

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____ [1]
 Mark if you were married but living apart all year _____ [2]
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____ [3]

	Taxpayer	Spouse
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]	

Present Mailing Address

Address _____ [38]
 Apartment number _____ [39]
 City, state postal code, zip code _____ [40] _____ [41] _____ [42]
 Foreign country name _____ [44]
 In care of addressee _____ [47]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name ^[48]	Last Name	Date of Birth	Social Security No.	Relationship	Months ^{***} in home	Dep Codes ^{**}	Care expenses paid for dependent

Name of child who lived with you but is not your dependent _____ [49]
 Social security number of qualifying person _____ [50]

Dependent Codes	
*Basic	**Other
1 = Child who lived with you	1 = Student (Age 19 - 23)
2 = Child who did not live with you	2 = Disabled dependent
3 = Other dependent	3 = Dependent who is both a student and disabled
5 = Qualifying child for Earned Income Credit only	
6 = Children who lived with you, but do not qualify for Earned Income Credit	
7 = Children who lived with you, but do not qualify for Child Tax Credit	
8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit	
***Months	
77 = Reported on odd year return	
88 = Reported on even year return	
99 = Not reported on return	

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

	Taxpayer	Spouse
Fax telephone number	_____ [11]	_____ [19]
Mobile telephone number	_____ [12]	_____ [20]
Mobile telephone #2 number	_____ [13]	_____ [21]
Pager number	_____ [14]	_____ [22]
Other:	_____ [15]	_____ [23]
Telephone number	_____ [16]	_____ [24]
Extension	_____ [17]	_____ [25]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	_____ [18]	_____ [26]

NOTES/QUESTIONS:

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Primary account:

Financial institution routing transit number _____ [1]
 Name of financial institution _____ [2]
 Your account number _____ [3]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [4]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [5]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [6]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [7] or Percent (xxx.xx) _____ [8]

Secondary account #1:

Financial institution routing transit number _____ [23]
 Name of financial institution _____ [24]
 Your account number _____ [25]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [26]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [27]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [28]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [9] or Percent (xxx.xx) _____ [10]

Secondary account #2:

Financial institution routing transit number _____ [29]
 Name of financial institution _____ [30]
 Your account number _____ [31]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [32]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [33]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [34]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [13] or Percent (xxx.xx) _____ [14]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [15] or Percent (xxx.xx) _____ [16]
 Owner's name (First Last) _____ [36] _____ [37]
 Co-owner or beneficiary (First Last) _____ [38] _____ [39]
 Mark if the name listed above is a beneficiary _____ [40]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [19] or Percent (xxx.xx) _____ [20]
 Owner's name (First Last) _____ [41] _____ [42]
 Co-owner or beneficiary (First Last) _____ [43] _____ [44]
 Mark if the name listed above is a beneficiary _____ [45]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) _____[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[7]

Spouse self-selected Personal Identification Number (PIN) _____[8]

NOTES/QUESTIONS:

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

Refunded _____ [47]

Applied to 2015 estimated tax liability _____ [48]

Do you expect a considerable change in your 2015 income? (Y, N) _____ [49]

If yes, please explain any differences:

_____ [50]

_____ [51]

_____ [52]

_____ [53]

Do you expect a considerable change in your deductions for 2015? (Y, N) _____ [54]

If yes, please explain any differences:

_____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in the amount of your 2015 withholding? (Y, N) _____ [59]

If yes, please explain any differences:

_____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a change in the number of dependents claimed for 2015? (Y, N) _____ [64]

If yes, please explain any differences:

_____ [65]

_____ [66]

_____ [67]

_____ [68]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes _____ [69]

2014 Federal Estimated Tax Payments

2013 overpayment applied to 2014 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/15/14	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/16/14	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/15/14	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/15/15	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

NOTES/QUESTIONS:

Wages and Salaries #1

Please provide all copies of Form W-2.

2014 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Employer name	_____		[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)			[5]
Mark if this is your current employer			[6]
Federal wages and salaries (Box 1)	+	_____	[10]
Federal tax withheld (Box 2)	+	_____	[12]
Social security wages (Box 3) (If different than federal wages)	+	_____	[14]
Social security tax withheld (Box 4)		+ _____	[16]
Medicare wages (Box 5) (If different than federal wages)	+	_____	[18]
Medicare tax withheld (Box 6)	+	_____	[21]
SS tips (Box 7)	+	_____	[23]
Allocated tips (Box 8)		+ _____	[25]
Dependent care benefits (Box 10)		+ _____	[27]
Box 13 -			
Statutory employee			[29]
Retirement plan			[30]
Third-party sick pay			[31]
State postal code (Box 15)		_____	[32]
State wages (Box 16) (If different than federal wages)	+	_____	[34]
State tax withheld (Box 17)	+	_____	[36]
Local wages (Box 18)	+	_____	[38]
Local tax withheld (Box 19)		+ _____	[40]
Name of locality (Box 20)	_____		[43]

	Control Totals +	
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Wages and Salaries #2

Please provide all copies of Form W-2.

