15 Other deductions (such as alimony paid, early withdrawal penalties, etc):
Description .... ______ ______

16 Federal Withholding .... ______

17 Number of personal exemptions expected for 2015 .... ______

ADDITIONAL INFORMATION

18 Check to use your 2014 tax amount for your 2015 estimate .... ☐

19 If you have an overpayment of 2014 taxes, check the box to indicate how you want your overpayment applied.

a Apply entire overpayment to next year and refund excess .... ☐

b Apply entire overpayment to first quarter and refund excess .... ☐

20 Amount to apply if not entire overpayment .... ______

21 Number of installments for estimated tax (1 - 4) .... ______

Household Employment Taxes

GENERAL INFORMATION

☑ **Attach copies of your state payroll returns and other payroll forms.**

1 Enter your employer identification number .... ______

		Yes	No
2	Did you pay **any one** household employee cash wages of $1,800 or more in 2014?	☐	☐
3	Did you withhold federal income tax during 2014 for any household employee?	☐	☐
4	Did you pay total cash wages of $1,000 or more **in any calendar quarter** of 2013 or 2014 to **all** household employees?	☐	☐

COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 2 OR 3 ABOVE

	2014	2013
5 Enter total cash wages paid during 2014 that were:		
a Subject to social security taxes		
b Subject to Medicare taxes		
c Subject to FUTA taxes		
6 Enter federal income tax withheld during 2014		

COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 4 ABOVE

Federal Unemployment Tax (FUTA) Questions:

		Yes	No
7	Did you pay unemployment contributions to only one state?	☐	☐
8	Did you pay all state unemployment contributions for 2014 by April 15,2015 ?	☐	☐
9	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	☐	☐

10 Enter any unemployment compensation you paid for : 2014

State Name	State Reporting Number	Taxable Wages		Contributions Paid to State Unemployment Fund	
		2014	2013	2014	2013
a ___					
b ___					

11 Complete the following if you know your state experience rate:

	State A	State B
a State experience rate (e.g., enter 5.5 for 5.5%)	______	______
b State experience rate period — starting date (e.g., 01/01/14)		
c State experience rate period — ending date (e.g., 12/31/14)		

K-1 Partnership – Partner's Questions

☑ **Attach all copies of K-1s from partnerships.**

1

Name of partnership ....

Partnership identification number ______ Tax shelter registration number...... ______

1 Ownership .... ☐ Taxpayer ☐ Spouse ☐ Joint

2 Is this the final K-1 for this partnership? .... ☐ **Yes** ☐ **No**

2

Name of partnership ....

Partnership identification number ______ Tax shelter registration number...... ______

1 Ownership .... ☐ Taxpayer ☐ Spouse ☐ Joint

2 Is this the final K-1 for this partnership? .... ☐ **Yes** ☐ **No**

3

Name of partnership ....

Partnership identification number ______ Tax shelter registration number...... ______

1 Ownership .... ☐ Taxpayer ☐ Spouse ☐ Joint

2 Is this the final K-1 for this partnership? .... ☐ **Yes** ☐ **No**

4

Name of partnership ....

Partnership identification number ______ Tax shelter registration number...... ______

1 Ownership .... ☐ Taxpayer ☐ Spouse ☐ Joint

2 Is this the final K-1 for this partnership? .... ☐ **Yes** ☐ **No**

5

Name of partnership ....

Partnership identification number ______ Tax shelter registration number...... ______

1 Ownership .... ☐ Taxpayer ☐ Spouse ☐ Joint

2 Is this the final K-1 for this partnership? .... ☐ **Yes** ☐ **No**

6

Name of partnership ....

Partnership identification number ______ Tax shelter registration number...... ______

1 Ownership .... ☐ Taxpayer ☐ Spouse ☐ Joint

2 Is this the final K-1 for this partnership? .... ☐ **Yes** ☐ **No**

K-1 Partner's Share of Income, Credits, Deductions, Etc

ORG45A

Name of Partnership	Partnership ID	Tax Shelter Reg No.

