

Please follow these few steps . . .

1 *If you are viewing our website, print this Tax Organizer*

2 *New Clients please complete page I*

3 *Read the "Important Information" on pages II & III*

4 *Accumulate your tax documents*

Generally,

Income: W-2s, 1099-R, 1099-INT, 1099-DIV, rental, etc.

Deductions: 1098 for mortgage, contributions, medical, etc.

Other: Sale of home, purchase of home, etc.

5 *Complete the General Questions starting on and following page IV*

Organize and attach your tax documents behind the corresponding pages of your tax organizer. For example, paperclip (**do not staple**) all your W-2s behind the page in your tax organizer that lists your W-2s. **If you are unsure where to attach a document, paperclip it behind the last page of the Organizer, "1099-B Broker Statements. Miscellaneous Documents" page.** **Also put** all year-end **1099-B** broker statements behind this page.

6 *Sign the organizer on page IV*

7 *Sign the e-file forms and accompanying Refund/Payment options form*

Sign only. Do not date the e-file forms or enter any other information.

Complete the Refund/Payment options sheet which will tell us how you wish to receive your refunds or pay any balance due.

8 *Return the tax organizer and e-file forms to us*

Include the signed (undated) e-file forms and Refund/Payment options form (see **7** above).

Please KEEP COPIES (or send us copies) of your original tax documents.

To help control costs, we will not return any documents you send **unless you request we do so.** We will destroy these documents after 3 years.

IMPORTANT DATES TO REMEMBER:

March 1, 2015: Last date to receive all pertinent information to complete your personal tax returns by April 15, 2015.

Hope Scholarship / FASFA: Please provide us with all pertinent tax information preferably 2 weeks prior to the date you need your completed tax return for Hope Scholarship or FASFA, but no less than 7 days.

NEW CLIENTS

General Information

	TAXPAYER	SPOUSE
FIRST NAME & Middle Initial	<hr/>	<hr/>
LAST NAME	<hr/>	<hr/>
SOCIAL SEC #	<hr/>	<hr/>
DATE of BIRTH	<hr/>	<hr/>
ADDRESS	Street 1	<hr/>
	<hr/>	<hr/>
	Street 2 / PO Box	<hr/>
	<hr/>	<hr/>
	City / State / Zip	<hr/>
TELEPHONE DAYTIME	<hr/>	<hr/>
EVENING	<hr/>	<hr/>
CELL PHONE CELL PROVIDER	<hr/>	<hr/>

May we please have your cell phone provider to add to our data base? The information will allow us to send you important text message alerts. Thank you!

E-MAIL	DEPENDENT 1	DEPENDENT 2	DEPENDENT 3	DEPENDENT 4	DEPENDENT 5
FIRST NAME	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
LAST NAME (if different)	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
SOCIAL SEC. #	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
DATE of BIRTH	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

IMPORTANT INFORMATION. PLEASE READ AND SIGN YOUR TAX ORGANIZER FOLLOWING THIS SECTION.