2014 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Employer name	_____		[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)			[5]
Mark if this your current employer			[6]
Federal wages and salaries (Box 1)	+	_____	[10]
Federal tax withheld (Box 2)	+	_____	[12]
Social security wages (Box 3) (If different than federal wages)	+	_____	[14]
Social security tax withheld (Box 4)		+ _____	[16]
Medicare wages (Box 5) (If different than federal wages)	+	_____	[18]
Medicare tax withheld (Box 6)	+	_____	[21]
SS tips (Box 7)	+	_____	[23]
Allocated tips (Box 8)		+ _____	[25]
Dependent care benefits (Box 10)		+ _____	[27]
Box 13 -			
Statutory employee			[29]
Retirement plan			[30]
Third-party sick pay			[31]
State postal code (Box 15)		_____	[32]
State wages (Box 16) (If different than federal wages)	+	_____	[34]
State tax withheld (Box 17)	+	_____	[36]
Local wages (Box 18)	+	_____	[38]
Local tax withheld (Box 19)		+ _____	[40]
Name of locality (Box 20)	_____		[43]

	Control Totals +	
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Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code <small>(**See codes below)</small>	Interest Income [1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer											
	Amounts +											
2	Payer											
	Amounts +											
3	Payer											
	Amounts +											
4	Payer											
	Amounts +											
5	Payer											
	Amounts +											
6	Payer											
	Amounts +											
7	Payer											
	Amounts +											
8	Payer											
	Amounts +											
9	Payer											
	Amounts +											
10	Payer											
	Amounts +											

**Dividend Codes	
Blank = Other	3 = Nominee

Seller Financed Mortgage Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

2014 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2014 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2014 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2014 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2014 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2014 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2014 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2014 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2014 + _____ [1]

Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [51]

Taxpayer/Spouse/Joint (T, S, J) _____ [5]

State postal code _____ [6]

Name of creditor/lender _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____ [10]

Amount of debt discharged (Box 2) + _____ [11]

Interest if included in box 2 (Box 3) + _____ [12]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) _____ [14]

Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]

Balance of principal outstanding (Box 2) + _____ [17]

Fair market value of property (Box 4) + _____ [18]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [19]

Control Totals +

Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [51]

Taxpayer/Spouse/Joint (T, S, J) _____ [5]

State postal code _____ [6]

Name of creditor _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____ [10]

Amount of debt discharged (Box 2) + _____ [11]

Interest if included in box 2 (Box 3) + _____ [12]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) _____ [14]

Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]

Balance of principal outstanding (Box 2) + _____ [17]

Fair market value of property (Box 4) + _____ [18]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [19]

Control Totals +

NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

2014 Information

Prior Year Information

Taxpayer/Spouse (r, s)	_____	[1]	
Payer name	_____	[3]	
State postal code	_____	[4]	
Mark if professional gambler	_____	[9]	
Gross winnings (Box 1)	+ _____	[11]	_____
Date won (Box 2)	_____	[13]	_____
Type of wager (Box 3)	_____	[15]	_____
Federal withholding (Box 4)	+ _____	[17]	_____
Transaction (Box 5)	_____	[19]	_____
Race (Box 6)	_____	[21]	_____
Identical wager winnings (Box 7)	+ _____	[23]	_____
Cashier (Box 8)	_____	[25]	_____
Taxpayer identification number (Box 9)	_____	[27]	_____
Window (Box 10)	_____	[28]	_____
First ID (Box 11)	_____	[30]	_____
Second ID (Box 12)	_____	[31]	_____
Payer's state ID no. (Box 13)	_____	[32]	_____
State winnings (Box 14)	+ _____	[33]	_____
State withholding (Box 15)	+ _____	[35]	_____
Local winnings (Box 16)	+ _____	[37]	_____
Local withholding (Box 17)	+ _____	[39]	_____
Name of locality (Box 18)	_____	[42]	_____

	Control Totals +
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Gambling Winnings #2

Please provide all copies of Form W-2G.

2014 Information

Prior Year Information

Taxpayer/Spouse (r, s)	_____	[1]	
Payer name	_____	[3]	
State postal code	_____	[4]	
Mark if professional gambler	_____	[9]	
Gross winnings (Box 1)	+ _____	[11]	_____
Date won (Box 2)	_____	[13]	_____
Type of wager (Box 3)	_____	[15]	_____
Federal withholding (Box 4)	+ _____	[17]	_____
Transaction (Box 5)	_____	[19]	_____
Race (Box 6)	_____	[21]	_____
Identical wager winnings (Box 7)	+ _____	[23]	_____
Cashier (Box 8)	_____	[25]	_____
Taxpayer identification number (Box 9)	_____	[27]	_____
Window (Box 10)	_____	[28]	_____
First ID (Box 11)	_____	[30]	_____
Second ID (Box 12)	_____	[31]	_____
Payer's state ID no. (Box 13)	_____	[32]	_____
State winnings (Box 14)	+ _____	[33]	_____
State withholding (Box 15)	+ _____	[35]	_____
Local winnings (Box 16)	+ _____	[37]	_____
Local withholding (Box 17)	+ _____	[39]	_____
Name of locality (Box 18)	_____	[42]	_____