Ownership .... ☐ Taxpayer ☐ Spouse ☐ Joint

	Yes	No
Is this the final K-1 for this Partnership?	☐	☐

GENERAL QUESTIONS

	Yes	No
1 Was **all** of the investment in this activity **at-risk?**	☐	☐
2 Trade or business activities (Schedule K-1, line 1):		
a Did you materially participate in this activity during 2014 ?	☐	☐
3 Rental real estate activities (Schedule K-1, line 2):		
a Did you materially participate in this activity during 2014 ?	☐	☐
b Did you actively participate in this activity during 2014 ?	☐	☐
4 Are there suspended passive losses carried over from 2013 ?	☐	☐
5 Is this a publicly traded partnership?	☐	☐
6 Is this a foreign partnership?	☐	☐
7 Are you a general partner (or managing member, if limited liability company)?	☐	☐

8 Enter health insurance paid by you personally and related to this activity.............................. ____________

K-1 LINE ITEMS

1 Ordinary business income (loss)	
2 Net rental real estate income (loss)	
3 Other net rental income (loss)	
4 Guaranteed payments	
5 Interest income	
a Income from U.S. Bonds (nontaxable to states) included in line 5	
6 a Ordinary dividends	
b Qualified dividends	
8 Net short-term capital gain (loss)	
9 a Net long-term capital gain (loss)	
b Collectibles (28%) gain (loss)	
c Unrecaptured Section 1250 gain	
10 Net Section 1231 gain (loss)	
12 Section 179 expense deduction	

K-1 S Corporation — Shareholder's Questions

► ☑ **Attach all copies of K-1s from S Corporations.**

1

Name of S Corporation ...... ______

S Corporation identification number ______ Tax shelter registration number ... ______

1 Ownership .... ☐ Taxpayer ☐ Spouse ☐ Joint

2 Is this the final K-1 for this S Corporation? .... ☐ **Yes** ☐ **No**

2

Name of S Corporation ...... ______

S Corporation identification number ______ Tax shelter registration number ... ______

1 Ownership .... ☐ Taxpayer ☐ Spouse ☐ Joint

2 Is this the final K-1 for this S Corporation? .... ☐ **Yes** ☐ **No**

3

Name of S Corporation ...... ______

S Corporation identification number ______ Tax shelter registration number ... ______

1 Ownership .... ☐ Taxpayer ☐ Spouse ☐ Joint

2 Is this the final K-1 for this S Corporation? .... ☐ **Yes** ☐ **No**

4

Name of S Corporation ..... ______

S Corporation identification number ______ Tax shelter registration number ... ______

1 Ownership .... ☐ Taxpayer ☐ Spouse ☐ Joint

2 Is this the final K-1 for this S Corporation? .... ☐ **Yes** ☐ **No**

5

Name of S Corporation ..... ______

S Corporation identification number ______ Tax shelter registration number ... ______

1 Ownership .... ☐ Taxpayer ☐ Spouse ☐ Joint

2 Is this the final K-1 for this S Corporation? .... ☐ **Yes** ☐ **No**

6

Name of S Corporation ...... ______

S Corporation identification number ______ Tax shelter registration number ... ______

1 Ownership .... ☐ Taxpayer ☐ Spouse ☐ Joint

2 Is this the final K-1 for this S Corporation? .... ☐ **Yes** ☐ **No**

K-1 Shareholder's Share of Income, Credits, Deductions, Etc

ORG46A

Name of S Corporation	S Corporation ID	Tax Shelter Reg No.