- **NEW CLIENTS.** Please ***BE SURE TO COMPLETE*** the General Information and Dependent Information Sections of this organizer. Also, be sure to read carefully the following points. You can help us process your work more efficiently by understanding our procedures.
- **CURRENT CLIENTS.** Please **BE SURE TO REVIEW AND UPDATE** the General Information and Dependent Information Sections, making any necessary changes, such as change of address, phone number, email, etc.
- **RESPONSIBILITY.** First and foremost, ***remember that YOU are responsible*** for keeping necessary records of your income and deductions, and YOU have the final responsibility for the content of your tax returns. Our responsibility, as for all CPAs, lies in our skill to use your information to your best benefit.
- **APPOINTMENTS.** ***WE CANNOT MEET WITHOUT SCHEDULING APPOINTMENTS.*** We will make every effort to arrange a convenient time for you if we cannot schedule an appointment during our normal business hours. Please call our office Monday through Friday to schedule your appointment in Fayetteville or Atlanta.
- **MAIL, EMAIL, OR DELIVER YOUR ORGANIZER TO OUR OFFICES.** Many times, appointments are unnecessary if you complete and mail or deliver your organizer to us. If you **SCAN** and email your organizer and documents, please scan only one document per page. We will contact you with any questions.
- **WE WILL NOT RETURN DOCUMENTS UNLESS YOU REQUEST US TO.** In an effort to hold down costs, we will not return the documents you provide unless you request us to. Please retain copies of all documents you send us.
- **ITEMIZED DEDUCTIONS.**
HEALTH INSURANCE PREMIUMS: "Pre-tax" amounts are not deductible.
If you have included payments for health insurance premiums, **DO NOT** list any "pre-tax" amounts.
AD VALOREM TAXES: **DO NOT** include the cost of tags.
PERSONAL PROPERTY TAXES: Remember to **INCLUDE** tax paid on a boat or plane.
- **RECEIPT TOTALS.** Please provide us with income and expense "**TOTALS.**"
*Please **DO NOT BRING US ENVELOPES OF LOOSE, UNTOTALED RECEIPTS.***
- **RECEIPTS.** Save all receipts for tax purposes such as audits.
Examples: Sales tax on car; Medical payments; Home remodeling. Email us if you are unsure.
- **REQUESTS FOR ADDITIONAL INFORMATION.** We may request copies of information to document justification of positions in your favor. We will not audit nor otherwise verify data that you submit, but we may ask that you clarify some items to enable us to fully understand your tax position and to properly prepare your returns.
- **ERRORS.** In the rare instance in which our work contains an error, we reserve the right to amend or correct your return at no charge for our time. Please inform us immediately of any such errors.
- **AUDITS.** All tax returns are subject to review by the taxing authorities. Should your return be selected for audit, please advise us immediately so that we may discuss with you the best method under which to proceed.
- **CONTACTING US.** At times during tax season we are not available to answer your call. However, you may contact us in a variety of ways. If possible, we prefer you **E-MAIL** us at **IRSGOAWAY@AOL.COM**. If not possible, **FAX** your message to 770-461-8535, or leave a message or question on our voice mail so we can be prepared when we return your call.

IMPORTANT INFORMATION. PLEASE READ AND SIGN YOUR TAX ORGANIZER FOLLOWING THIS SECTION.

- ↪ **TURNAROUND.** Your tax return is customized for you. We take the time necessary to ensure that we have kept your income taxes to the absolute minimum. If you require quick turnaround, please advise us when you schedule your appointment or when you send us your completed tax organizer. "Final" information received from you after March 1 will most likely ensure completion will be after April 15. We will prepare an extension.
- ↪ **EXTENSIONS.** We will make every effort to have your tax return prepared before **April 15**. However, if we have not received all necessary information from you **BY MARCH 1**, we will prepare, and possibly file an extension for you. *An extension neither increases nor decreases your chance of an audit.* We will estimate how much tax payment, if any, is to be sent with your extension.
- ↪ **AFTER MARCH 1.** As a precaution we will prepare extensions for all tax returns, regardless of whether or not they will be used. Please make every effort to send us your work more than five weeks prior to the end of the season.
- ↪ **MORTGAGE FINANCING & REFINANCING / FASFA / HOPE SCHOLARSHIP.** If your mortgage company will need financial information or tax returns prepared by us, or if you need tax returns for FASFA or the Hope Scholarship, *please provide at least seven days notice, and preferably longer, before the date the requested information is needed.*
- ↪ **SERVICES WE OFFER IN ADDITION TO TAX PREPARATION.** Throughout the year we are available for consultation regarding your questions on specific tax matters or assistance in tax and business planning. However, we will not offer recommendations as to investment quality of any specific stock, bond, limited partnership or similar investment.
- ↪ **FEE.** Fees for tax preparation and for all other related services are based on time spent at our hourly standard rates. Tax preparation: generally, \$95 per hour. Other: \$65 - \$125 per hour. Review of "client-prepared" tax return: minimum \$150. Estimated MINIMUM charge for the completion of both an individual's federal and state returns: \$190.00. Estimated AVERAGE charge for the completion of both an individual's federal and state returns: \$295.00. *Actual charges often vary from from these estimates, depending on the complexity of the returns.* Charge for additional copies of tax returns and support in divorce situations, for replacements, etc., is \$45 minimum. Either or both spouses or taxpayers may request.
- ↪ **ONLINE PAYMENT.** For your convenience, we accept Credit Card payments online through MasterCard, Visa, American Express, and Discover. At this time, WE DO NOT ACCEPT DEBIT CARDS.
- ↪ **TO KEEP YOUR COST OF TAX PREPARATION TO A MINIMUM:** PLEASE INCLUDE ALL PERTINENT TAX DATA WITH YOUR TAX ORGANIZER or note that information will follow. We will charge to redo completed returns for data received late.
- ↪ **INVOICING & PAYMENT.** We prefer to invoice clients via e-mail. We would appreciate your participation. Please make sure you check the appropriate response on the following page regarding invoice via e-mail.
- ↪ **BILLING OF COMPLETED WORK.** In general, a service charge of 1.5% per month will be added to all accounts not paid currently unless you contact us to make arrangements for payment.
- ↪ **PRIVACY POLICY.** All non-public information about our clients is restricted to those members of our staff who need to know such information in order to provide the services you requested. We will not sell your name to any other firm. From time to time we may provide your name to firms we work with to inform you of financial information that could benefit you.