	Control Totals +
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NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2014 Information

Prior Year Information

Taxpayer/Spouse (T, S)	__	[1]	
Name of payer _____		[3]	
State postal code _____		[5]	
Gross distributions received (Box 1)	+ _____	[7]	
Taxable amount received (Box 2a)	+ _____	[9]	
Federal withholding (Box 4)	+ _____	[11]	
Distribution code (Box 7)		[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		[16]	
State withholding (Box 12)	+ _____	[17]	
Local withholding (Box 15)	+ _____	[19]	
Amount of rollover	+ _____	[21]	
Mark if distribution was due to a pre-retirement age disability		[23]	
Mark if distribution was from an inherited IRA		[24]	

	Control Totals +	
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Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2014 Information

Prior Year Information

Taxpayer/Spouse (T, S)	__	[1]	
Name of payer _____		[3]	
State postal code _____		[5]	
Gross distributions received (Box 1)	+ _____	[7]	
Taxable amount received (Box 2a)	+ _____	[9]	
Federal withholding (Box 4)	+ _____	[11]	
Distribution code (Box 7)		[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		[16]	
State withholding (Box 12)	+ _____	[17]	
Local withholding (Box 15)	+ _____	[19]	
Amount of rollover	+ _____	[21]	
Mark if distribution was due to a pre-retirement age disability		[23]	
Mark if distribution was from an inherited IRA		[24]	

	Control Totals +	
--	------------------	--

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2014 Information

Prior Year Information

Taxpayer/Spouse (T, S)	__	[1]	
Name of payer _____		[3]	
State postal code _____		[5]	
Gross distributions received (Box 1)	+ _____	[7]	
Taxable amount received (Box 2a)	+ _____	[9]	
Federal withholding (Box 4)	+ _____	[11]	
Distribution code (Box 7)		[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		[16]	
State withholding (Box 12)	+ _____	[17]	
Local withholding (Box 15)	+ _____	[19]	
Amount of rollover	+ _____	[21]	
Mark if distribution was due to a pre-retirement age disability		[23]	
Mark if distribution was from an inherited IRA		[24]	

	Control Totals +	
--	------------------	--

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____ [1]

State postal code _____ [2]

Social Security Benefits

	2014 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2014 (Box 3 minus Box 4) (Box 5)	+ _____ [8]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

Tier 1 Railroad Benefits

	2014 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2014 (Box 5)	+ _____ [22]	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2014 or receive any prior year benefits in 2014. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

	[38]
	[39]
	[40]
	[41]
	[42]

NOTES/QUESTIONS:

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2014	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2014	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2015 for use in 2014	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2014:		
_____	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

Please provide copies of any 1998 through 2013 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2014	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2014	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2013	+ _____ [41]	+ _____ [42]
Enter the total Roth IRA contribution recharacterizations for 2014	+ _____ [43]	+ _____ [44]
Enter the Roth conversion IRA basis on December 31, 2013	+ _____ [45]	+ _____ [46]
Value of all your Roth IRA's on December 31, 2014:		
_____	+ _____ [47]	+ _____ [48]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

Preparer use only

- Business activity or profession name _____ [3]
- Taxpayer/Spouse (T, S) _____ [4]
- State postal code _____ [5]
- Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]
- Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]
- Enter the total amount of contributions made to a Keogh plan in 2014 + _____ [8]
- Enter the total amount of contributions made to a Solo 401(k) plan in 2014 + _____ [9]
- Enter the total amount of contributions made to a SEP plan in 2014 + _____ [10]
- Enter the total amount of contributions made to a SARSEP plan in 2014 + _____ [11]
- Enter the total amount of contributions made to a defined benefit plan in 2014 + _____ [12]
- Enter the total amount of contributions made to a profit-sharing plan in 2014 + _____ [13]
- Enter the total amount of contributions made to a money purchase plan in 2014 + _____ [14]
- Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2014 + _____ [15]
- Enter the total amount of contributions to a SIMPLE IRA plan in 2014 + _____ [16]

Catch-up Contributions

- Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2014 + _____ [17]
- Enter the amount of catch-up contributions made to a SIMPLE Plan in 2014 + _____ [18]

Elective Deferrals

- Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2014 + _____ [19]
- Enter the amount of elective deferrals designated as Roth contributions in 2014 + _____ [20]

NOTES/QUESTIONS:

Preparer use only

2014 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Business name _____ [5]
 Principal business/profession _____ [6]
 Business code _____ [11]
 Business address, if different from home address on Organizer Form ID: 1040
 Address _____ [14]
 City/State/Zip _____ [15] _____ [16] _____ [17]
 Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____ [18]
 If other: _____ [20]
 Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____ [21]
 If other enter explanation: _____ [23]
 _____ [23]
 Enter an explanation if there was a change in determining your inventory:
 _____ [24]
 _____ [24]
 Did you "materially participate" in this business? (Y, N) _____ [25]
 If not, number of hours you did significantly participate _____ [27]
 Mark if you began or acquired this business in 2014 _____ [29]
 Did you make any payments in 2014 that require you to file Form(s) 1099? (Y, N) _____ [30]
 If "Yes", did you or will you file all required Forms 1099? (Y, N) _____ [32]
 Mark if this business is considered related to qualified services as a minister or religious worker _____ [34]
 Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____ [36]
 Medical insurance premiums paid by this activity + _____ [40]
 Long-term care premiums paid by this activity + _____ [42]
 Amount of wages received as a statutory employee + _____ [45]

_____ [11]
 _____ [23]
 _____ [27]
 _____ [30]
 _____ [32]
 _____ [34]
 _____ [36]
 _____ [40]
 _____ [42]
 _____ [45]

Business Income

2014 Information

Prior Year Information

Gross receipts and sales
 _____ + _____ [50]
 _____ + _____
 _____ + _____
 _____ + _____
 Returns and allowances + _____ [53]
 Other income:
 _____ + _____ [55]
 _____ + _____
 _____ + _____
 _____ + _____

Cost of Goods Sold

2014 Information

Prior Year Information

Beginning inventory + _____ [57]
 Purchases + _____ [59]
 Labor:
 _____ + _____ [61]
 _____ + _____
 Materials + _____ [63]
 Other costs:
 _____ + _____ [65]
 _____ + _____
 _____ + _____
 _____ + _____
 Ending inventory + _____ [67]

Control Totals +

Preparer use only
Principal business or profession _____

	2014 Information	Prior Year Information
Advertising	+ _____ [6]	_____
Car and truck expenses	+ _____ [8]	_____
Commissions and fees	+ _____ [10]	_____
Contract labor	+ _____ [12]	_____
Depletion	+ _____ [14]	_____
Depreciation	+ _____ [16]	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit):		_____
_____	+ _____ [18]	_____
_____	+ _____	_____
Insurance (Other than health):		_____
_____	+ _____ [20]	_____
_____	+ _____	_____
Interest:		_____
Mortgage (Paid to banks, etc.)		_____
_____	+ _____ [22]	_____
_____	+ _____	_____
_____	+ _____	_____
Other:		_____
_____	+ _____ [24]	_____
_____	+ _____	_____
Legal and professional services	+ _____ [26]	_____
Office expense	+ _____ [29]	_____
Pension and profit sharing:		_____
_____	+ _____ [31]	_____
_____	+ _____	_____
Rent or lease:		_____
Vehicles, machinery, and equipment	+ _____ [33]	_____
Other business property	+ _____ [35]	_____
Repairs and maintenance	+ _____ [37]	_____
Supplies	+ _____ [39]	_____
Taxes and licenses:		_____
_____	+ _____ [41]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Travel, meals, and entertainment:		_____
Travel	+ _____ [43]	_____
Meals and entertainment	+ _____ [45]	_____
Meals (Enter 100% subject to DOT 80% limit)	+ _____ [47]	_____
Utilities	+ _____ [51]	_____
Wages (Less employment credit):		_____
_____	+ _____ [53]	_____
_____	+ _____	_____
Other expenses:		_____
_____	+ _____ [55]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

Preparer use only

		2014 Information	Prior Year Information
Description		[2]	
Taxpayer/Spouse/Joint (T, S, J)	[3]	State postal code	[4]
Physical address: Street		[5]	
City, state, zip code	[6] [7]	[8]	
Foreign country		[10]	
Foreign province/county		[11]	
Foreign postal code		[12]	
Type (1 = Single-family, 2 = Multi-family, 3 = Vacation/short-term, 4 = Commercial, 5 = Land, 6 = Royalties, 7 = Self-rental, 8 = Other)		[13]	
Description of other type (Type code #8)		[14]	
Did you make any payments in 2014 that require you to file Form(s) 1099? (Y,N)		[16]	—
If "Yes", did you or will you file all required Forms 1099? (Y, N)		[18]	—
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)		[20]	
Percentage of ownership if not 100%		[22]	
Business use percentage, if not 100% (Not vacation home percentage)		[24]	

Rent and Royalty Income

Rents and royalties :	2014 Information	Prior Year Information
	+ [33]	

Rent and Royalty Expenses

	2014 Information	Percent if not 100%	Prior Year Information
Advertising	+ [35]	[36]	
Auto	+ [38]	[39]	
Travel	+ [41]	[42]	
Cleaning and maintenance	+ [44]	[45]	
Commissions:			
	+ [47]	[49]	
	+ [48]	[50]	
Insurance:			
	+ [50]	[52]	
	+ [51]	[53]	
Legal and professional fees	+ [54]	[55]	
Management fees:			
	+ [57]	[59]	
	+ [58]	[60]	
Mortgage interest paid to banks, etc (Form 1098)			
	+ [60]	[62]	
	+ [61]	[63]	
Other mortgage interest	+ [63]	[65]	
Qualified mortgage insurance premiums	+ [66]	[67]	
Other interest:			
	+ [69]	[71]	
	+ [70]	[72]	
Repairs	+ [72]	[73]	
Supplies	+ [75]	[76]	
Taxes:			
	+ [78]	[80]	
	+ [79]	[81]	
Utilities	+ [81]	[82]	
Depreciation	+ [84]	[85]	
Depletion	+ [87]	[88]	
Other expenses:			
	+ [90]	[91]	
	+ [92]	[93]	
	+ [93]	[94]	
	+ [94]	[95]	