Ownership .... ☐ Taxpayer ☐ Spouse ☐ Joint

	Yes	No
Is this the final K-1 for this S Corporation?	☐	☐

GENERAL QUESTIONS

	Yes	No
1 Was **all** of the investment in this activity **at-risk?**	☐	☐
2 Trade or business activities (Schedule K-1, line 1):		
a Did you materially participate in this activity during 2014?	☐	☐
3 Rental real estate activities (Schedule K-1, line 2):		
a Did you materially participate in this activity during 2014?	☐	☐
b Did you actively participate in this activity during 2014?	☐	☐
4 Are there suspended passive losses carried over from 2013?	☐	☐

5 Enter health insurance paid by you personally and related to this activity.................... ________

K-1 LINE ITEMS

1 Ordinary business income (loss)	
2 Net rental real estate income (loss)	
3 Other net rental income (loss)	
4 Interest income	
a Income from U.S. Bonds (nontaxable to states) included in line 4.....................	
5 a Ordinary dividends	
b Qualified dividends.....................	
7 Net short-term capital gain (loss)	
8 a Net long-term capital gain (loss)	
b Collectibles (28%) gain (loss).....................	
c Unrecaptured section 1250 gain	
9 Net section 1231 gain (loss).....................	
10 Section 179 expense deduction.....................	

K-1 Estate & Trust – Beneficiary's Questions

☑ **Attach all copies of K-1's from estates and trusts.**

1

Name of estate or trust ...... ______

Estate or trust identification no... ______ Tax shelter registration number...... ______

1 Beneficiary .... ☐ Taxpayer ☐ Spouse ☐ Joint

2 Is this the final K-1 for this estate or trust? .... ☐ **Yes** ☐ **No**

2

Name of estate or trust ...... ______

Estate or trust identification no... ______ Tax shelter registration number...... ______

1 Beneficiary .... ☐ Taxpayer ☐ Spouse ☐ Joint

2 Is this the final K-1 for this estate or trust? .... ☐ **Yes** ☐ **No**

3

Name of estate or trust ..... ______

Estate or trust identification no... ______ Tax shelter registration number...... ______

1 Beneficiary .... ☐ Taxpayer ☐ Spouse ☐ Joint

2 Is this the final K-1 for this estate or trust? .... ☐ **Yes** ☐ **No**

4

Name of estate or trust ..... ______

Estate or trust identification no... ______ Tax shelter registration number...... ______

1 Beneficiary .... ☐ Taxpayer ☐ Spouse ☐ Joint

2 Is this the final K-1 for this estate or trust? .... ☐ **Yes** ☐ **No**

5

Name of estate or trust .... ______

Estate or trust identification no... ______ Tax shelter registration number...... ______

1 Beneficiary .... ☐ Taxpayer ☐ Spouse ☐ Joint

2 Is this the final K-1 for this estate or trust? .... ☐ **Yes** ☐ **No**

6

Name of estate or trust ..... ______

Estate or trust identification no... ______ Tax shelter registration number...... ______

1 Beneficiary .... ☐ Taxpayer ☐ Spouse ☐ Joint

2 Is this the final K-1 for this estate or trust? .... ☐ **Yes** ☐ **No**

K-1 Beneficiary's Share of Income, Deductions, Credits, Etc

Name of Estate or Trust	Estate or Trust ID	Tax Shelter Reg No.

Ownership ☐ Taxpayer ☐ Spouse ☐ Joint

Check one: ☐ Domestic Beneficiary ☐ Foreign Beneficiary

	Yes	No
Is this the final K-1 for this Estate or Trust?	☐	☐

GENERAL QUESTIONS

	Yes	No
1 Rental real estate activities:		
a Is this a qualifying estate for material participation?	☐	☐
b Is this a qualifying estate for active participation?	☐	☐
2 Are there suspended passive losses carried over from 2013?	☐	☐

K-1 LINE ITEMS

1 a Interest	
b U.S. Bonds (nontaxable to states) included in line 1a	
2 a Total ordinary dividends	
b Qualified dividends	
3 Net short-term capital gain	
4 a Net long-term capital gain	
b 28% rate gain included in net long-term capital gain	
c Unrecaptured Section 1250 included in net long-term capital gain	