PLEASE SIGN YOUR TAX ORGANIZER BELOW

To the best of my (our) knowledge and belief, the information provided to Oddo Brothers CPAs in this tax organizer and accompanying supplement and / or notes, is true and correct. Also, I (we) have read and understand the preceding information regarding operating procedures of Oddo Brothers CPAs and agree to abide by them while having Oddo Brothers CPAS prepare our tax returns or other work.



TAXPAYER



SPOUSE

DATE

DATE

2014 TAX QUESTIONS

GENERAL QUESTIONS

YES	NO	N/A

Are your names, including your dependents' names, as printed in this Tax Organizer in the GENERAL INFORMATION section, spelled as they appear on your Social Security Card(s)? If not, please make the necessary corrections.

Is your address correct, as printed in this Tax Organizer in the GENERAL INFORMATION section? If not, please make the necessary corrections next to your address.

SPECIAL NOTE REGARDING DECEASED SPOUSES: If a joint tax return was prepared last year under the names of the surviving and deceased spouses, this tax return will be filed under the name of the surviving spouse only. There is no need to correct your name.

Have COPIES of **ALL** pertinent 2014 tax information been enclosed with this Tax Organizer? If additional information follows after completion of your tax returns, **amendments or changes to your tax returns due to incomplete data will be charged for.**

YES	NO	N/A

Are your phone number(s), e-mail address(es), and/or fax number(s), as printed in this Tax Organizer, correct? If not, please make corrections.

E-mail: We have found e-mail to be one of the best ways to contact our clients. It allows us to be more accessible, as well as more efficient in the use of our clients' time. We have installed security to guard your confidential information during transmissions. Our goal is to provide the best service possible, and e-mail is a great tool to help us achieve that end. If you do not use email, please advise us.

Invoicing: We will invoice you via email unless you check the "NO" box.

Telephone: If we need to call you, what are the best times to contact you via telephone? We do not want to call you too early or too late.

Telephone No:

Best times to call:

2014 TAX QUESTIONS

GENERAL QUESTIONS

PDF	PAPER

IN LIEU OF A PRINTED TAX RETURN, we will deliver your copy via e-mail in PDF printable format unless you request otherwise. Please mark your appropriate preferences.

PDF format via E-mail.

Encryption password, if desired: _____

Traditional paper format (paper requires more time to process to completion).

YES	NO	N/A

IRA CONTRIBUTION: Will you make a **TRADITIONAL** IRA Contribution by April 15, **2015**?

IRA CONTRIBUTION: Will you make a **ROTH** IRA Contribution by April 15, **2015**?

Taxpayer \$ _____ Taxpayer's Spouse \$ _____

TAX ESTIMATES: Do you wish us to calculate **2015** income tax estimates? (usually unnecessary if your withholding is adequate and consistently overpaid)

YES	NO	N/A

Did you make any contributions to a qualified higher education program / qualified higher education college savings account (**Section 529 Plan**)? Such payments may be deductible on your state income tax return.

YES	NO	N/A

TAXPAYER: Do you wish to contribute \$3 to the presidential campaign fund?