Control Totals +

Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

	2014 Information	Prior Year Information
Refinancing points paid -		
Recipient's/Lender's name _____ [92]		
Date of refinance _____		
Total # Payments _____		
Reported on 1098 in 2014 _____		
Total points paid _____		
Points deemed as paid in current year (Preparer use only) _____		
Refinancing points paid -		
Recipient's/Lender's name _____		
Date of refinance _____		
Total # Payments _____		
Reported on 1098 in 2014 _____		
Total points paid _____		
Points deemed as paid in current year (Preparer use only) _____		
Refinancing points paid -		
Recipient's/Lender's name _____		
Date of refinance _____		
Total # Payments _____		
Reported on 1098 in 2014 _____		
Total points paid _____		
Points deemed as paid in current year (Preparer use only) _____		

Vacation Home Information

	2014 Information	Prior Year Information
Number of days home was used personally _____ [6]		
Number of days home was rented _____ [8]		
Number of day home owned, if not 365 _____ [10]		
Carryover of disallowed operating expenses into 2014 + _____ [20]		
Carryover of disallowed depreciation expenses into 2014 + _____ [21]		

Passive and Other Information

Preparer use only Carryovers	Regular	AMT
Operating	+ [29]	+ [30]
Short-term capital	+ [31]	+ [32]
Long-term capital	+ [33]	+ [34]
28% rate capital	+ [35]	+ [36]
Section 1231 loss	+ [37]	+ [38]
Ordinary business gain/loss	+ [39]	+ [40]
Comm revitalization	+ [41]	+ [42]
Section 179	+ [43]	+ [44]

Please provide all Forms 1099-K

Preparer use only

	2014 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
Principal Product	_____ [5]	
State postal code	_____ [6]	
Accounting method (1 = Cash, 2 = Accrual)	_____ [7]	
Agricultural activity code	_____ [9]	
Did you "materially participate" in this business? (Y, N)	_____ [12]	
Did you make any payments in 2014 that require you to file Form(s) 1099? (Y, N)	_____ [14]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [16]	
Mark if Schedule F net income or loss should be excluded from self employment income	_____ [18]	
Medical insurance premiums paid by this activity	+ _____ [22]	_____
Long-term care premiums paid by this activity	+ _____ [24]	_____

Schedule F Income

Sales Code**	Income description	2014 Information	Prior Year Information
—	_____	+ _____ [34]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

** Sales Codes	
1 = Cash sales of items bought for resale	4 = Custom hire (machine work)
2 = Cash sales of items raised	5 = Other income
3 = Accrual sales	

	2014 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____ [36]	
Beginning inventory of livestock and other items (Accrual method)	+ _____ [38]	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [40]	
Ending inventory of livestock and other items (Accrual method)	+ _____ [42]	
Total cooperative distributions you received	+ _____ [44]	
Taxable cooperative distributions you received	+ _____ [46]	

	2014 Total	2014 Taxable	Prior Year Information
Agricultural program payments			
_____ + _____		+ _____ [48]	
_____ + _____		+ _____	

	2014 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	+ _____ [51]	
Commodity credit loans reported under election:		
_____	+ _____ [53]	
_____	+ _____	
Total commodity credit loans forfeited	+ _____ [55]	
Taxable commodity credit loans forfeited	+ _____ [57]	

	2014 Total	2014 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2014			
_____ + _____		+ _____ [59]	
_____ + _____		+ _____	
Mark if electing to defer crop insurance proceeds to 2015			_____ [62]
Crop insurance proceeds deferred from 2013		+ _____ [64]	_____

Control Totals +

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [8]
 State postal code _____ [9]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [12]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[34]	[35]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [8]
 State postal code _____ [9]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [12]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[34]	[35]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [8]
 State postal code _____ [9]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [12]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[34]	[35]

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

Preparer use only

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Miles driven to new home	_____	[13]
Total amount reimbursed for moving expenses	+ _____	[15]

NOTES/QUESTIONS:

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2014 Information	Prior Year Information
			+ _____ [1]	_____
Address				
			+ _____	
Address				_____
			+ _____	_____
Address				

