

Personal Data

Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er)	
Taxpayer Name	SSN
Spouse Name	SSN
Address	Apt no.
City	State Zip
Foreign State/Province	Foreign Postal Code
Foreign Country	
Taxpayer Date of Birth	Spouse Date of Birth
Occupation	Occupation
Daytime phone: Ext:	Daytime phone: Ext:
Evening phone: Ext:	Evening phone: Ext:
Cell:	Cell:
E-mail	E-mail
<input type="checkbox"/> Full time student <input type="checkbox"/> Blind	<input type="checkbox"/> Full time student <input type="checkbox"/> Blind
Do you want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>	Does your spouse want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>

Date and time of this year's appointment

Income Taxes Paid

Federal	2014 estimate date due	2014 estimated amount	Amount paid	Date paid	Check no.
2013 Refund	April 17, 2014				
2013 Refund applied to 2014	June 15, 2014				
2013 Balance Due	Sept. 15, 2014				
	Jan. 15, 2015				

Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made								

Resident State	2014 estimate date due	2014 estimated amount	Amount paid	Date paid	Check no.
2013 Refund	April 17, 2014				
2013 Refund applied to 2014	June 15, 2014				
2013 Balance Due	Sept. 17, 2014				
	Jan. 15, 2015				

Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made								

Local	2014 estimate date due	2014 estimated amount	Amount paid	Date paid	Check no.
2013 Refund	April 17, 2014				
2013 Refund applied to 2014	June 15, 2014				
2013 Balance Due	Sept. 17, 2014				
	Jan. 15, 2015				

Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made								

Miscellaneous Information

Name:

SSN:

Yes No

Business Information

- | | | |
|--|--|--|
| | | 1. Did you start a new business or purchase any rental property during 2014? |
| | | 2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc. |
| | | 3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale. |
| | | 4. Did you own rental property? What percentage of time did you spend managing your rentals? _____ |
| | | 5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use? |

Yes No

Other Information

- | | | |
|--|--|---|
| | | 1. Were any tuition costs paid during 2014 (even if classes were attended in another year)? |
| | | 2. Did anyone in your household attend higher education classes in 2014? |
| | | 3. Did you incur a loss due to damaged or stolen property? |
| | | 4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008 in which the First-Time Homebuyer Credit was taken on the home? |
| | | 5. Did you refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information. |
| | | 6. Did you purchase or sell a home that you used as a principal residence? If yes, please provide closing documentation. |
| | | 7. If yes to question 6, was the First-Time Homebuyer Credit taken? |
| | | 8. Did you make any gifts to any one person in 2014 in excess of \$14,000? If so, are you splitting this gift with your spouse? |
| | | 9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)? |
| | | 10a. Did you have health care coverage for yourself and everyone claimed on the tax return for the entire year? |
| | | 10b. If yes, where did you purchase the health care coverage?
<input type="checkbox"/> Employer <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Marketplace (Exchange) <input type="checkbox"/> Other |

To itemize deductions, bring receipts and documentation for these types of expenses:

- | | |
|--|---|
| | Prescriptions, first-aid |
| | State/local income taxes |
| | Mortgage interest |
| | Tax preparation fees |
| | Gambling losses (up to amount of winnings) |
| | Cash donations to charity (provide all receipts) |
| | Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals) |
| | Real estate and personal property taxes paid in 2014 |
| | Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C) |
| | Fair market value of property donated to charity |
| | Purchase price of new goods donated or used in volunteer work |

Comments: _____

Miscellaneous Information

Name:

SSN:

Information to bring to your appointment:

Driver's license and social security card (for identity verification)

Copy of your 2013 income tax return (for comparison and review for all includible information)

Original W-2s and other statements of income received from employers

1099s and other statements reporting interest/dividend/miscellaneous income

Records of other income received (tips, self-employment, SSI, combined bank reporting statements)

Cancelled checking/savings slip (for direct deposit/direct debit information)

1095-A, 1095-B, 1095-C

Concerns to discuss with preparer:

Preparer Notes

Miscellaneous Notes