SPOUSE: Do you wish to contribute \$3 to the presidential campaign fund?

YES	NO	N/A

Did your employer reimburse any employee business expenses, including overnight travel? If yes, please see section EMPLOYEE BUSINESS EXPENSES found later in this organizer.

YES	NO	N/A

NON-CASH CONTRIBUTIONS of \$250 or more. **SPECIAL NOTE:** The IRS requires taxpayers to maintain written documentation indicating the name of the donee(s), the date(s) of the contribution(s), and the amount(s) of the contribution(s) for all cash **AND** non-cash charitable contributions. Without this support, the IRS may deny the deduction(s).

DATE	DONEE	DESCRIPTION	VALUE
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

2014 TAX QUESTIONS

AT ANY TIME DURING 2014:

YES	NO	N/A

Were any changes made to your prior year's tax return by you, the IRS, or the State? If yes, please provide details (e.g. change in refund received). If not, we will use the information shown on your prior year's tax return:

YES	NO	N/A

Do you file multiple state tax returns? If so, which?

Did you prepare and file your own extension(s)? If yes, how much was paid with extension(s)?

Federal \$ _____ State \$ _____

Did you receive retirement plan distributions (e.g. IRA, 401-k, etc.)? If yes, please provide copies of your 1099Rs.

If yes, were they rolled over within 60 days?

If yes, were any funds used to pay for post secondary schooling or as a down payment on the purchase of a first home?

Did you pay SALES TAX on any major purchase(s)? (e.g. new car) \$ _____

Are you considering bankruptcy? If so, consider reviewing your plan with us for tax consequences and possible tax strategies. For example, you should consider not filing bankruptcy until your tax returns are filed up-to-date.

DEPENDENT INFORMATION

NAME of Dependent (do not include yourself or your spouse)										
Last Name, if different										
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Dependent is married?										
... is a U.S. citizen or permanent resident?										
... is a full-time student 5 or more months?										
... if in college, in what year?										
... received more than 1/2 support from Taxpayer?										
Wages of Dependent	\$		\$		\$		\$		\$	
Investment income of Dependent	\$		\$		\$		\$		\$	

NOTE: IF YOU PLAN TO CLAIM YOUR CHILDREN AS DEPENDENTS, BE SURE HE/SHE/THEY DO NOT FILE PERSONAL RETURNS AND CLAIM THEMSELVES.

IN ADDITION TO THE DEPENDENT INFORMATION PROVIDED ABOVE, PLEASE VERIFY, AND CORRECT IF NECESSARY, THE DEPENDENT INFORMATION IN THE FOLLOWING SECTION ENTITLED "GENERAL INFORMATION."

2014 TAX QUESTIONS

AT ANY TIME DURING 2014:

AFFORDABLE CARE ACT / HEALTH INSURANCE

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Did you or your spouse receive any of the following forms:
(Please provide them to your preparer)**

1095 A: Insurance purchased through the exchange

1095 B: Private and Self-Funded Insurance

1095 C: Employer-Provided Health Insurance

NOTE: If you have no insurance and think you are exempt, please explain briefly:

2014 TAX QUESTIONS

AT ANY TIME DURING 2014:

YES	NO

Did you or your spouse sell or dispose of any of the following property:

- Stock, mutual fund, or other non-business assets?
- Your personal residence?
- Rental Property?
- Property relating to a business or farm?
- Any other business property not listed above (i.e. equipment, land)?
- If you sold any property above, did it involve a bartering agreement?
- If you sold any property above, are you receiving payments in installments?

YES	NO

Did you or your spouse

- Have a home mortgage?
- Refinance your home mortgage?
- Use a portion of your home exclusively for business?
- Have medical expenses or pay for health insurance?
- Make regular or substantial contributions to charity, church, etc.?
If yes, did you make over \$500.00 in non-cash contributions?
- Suffer a loss as a result of a casualty (fire, theft, natural disaster, etc.)?
- Incur any out-of-pocket expenses or use your personal vehicle in conjunction with your job?
- Move to be closer to a new job?
- Send payments to the IRS/state in order to prepay your current year tax liability (estimated taxes) or apply an overpayment?
- Have any interest in a partnership or S-corporation, estate or trust for which you expect to receive Form K-1?
- Have any household employees to whom you paid \$1000.00 or more?
- Have a qualified fuel tax credit?
- Contribute to an: IRA? SEP? Keogh? or Simple retirement plan?
- Get claimed (or were eligible to be claimed) as a dependent on anyone else's return?