	2014 Information		Prior Year Information	
	Taxpayer	Spouse		
Educator expenses:			_____	
_____	+ _____ [3]	+ _____ [4]		
_____	+ _____	+ _____	_____	
Self-employed health insurance premiums: (Not entered elsewhere)			_____	
_____	+ _____ [6]	+ _____ [7]		
_____	+ _____	+ _____	_____	
Self-employed long-term care premiums: (Not entered elsewhere)			_____	
_____	+ _____ [9]	+ _____ [10]		
_____	+ _____	+ _____	_____	
Other adjustments:			_____	
_____	+ _____ [14]	+ _____ [15]		
_____	+ _____	+ _____		_____
_____	+ _____	+ _____		_____
_____	+ _____	+ _____		_____
_____	+ _____	+ _____		_____
_____	+ _____	+ _____		_____
_____	+ _____	+ _____		_____
_____	+ _____	+ _____		_____
_____	+ _____	+ _____		_____
_____	+ _____	+ _____		_____
_____	+ _____	+ _____		_____
_____	+ _____	+ _____		_____
_____	+ _____	+ _____		_____
_____	+ _____	+ _____		_____
_____	+ _____	+ _____		_____
_____	+ _____	+ _____		_____
_____	+ _____	+ _____		_____
_____	+ _____	+ _____		_____
_____	+ _____	+ _____		_____

NOTES/QUESTIONS:

Exclusion of Interest Income from Series EE or I U.S. Savings Bonds

Complete if you cashed qualified U.S. Savings bonds in 2014 that were issued after 1989, and you paid qualified higher education expenses in 2014 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J) _____

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2014 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2014 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

Taxpayer/Spouse/Joint (T, S, J) _____

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2014 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2014 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

Taxpayer/Spouse/Joint (T, S, J) _____

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2014 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2014 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2014 + _____ [3]

NOTES/QUESTIONS:

Complete this section if you paid interest on a qualified student loan in 2014 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2014. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2014 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	<div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px;"> _____ _____ _____ </div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) _____ [8]
 Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3 = Tuition and Fees Deduction) _____
 Student's social security number _____
 Student's first name _____
 Student's last name _____

Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number _____ [8]
 Institution's name _____
 Institution's street address _____
 Institution's city, state, zip code _____

Tuition Paid and Related Information

Amounts reported in Box 1 or Box 2 may not reflect the actual amount paid for the student during 2014.
 Enter the amount actually paid during 2014.

	2014 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ _____ [8]	_____
Tuition billed (Enter only the amount actually paid) (Box 2)	_____	
Educational institution changed its reporting method for 2014 (Box 3)	_____	
Adjustments made for a prior year (Box 4)	_____	
Scholarships or grants (Box 5)	_____	
Adjustments to scholarships or grants for a prior year (Box 6)	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2015 (Box 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9)	_____	
Insurance contract reimbursement/refund (Box 10)	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	

1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2013

NOTES/QUESTIONS:

T/S/J	2014 Information	Prior Year Information
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received		
[1] _____	+ _____ [2]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Medical insurance premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.)		
[4] _____	+ _____ [5]	
_____	+ _____	
_____	+ _____	
Long-term care premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.))		
[7] _____	+ _____ [8]	
_____	+ _____	
Prescription medicines and drugs:		
[10] _____	+ _____ [11]	
_____	+ _____	
_____	+ _____	
[13] Miles driven for medical items	_____ [14]	

Schedule A - Tax Expenses

T/S/J	2014 Information	Prior Year Information
State/local income taxes paid:		
[18] _____	+ _____ [19]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
2013 state and local income taxes paid in 2014:		
[21] _____	+ _____ [22]	
_____	+ _____	
_____	+ _____	
Real estate taxes paid:		
[24] _____	+ _____ [25]	
_____	+ _____	
_____	+ _____	
Personal property taxes:		
[27] _____	+ _____ [28]	
_____	+ _____	
Other taxes, such as: foreign taxes and State disability taxes		
[30] _____	+ _____ [31]	
_____	+ _____	
_____	+ _____	
Sales tax paid on major purchases:		
[36] _____	+ _____ [37]	
_____	+ _____	
Sales tax paid on actual expenses:		
[39] _____	+ _____ [40]	
_____	+ _____	
_____	+ _____	

Interest Expenses

T/S/J	Home mortgage interest: From Form 1098	2014 Interest Paid ^[2]	2014 Points Paid	Type*	2014 Mortgage Ins. Premiums Paid	Prior Year Information
[1]	_____	+	+	_____	+	
—	_____	+	+	_____	+	
—	_____	+	+	_____	+	
—	_____	+	+	_____	+	
—	_____	+	+	_____	+	
—	_____	+	+	_____	+	
—	_____	+	+	_____	+	
—	_____	+	+	_____	+	

*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home
 1 = Not used to buy, build, improve home or investment
 2 = Used to pay off previous mortgage
 3 = Used to pay off previous mortgage, excess proceeds invested
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Payee's Name Other, such as: Home mortgage interest paid to individuals	SSN or EIN	2014 Information	Prior Year Information
[4]	_____	_____	+	[5]
Address _____				
City, state and zip code _____				
_____			+	
Address _____				
City, state and zip code _____				