K-1 Supplemental Business Expenses

Partnership

EXPENSES	2014	2013
Use **ORG18** to enter vehicle expenses.		
1 Vehicle expenses		
2 Vehicle rentals		
3 Travel expenses while away from home (excluding meals/entertainment expenses)		
4 Business gifts		
5 Education		
6 Office supplies and expenses		
7 Telephone, fax, pager, etc		
8 Trade publications		
9 Depreciation and amortization **(Preparer Use Only)** Use **ORG50** to record dispositions. Use **ORG51** to enter additional assets. Treat all MACRS assets for activity as qualified Indian reservation property? ☐ Yes ☐ No Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ☐ Regular ☐ Extension ☐ No Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ☐ Yes ☐ No Was this activity located in a Qualified Disaster Area? ☐ Yes ☐ No		
10 Carryover of Section 179 expense from prior year		
11 Meals and entertainment expenses		
12 Other:		

REIMBURSEMENTS	2014	2013
13 Reimbursements for other than meals and entertainment		
14 Reimbursements for meals and entertainment		

Transferred Assets

(Transferred assets only. To enter assets, use ORG51 — Additional Assets)

for: ______________________

			Complete for any assets sold		
Description	Date in Service	Cost or Basis	Date Sold	Sales Price	Expense of Sale

Total ....

Additional Assets

(Enter vehicles on ORG 18 — Car and Truck Expenses or ORG 17 — Employee Business Expenses)

for: ______________________________

Description	Date in Service	Cost or Basis	Business Use %	Land Included in Cost

Depreciation Entry Worksheet

ORG51A

for:

ASSET INFORMATION
Enter vehicles on ORG17 for employees, ORG18 for all others

Description of asset .... ______ Percentage of business use .... ______ %

Date placed in service .... ______ Section 179 deduction .... ______

Cost or basis .... ______ Land included in cost .... ______

Type of asset .... ______

Note: Assets placed in service after 1998 use the same recovery period for both regular tax and AMT.

Economic Stimulus — Qualified Property .... ☐ Yes ☐ No

Cellulosic Biomass Ethanol Plant Property (CBEPP) - Qualified Property .... ☐ Yes ☐ No

Qualified Disaster Area — Qualified Property .... ☐ Yes ☐ No

Kansas Disaster Zone — Qualified Property .... ☐ Yes ☐ No

Gulf Opportunity Zone — Qualified Property .... ☐ **Regular** ☐ **Extension** ☐ **No**

In service in GO Zone Extension building within 90 days of building .... ☐ **Yes** ☐ **No** ☐ **N/A**

Percentage for Special Depreciation Allowance .... ☐ **100% & 50%** ☐ **30%** ☐ **N/A**

Elect OUT of Special Depreciation Allowance .... ☐ **Yes** ☐ **No**

Elect 30% in place of 50% Special Depreciation Allowance .... ☐ **Yes** ☐ **No**

Special Depreciation Allowance ..... ______ AMT Special Depreciation Allowance ...... ______

Enter the IRC section under which you amortize the cost of intangibles .... ______

Type F: Check if a prior year return amended or Form 3115 filed to change recovery period to 5 years .... ☐

Check if General Asset Account .... ☐

Prior depreciation .... ______ AMT prior depreciation .... ______

Info on state depreciation and like-kind exchange property may be entered after transfer to ProSeries 1040.

DISPOSITIONS
Enter business portion only for sales price and expense of sale

Date of disposition .... ______ Date acquired (if different from Date in service) .... ______

Report land separately? .... ☐ Yes ☐ No

	Asset	Land
Sales price	______	______
Expense of sale	______	______

Property type .... ______

Section 179 deduction allowed .... ______

If Section 1250: Additional depreciation after 1975 .... ______

Applicable percentage .... ______ %

Additional depreciation after 1969 and before 1976 .... ______

Sale may be linked to Form 6252 or the Home Sale Worksheet after transfer to ProSeries 1040.