--	--

--	--

--	--

--	--

--	--

- Did your children receive more than \$950 and less than \$9500 from interest and dividends that you wish to claim on your own tax return instead of your child's?
- Did you pay child or dependent care expenses? If so, please provide names, addresses, Social Security/EIN numbers, amount paid to each provider, and amount paid for each dependent.
- Did you pay qualified post-secondary education tuition and related expenses for yourself, your spouse, or your dependents?
- Did you cash any US EE or I bonds to pay for post-secondary education for yourself, your spouse, or your dependents?
- Did you pay interest on higher education loans?
- Were you a pre-college educator who purchased books or classroom supplies?
- Did you purchase a car, boat, aircraft, motor home or home building materials in 2014 or keep receipts on all sales tax items purchased in 2014?
- Were there any births, adoptions, divorces, marriages, or deaths in your household?
- Do you desire direct deposit? If yes, please attach voided check.

W-2 INCOME

2014
(W-2)

Listed below are your employers shown on your last year's income tax return.

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

*** Please include a W-2 from each of your 2014 employers.**

W-2G INCOME

2014
(W-2G)

Listed below are payers shown on your last year's income tax return.

***Please include any W-2G from each of your 2014 payers.**

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

ESTIMATED TAX PAID FOR THE 2014 TAX YEAR

(FED/ST TAX)

*** Please enter only the payments to be applied to the current year tax, including any payments made in January of 2015.**

Federal payments

State of _____ payments

Date paid	Amount paid	Date paid	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IMPORTANT: If you have the check # available, please note the check # next to the date paid above.

State/local income tax balance due for previous years paid in 2014: _____

State/local estimate payment for 2013, due January 15, 2014, paid on or after January 1, 2014: _____

PENSION AND RETIREMENT INCOME

2014
(1099R)

PENSIONS AND IRAS

Listed below are your pension, IRA distributions, and Social Security received last year (if any).

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

* Please include any 1099's and other 2014 information.

If you ever made non-deductible contributions to your IRA, please provide year-end balances of all your IRA accounts.

SOCIAL SECURITY BENEFITS

(1040 WKT)

2014 AMOUNTS

Taxpayer Amount \$ _____

Spouse Amount \$ _____

2013 TOTAL AMOUNT

PARTNERSHIP AND S-CORPORATION INCOME

2014
(K-1 P/S)

Your 2013 K-1 information is shown below.

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

* Please attach all K-1 schedules received for 2014.

ESTATE AND TRUST INCOME

2014
(K-1 E/T)

Your 2013 K-1 information is shown below.

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

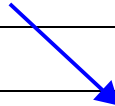
K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

* Please attach all K-1 schedules received for 2014.



BUSINESS INCOME AND EXPENSES

2014
(SCH C)

Your principal business or profession _____

Is this your spouse's Schedule C? _____

Business name _____

2013 Business code _____

Business address _____

Employer ID _____
(Not SSN)

Accounting method: _____

Enter date if you disposed of or sold this business during the year _____

BUSINESS VEHICLE	2014	2013
Date placed in service _____		
Miles used for: Business Mileage--> _____		
Commuting _____		
Other _____		
PART I INCOME		
Gross receipts or sales Sales--> _____		
Returns and allowances _____		
Other income _____		
PART II EXPENSES		
Advertising _____		
Car/Truck expenses _____		
Commissions _____		
Contract labor _____		
Depletion _____		
Employee benefit programs _____		
Insurance _____		
Interest - mortgage _____		
Interest - other _____		
Legal and professional services _____		
Office expense _____		
Pension and profit sharing _____		
Rent or lease - vehicles, machinery _____		
Rent - Other business property _____		
Repairs and maintenance _____		
Supplies _____		
Taxes and licenses _____		
Travel _____		
Meals and entertainment _____		
Utilities _____		
Wages _____		
Enter prior year unallowed loss (if any) _____		
OTHER EXPENSES		(SCH C PG 2)
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Inventory method: <input type="checkbox"/> Cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other		
Inventory at beginning of year _____		
Purchases less cost of personal items _____		
Inventory at end of the year _____		