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

— Payer's/Borrower's name _____ [7]
 Street Address _____
 City/State/Zip code _____

Refinancing Points paid in 2014 -

— Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2014 (Preparer use only) + _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2014 _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2014 (Preparer use only) + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2014 _____

T/S/J	Investment interest expense, other than on Schedule(s) K-1:	2014 Information	Prior Year Information
[15]	_____	+	[16]
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	

Control Totals +

T/S/J	2014 Information	Prior Year Information
Contributions made by cash or check (including out-of-pocket expenses)		
[2] _____	+ _____ [3]	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
[5] Volunteer miles driven	_____ [6]	
Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		
[8] _____	+ _____ [9]	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	

Miscellaneous Deductions

T/S/J	2014 Information	Prior Year Information	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses			
[11] _____	+ _____ [12]		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
Union dues:			
[14] _____	+ _____ [15]		
— _____	+ _____		
[17] Tax preparation fees	+ _____ [18]		
Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees			
[20] _____	+ _____ [21]		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
[23] Safe deposit box rental	+ _____ [24]		
Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:			
[26] _____	+ _____ [27]		
— _____	+ _____		
— _____	+ _____		
Other expenses, not subject to the 2% AGI limit:			
[30] _____	+ _____ [31]		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
Gambling losses: (Enter only if you have gambling income)			
[33] _____	+ _____ [34]		
— _____	+ _____		

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

	2014 Information	Prior Year Information
Description of loan/property _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
Fair market value of home + _____	[5]	
Number of months loan was outstanding in 2014, if not 12 _____	[7]	
Number of months home was a qualifying home _____ <small>(If different from number of months loan was outstanding)</small>	[9]	
Principal paid in 2014 + _____	[11]	
Interest paid during 2014 + _____	[13]	
Points reported on Form 1098 for 2014 + _____	[15]	
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name _____	[18]	
Recipient SSN or EIN _____	[19]	
Recipient address _____	[20]	
Recipient city, state, zip code _____ [21] _____ [22] _____	[23]	
Grandfather debt as of 12/31/13 (or first day mortgage was outstanding) + _____	[24]	
Grandfather debt as of 12/31/14 (or last day mortgage was outstanding) + _____	[26]	
Home acquisition/improvement debt as of 12/31/13 (or first day mortgage was outstanding) + _____	[28]	
Home acquisition/improvement debt as of 12/31/14 (or last day mortgage was outstanding) + _____	[30]	
Home equity debt as of 12/31/13 (or first day mortgage was outstanding) + _____	[32]	
Home equity debt as of 12/31/14 (or last day mortgage was outstanding) + _____	[34]	
Average balance in 2014 of grandfather debt + _____	[37]	
Average balance in 2014 of home acquisition/improvement debt + _____	[39]	
Average balance for 2014 all types of debt + _____	[41]	

NOTES/QUESTIONS:

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)		__	[1]
Donated property description	_____		[4]
Name of donee organization	_____		[5]
Address of donee organization	_____		[6]
City	_____		[7]
State postal code	_____		[8]
Zip code	_____		[9]
Date contributed	_____		[10]
Date acquired by donor	_____		[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)			[12]
Donor's cost or basis		+ _____	[13]
Fair market value		+ _____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)			[15]
If other:	_____		[16]

	Control Totals +	
--	------------------	--

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)		__	[1]
Donated property description	_____		[4]
Name of donee organization	_____		[5]
Address of donee organization	_____		[6]
City	_____		[7]
State postal code	_____		[8]
Zip code	_____		[9]
Date contributed	_____		[10]
Date acquired by donor	_____		[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)			[12]
Donor's cost or basis		+ _____	[13]
Fair market value		+ _____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)			[15]
If other:	_____		[16]

	Control Totals +	
--	------------------	--

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)		__	[1]
Donated property description	_____		[4]
Name of donee organization	_____		[5]
Address of donee organization	_____		[6]
City	_____		[7]
State postal code	_____		[8]
Zip code	_____		[9]
Date contributed	_____		[10]
Date acquired by donor	_____		[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)			[12]
Donor's cost or basis		+ _____	[13]
Fair market value		+ _____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)			[15]
If other:	_____		[16]

	Control Totals +	
--	------------------	--

Please provide all Forms 1098-C. If you received a different acknowledgement from the donee organization in lieu of Form 1098-C, enter the equivalent donation information in the fields provided below.