Gain/loss basis, if different .... ______ AMT gain/loss basis, if different .... ______

Check to compute personal residence depreciation after May 6, 1997 .... ☐

DETAIL ASSET INFORMATION
This section is calculated for most assets from the data entered above.

Listed property? .... ☐ **Yes** ☐ **No**

Subject to auto limitations? .... ☐ **Yes** ☐ **No**

Truck or van? .... ☐ **Yes** ☐ **No**

Electric passenger vehicle? .... ☐ **Yes** ☐ **No**

If General Asset Account, number of autos for current year limitation .... ______

Heavy SUV? .... ☐ **Yes** ☐ **No**

Eligible Section 179 property (current year assets only)? .... ☐ **Yes** ☐ **No**

Use IRS tables for MACRS property? .... ☐ **Yes** ☐ **No**

Qualified Indian reservation property? .... ☐ **Yes** ☐ **No**

Depreciation type .... ______ AMT basis, if different .... ______

Asset class .... ______ Type for pre-'87 assets .... ______

Depreciation method .... ______ AMT depreciation method .... ______

MACRS convention .... ______

Year of depreciation .... ______

Recovery period .... ______ AMT recovery period .... ______

Depreciable basis .... ______ AMT depreciable basis .... ______

Foreign Earned Income

1 Foreign address (including country) and POD
2 Occupation
3 Employer's name ►
4a Employer's U.S. Address ►
b Employer's Foreign Address ►
5 Employer is (Check any that apply):
a ☐ A foreign entity
b ☐ A U.S. entity
c ☐ Self
d ☐ A foreign affiliate of a U.S. company
e ☐ Other (specify) ►
6a Last year 2555 or 2555-EZ filed ►
b Check if Form 2555 or 2555-EZ not filed after 1981 to claim either of the exclusions ► ☐
c Either exclusion ever revoked? ► ☐ Yes ☐ No
d Enter type of exclusion and enter year for which the revocation was effective: Exclusion ► Year ►
7 Citizen/national of which country? ►
8a Maintained a separate foreign residence for family due to adverse conditions? ☐ Yes ☐ No
b If 'Yes,' city and country of the separate foreign residence. Also, enter the number of days during the tax year that a second household maintained at the address.
►
9 Tax home(s) during tax year and dates(s) established.
►

Taxpayers Qualifying Under Bona Fide Residence Test

10 Date bona fide residence began ► , and ended ►
11 Kind of living quarters in foreign country.
a ☐ Purchased house
b ☐ Rented house or apartment
c ☐ Rented room
d ☐ Quarters furnished by employer
12a Did any of your family live with you abroad during any part of the tax year? ☐ Yes ☐ No
b If 'Yes,' who and for what period?
►
13a Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? ☐ Yes ☐ No
b Are you required to pay income tax to the country where you claim bona fide residence? ☐ Yes ☐ No
If you answered 'Yes' to 13a and 'No' to 13b, you do not qualify as a bona fide resident. Do not complete the rest of this part.
14a List any contractual terms or other conditions relating to the length of your employment abroad.
►
b Enter the type of visa under which you entered the foreign country.
►
c Did your visa limit the length of your stay or employment in a foreign country? ☐ Yes ☐ No
d Did you maintain a home in the United States while living abroad? ☐ Yes ☐ No
e If 'Yes,' enter address of your home, whether it was rented, and the names of the occupants, and their relationship to you.
►
15 Qualified housing expenses for the tax year

For use with Form 8801 Information

		Prior year Form 2555, line 45 and line 50		
16	TP – Foreign Earned Income	a	Taxpayer (Form 2555, line 45)	16a
	TP – Housing	b	Taxpayer (Form 2555, line 50)	b
	SP – FEI	c	Spouse (Form 2555, line 45)	c
	SP – Housing	d	Spouse (Form 2555, line 50)	d