OFFICE IN THE HOME DEDUCTION

2014
(8829)

2013

Square footage of area used for business _____

Total square footage in your home _____

Is this your spouse's Schedule C? _____

Day care facilities:

Number of days used for day care _____

Number of hours per day used for day care _____

Enter date if you disposed of or sold this business during the year _____

EXPENSES DIRECTLY RELATING TO YOUR BUSINESS

2014

2013

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

EXPENSES RELATING TO ENTIRE HOUSEHOLD

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

Carryover of operating expenses from 2013 Form 8829 line 42 _____

Carryover of excess casualty losses and depreciation from 2013 Form 8829 line 43 _____

Enter the fair market value of your home _____

Enter the cost of your home _____

Enter the value of the land on which your home is placed _____

2014 TAX QUESTIONS

RENTAL PROPERTY

Report income and expenses on next page

TYPE OF PROPERTY	PROPERTY A	PROPERTY B	PROPERTY C
Single Family Residence			
Multi-Family Residence			
Vacation/Short-Term Rental			
Commercial			
Land			
Royalties			
Self-Rental			
Other (describe)			
No. of Days Rented			
No. of Personal Use Days			
Was property part of a Joint Venture?			
PHYSICAL ADDRESS			
Property A			
Property B			
Property C			

RENTAL REAL ESTATE AND ROYALTIES

2014
(SCH E-DUP)

KIND OF PROPERTY LOCATION OF PROPERTY CITY STATE ZIP	Property A		Property B		Property C		
	2014	2013	2014	2013	2014	2013	
	INCOME						
	Rent received						
	Royalties received						
EXPENSES							
Advertising							
Auto and travel							
Cleaning and maintenance							
Commissions							
Insurance							
Legal, professional fees							
Management fees							
Mortgage interest							
Other interest							
Repairs							
Supplies							
Taxes							
Utilities							
Miscellaneous Expenses							
Type of misc expense 1							
Amount item 1							
Type of misc expense 2							
Amount item 2							
Type of misc expense 3							
Amount item 3							
Type of misc expense 4							
Amount item 4							
Enter loss carryover to 2014							
Did you actively participate in this venture?							
Did you use this property for personal use?							

2014 TAX QUESTIONS

RENTAL PROPERTY

Report income and expenses on next page

TYPE OF PROPERTY	PROPERTY D	PROPERTY E	PROPERTY F
Single Family Residence			
Multi-Family Residence			
Vacation/Short-Term Rental			
Commercial			
Land			
Royalties			
Self-Rental			
Other (describe)			
No. of Days Rented			
No. of Personal Use Days			
Was property part of a Joint Venture?			

PHYSICAL ADDRESS

Property D

Property E

Property F

RENTAL REAL ESTATE AND ROYALTIES

2014
(SCH E-DUP)

KIND OF PROPERTY LOCATION OF PROPERTY CITY STATE ZIP	Property D		Property E		Property F	
INCOME	2014	2013	2014	2013	2014	2013
Rent received						
Royalties received						
EXPENSES						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
Miscellaneous Expenses						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2014						
Did you actively participate in this venture?						
Did you use this property for personal use?						