Federal Carryover Data

ORG55

2013 STATE AND LOCAL TAX INFORMATION

1	State or Local Identification	Paid With Extension	Estimates Paid After 12/31/13	Total Withheld/ Payments	Paid With Return	Total Overpayment	Applied Amount

OTHER TAX AND INCOME INFORMATION

2 2013 filing status:
- ☐ Single
- ☐ Head of household
- ☐ Married filing jointly
- ☐ Qualifying widow(er)
- ☐ Married filing separately

3 Number of blind/elderly boxes checked for 2013 (Form 1040, line 39a)	
4 a Total itemized deductions allowed in 2013 (Schedule A, line 29)	
b Check this box if you were required to itemize in 2013	☐
5 Adjusted gross income in 2013 (Form 1040, line 37)	
6 Total tax for Form 2210 or 2210-F in 2013 (Form 2210, line 4 or 2210-F, line 6)	
7 Alternative minimum tax in 2013 (Form 1040, line 45)	
8 2013 federal overpayment applied to 2014 (Form 1040, line 75)	

IRA INFORMATION

9 a Basis of taxpayer's IRA(s) as of 12/31/13 (Form 8606, line 14)	
b Basis of spouse's IRA(s) as of 12/31/13 (Form 8606, line 14)	
c Taxpayer's excess IRA contributions as of 12/31/13 (Form 5329, line 16)	
d Spouse's excess IRA contributions as of 12/31/13 (Form 5329, line 16)	
e Taxpayer's excess Archer MSA contributions as of 12/31/13 (Form 5329, line 40)	
f Spouse's excess Archer MSA contributions as of 12/31/13 (Form 5329, line 40)	
g Taxpayer's excess Roth IRA contributions as of 12/31/13 (Form 5329, line 24)	
h Spouse's excess Roth IRA contributions as of 12/31/13 (Form 5329, line 24)	
i Taxpayer's excess Coverdell ESA contributions as of 12/31/13 (Form 5329, line 32)	
j Spouse's excess Coverdell ESA contributions as of 12/31/13 (Form 5329, line 32)	
k Taxpayer's excess HSA contributions as of 12/31/13 (Form 5329, line 48)	
l Spouse's excess HSA contributions as of 12/31/13 (Form 5329, line 48)	

LOSS AND EXPENSE CARRYOVERS

10 a Short-term capital loss carryover from 2013 (Schedule D)	
b Long-term capital loss carryover from 2013 (Schedule D)	
c AMT Short-term capital loss carryover from 2013 (Schedule D)	
d AMT Long-term capital loss carryover from 2013 (Schedule D)	
11 a Net operating loss carryforward to 2014 — regular tax	
b Net operating loss carryforward to 2014 — AMT	
12 a Disallowed investment interest expense (Form 4952, line 7)	
b Disallowed AMT investment interest expense (Form 4952-AMT, line 7)	
13 a Nonrecaptured net Section 1231 loss from 2013	
b Nonrecaptured net Section 1231 loss from 2012	
c Nonrecaptured net Section 1231 loss from 2011	
d Nonrecaptured net Section 1231 loss from 2010	
e Nonrecaptured net Section 1231 loss from 2009	
f AMT Nonrecaptured net Section 1231 loss from 2013	
g AMT Nonrecaptured net Section 1231 loss from 2012	
h AMT Nonrecaptured net Section 1231 loss from 2011	
i AMT Nonrecaptured net Section 1231 loss from 2010	
j AMT Nonrecaptured net Section 1231 loss from 2009	

Federal Carryover Data (continued)