EMPLOYEE BUSINESS EXPENSES		2014 (2106/2106 EZ)																
GENERAL INFORMATION	2014	2013																
Are these your spouse's business expenses? _____ Occupation in which expense incurred? _____ Were you a qualified performing artist? _____ Were you a fee basis state or local government official? _____ Were you a National Guard reserve member who traveled more than 100 miles from home to perform services as a National Guard or reserve member? _____																		
EXPENSES																		
Parking fees, tolls, and local transportation _____ Travel expenses while away from home overnight _____ Meals and entertainment expenses _____ Are you subject to the hours of service limitation of the Department of Transportation? _____ Other business expenses _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 15%; padding-left: 20px;">Type</td> <td style="width: 35%; border-bottom: 1px solid black;">_____</td> <td style="width: 15%; padding-left: 20px;">Amount</td> <td style="width: 35%; border-bottom: 1px solid black;">_____</td> </tr> <tr><td></td><td style="border-bottom: 1px solid black;">_____</td><td></td><td style="border-bottom: 1px solid black;">_____</td></tr> <tr><td></td><td style="border-bottom: 1px solid black;">_____</td><td></td><td style="border-bottom: 1px solid black;">_____</td></tr> <tr><td></td><td style="border-bottom: 1px solid black;">_____</td><td></td><td style="border-bottom: 1px solid black;">_____</td></tr> </table>	Type	_____	Amount	_____		_____		_____		_____		_____		_____		_____		
Type	_____	Amount	_____															
	_____		_____															
	_____		_____															
	_____		_____															
REIMBURSEMENTS																		
Meals and entertainment _____ Other _____																		
AUTOMOBILE INFORMATION																		
VEHICLE A																		
Date vehicle was placed in service _____ Total mileage vehicle was used during the year _____ Miles that vehicle was used for business _____ Miles that vehicle was used for commuting _____ ACTUAL EXPENSES Gas, repairs, insurance, etc. _____ Vehicle rental _____ Cost or other basis of vehicle _____																		
VEHICLE B																		
Date vehicle was placed in service _____ Total mileage vehicle was used during the year _____ Miles that vehicle was used for business _____ Miles that vehicle was used for commuting _____ ACTUAL EXPENSES Gas, repairs, insurance, etc. _____ Vehicle rental _____ Cost or other basis of vehicle _____ Do you (or your spouse) have another vehicle available for personal use? _____ Was your vehicle available for personal use during off-duty hours? _____ Do you have evidence to support the deduction? _____ If "Yes," is the evidence written? _____																		

EMPLOYEE BUSINESS EXPENSES		2014 (2106/2106 EZ)																				
GENERAL INFORMATION	2014	2013																				
Are these your spouse's business expenses? _____ Occupation in which expense incurred? _____ Were you a qualified performing artist? _____ Were you a fee basis state or local government official? _____ Were you a National Guard reserve member who traveled more than 100 miles from home to perform services as a National Guard or reserve member? _____																						
EXPENSES																						
Parking fees, tolls, and local transportation _____ Travel expenses while away from home overnight _____ Meals and entertainment expenses _____ Are you subject to the hours of service limitation of the Department of Transportation? _____ Other business expenses _____ <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="text-align: left; font-size: small;">Type</th> <th style="width: 20%;"></th> <th style="text-align: left; font-size: small;">Amount</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Type		Amount		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____		
Type		Amount																				
_____	_____	_____	_____																			
_____	_____	_____	_____																			
_____	_____	_____	_____																			
_____	_____	_____	_____																			
REIMBURSEMENTS																						
Meals and entertainment _____ Other _____																						
AUTOMOBILE INFORMATION																						
VEHICLE A																						
Date vehicle was placed in service _____ Total mileage vehicle was used during the year _____ Miles that vehicle was used for business _____ Miles that vehicle was used for commuting _____ ACTUAL EXPENSES Gas, repairs, insurance, etc. _____ Vehicle rental _____ Cost or other basis of vehicle _____																						
VEHICLE B																						
Date vehicle was placed in service _____ Total mileage vehicle was used during the year _____ Miles that vehicle was used for business _____ Miles that vehicle was used for commuting _____ ACTUAL EXPENSES Gas, repairs, insurance, etc. _____ Vehicle rental _____ Cost or other basis of vehicle _____ Do you (or your spouse) have another vehicle available for personal use? _____ Was your vehicle available for personal use during off-duty hours? _____ Do you have evidence to support the deduction? _____ If "Yes," is the evidence written? _____																						

CHILD AND DEPENDENT CARE EXPENSES

2014
(2441)

Please list all care providers and the amounts paid to them in 2014. Any information from the prior year is shown below.

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2013 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2013 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2013 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2013 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2013 AMOUNT	\$ _____

List name of each child and total amount spent for care of that child.

_____	⌘	_____
_____	⌘	_____
_____	⌘	_____
_____	⌘	_____

*You may change or delete any information that does not apply to the current year.