CREDIT CARRYOVERS

14 General business credit	
15a Qualified adoption expenses carryforward from 2013	
b Qualified adoption expenses carryforward from 2012	
16a Mortgage interest credit from 2013 (Form 8396, line 17)	
b Mortgage interest credit from 2012 (Form 8396, line 14)	
c Mortgage interest credit from 2011 (Form 8396, line 16)	
d Certificate credit rate (Form 8396, line 2)	%
e **Address of home claiming mortgage interest credit on Form 8396 if different from your personal address:**	
17 District of Columbia first-time homebuyer credit from 2013 (Form 8859, line 4)	
18 Minimum tax credit carryforward to 2014 (Form 8801, line 26)	
19 Residential energy efficient property credit from 2013 (Form 5695, line 16)	

OTHER CARRYOVERS

20 Section 179 carryover from 2013 (Form 4562, line 13)	
21 Excess 2013 foreign housing deduction carryover:	
a Amount from Form 2555, Taxpayer's copy — line 46	
b Amount from Form 2555, Taxpayer's copy — line 48	
c Amount from Form 2555, Spouse's copy — line 46	
d Amount from Form 2555, Spouse's copy — line 48	

CHARITABLE CONTRIBUTION CARRYOVERS

22 Carryover of charitable contributions from:	Cash and Other Property		Capital Gain	
	(a) 50%	(b) 30%	(c) 30%	(d) 20%
a 2013				
b 2012				
c 2011				
d 2010				
e 2009				

Foreign Tax Credit Carryovers from 2013

ORG56

FIRST FORM 1116

☐ Passive category income ☐ General category income ☐ Re-sourced by treaty ☐ Lump-sum distributions

Regular Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2004				
2005				
2006				
2007				
2008				
2009				
2010				
2011				
2012				
2013				
	Carryover to 2014			

Alternative Minimum Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2004				
2005				
2006				
2007				
2008				
2009				
2010				
2011				
2012				
2013				
	Carryover to 2014			

SECOND FORM 1116

☐ Passive category income ☐ General category income ☐ Re-sourced by treaty ☐ Lump-sum distributions

Regular Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2004				
2005				
2006				
2007				
2008				
2009				
2010				
2011				
2012				
2013				
	Carryover to 2014			

Alternative Minimum Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2004				
2005				
2006				
2007				
2008				
2009				
2010				
2011				
2012				
2013				
	Carryover to 2014			

Tax History

	2010	2011	2012	2013
Filing status				
Total income				
Adjustments to income				
Adjusted gross income				
Tax expense				
Interest expense				
Contributions				
Miscellaneous deductions				
Other itemized deductions				
Total itemized/standard deduction				
Exemption amount				
Taxable income				
Tax				
Alternative minimum tax				
Total credits				
Other taxes				
Payments				
Form 2210 penalty				
Amount owed				
Applied to next year's estimated tax				
Refund				
Effective tax rate %				
Tax bracket %				

State Information Worksheet

ORG60

GENERAL INFORMATION

	Taxpayer	Spouse
1 Enter your state of residence		

2 Check the appropriate box if:

	Taxpayer	Spouse
a Full year resident	☐	☐
b Part year resident	☐	☐
c Nonresident	☐	☐

Date of entry: ____________ Date of exit: ____________

3 Resident locality: ____________________

4 County: ____________ School district: ____________ School district number: ____________

	Taxpayer	Spouse
5 Check if disabled	☐	☐

STATE CREDITS

6 **Description/type of credit** (for example, solar energy, carpool)	Code	Amount
a		
b		
c		
d		
e		

VOLUNTARY STATE CONTRIBUTIONS

7 **Description/type of contribution** (for example, wildlife, cancer)	Code	Amount
a		
b		
c		
d		
e		

MISCELLANEOUS QUESTIONS

	Yes	No
8 Did you file a state return for 2013?	☐	☐
9 Do you want state forms and instructions sent to you next year?	☐	☐
10 Do you want any applicable penalty and interest calculated and added to the return?	☐	☐

11 How do you want your state refund (if any) applied?

a Refunded ☐ **b** Apply to 2015 estimates ☐ **c** Apply to 2015 taxes ☐

12 Additional state information: ____________________