Taxpayer/Spouse (T, S) _____ [1]

Donee's name _____ [4]

State postal code _____ [3]

Date of contribution (Box 1) _____ [9]

Odometer mileage (Box 2a) _____ [10]

Year of vehicle (Box 2b) _____ [11]

Make of vehicle (Box 2c) _____ [12]

Model of vehicle (Box 2d) _____ [13]

Vehicle or other identification number (Box 3) _____ [14]

Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a) _____ [15]

Date of sale (Box 4b) _____ [16]

Gross proceeds from sale (Box 4c) + _____ [17]

Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use (Box 5a) _____ [18]

Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose (Box 5b) _____ [19]

Detailed description of material improvements or significant intervening use and duration of use (Box 5c) _____ [20]

_____ [20]

_____ [20]

_____ [20]

Did you provide goods or services in exchange for the vehicle? (Box 6a) Yes ___ [21] No ___ [22]

Value of goods and services provided in exchange for the vehicle (Box 6b) + _____ [23]

Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c) _____ [24]

Description of goods and services (Box 6c) _____ [25]

_____ [25]

_____ [25]

_____ [25]

Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked (Box 7) _____ [26]

Other Information for Donated Property

Overall physical condition of property _____ [31]

Date property was acquired by donor _____ [32]

How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [33]

Donor's cost or basis + _____ [34]

Fair market value on date of contribution + _____ [35]

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [36]

If other: _____ [37]

Bargain sale amount received _____ [38]

Donee's address, and ZIP code _____ [42]

_____ [43] _____ [44] _____ [45]

Donee's telephone number _____ [46]

NOTES/QUESTIONS:

Preparer use only
 Principal business or profession _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]

Business Use of Home

	2014 Information	Prior Year Information
Total area of home	_____ [14]	_____
Area used exclusively for business	_____ [16]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [18]	_____
Total hours used this year, if less than 8760	_____ [20]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [22]	_____
Area used partly for day-care business	_____ [24]	_____

List as direct expenses any expenses which are attributable only to the business part of your home.
 List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2014 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	+ _____ [29]	+ _____ [31]	_____
Mortgage insurance premiums	+ _____ [34]	+ _____ [35]	_____
Real estate taxes:	+ _____ [37]	+ _____ [39]	_____
Excess mortgage interest and insurance premiums	+ _____ [42]	+ _____ [43]	_____
Insurance	+ _____ [45]	+ _____ [47]	_____
Rent	+ _____ [51]	+ _____ [52]	_____
Repairs & maintenance	+ _____ [54]	+ _____ [55]	_____
Utilities	+ _____ [57]	+ _____ [58]	_____
Other expenses, such as: Supplies & Security system	+ _____ [60]	+ _____ [61]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [63]	_____
Carryovers:			_____
Operating expenses		+ _____ [64]	_____
Casualty losses		+ _____ [65]	_____
Depreciation		+ _____ [67]	_____
Business expenses not from business use of home, such as:			_____
Travel, Supplies, Business telephone expenses		+ _____ [68]	_____
Depreciation		+ _____ [72]	_____

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____ [3]

Vehicles

Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	__ [60]	<input type="checkbox"/>	__ [62]	<input type="checkbox"/>	__ [64]	<input type="checkbox"/>	__ [66]	<input type="checkbox"/>
Was another vehicle available for personal use? (Y, N)	__ [68]	<input type="checkbox"/>	__ [70]	<input type="checkbox"/>	__ [72]	<input type="checkbox"/>	__ [74]	<input type="checkbox"/>
Do you have evidence to support your deduction? (Y, N)	__ [76]	<input type="checkbox"/>	__ [78]	<input type="checkbox"/>	__ [80]	<input type="checkbox"/>	__ [82]	<input type="checkbox"/>
Is this evidence written? (Y, N)	__ [84]	<input type="checkbox"/>	__ [86]	<input type="checkbox"/>	__ [88]	<input type="checkbox"/>	__ [90]	<input type="checkbox"/>

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]	<input type="checkbox"/>	_____ [34]	<input type="checkbox"/>	_____ [36]	<input type="checkbox"/>	_____ [38]	<input type="checkbox"/>
Commuting miles	_____ [42]	<input type="checkbox"/>	_____ [44]	<input type="checkbox"/>	_____ [46]	<input type="checkbox"/>	_____ [48]	<input type="checkbox"/>
Business miles	_____ [52]	<input type="checkbox"/>	_____ [54]	<input type="checkbox"/>	_____ [56]	<input type="checkbox"/>	_____ [58]	<input type="checkbox"/>
Parking fees	+ _____ [92]	<input type="checkbox"/>	+ _____ [94]	<input type="checkbox"/>	+ _____ [96]	<input type="checkbox"/>	+ _____ [98]	<input type="checkbox"/>
Tolls	+ _____ [100]	<input type="checkbox"/>	+ _____ [102]	<input type="checkbox"/>	+ _____ [104]	<input type="checkbox"/>	+ _____ [106]	<input type="checkbox"/>
Gasoline	+ _____ [108]	<input type="checkbox"/>	+ _____ [110]	<input type="checkbox"/>	+ _____ [112]	<input type="checkbox"/>	+ _____ [114]	<input type="checkbox"/>
Oil	+ _____ [116]	<input type="checkbox"/>	+ _____ [118]	<input type="checkbox"/>	+ _____ [120]	<input type="checkbox"/>	+ _____ [122]	<input type="checkbox"/>
Repairs	+ _____ [124]	<input type="checkbox"/>	+ _____ [126]	<input type="checkbox"/>	+ _____ [128]	<input type="checkbox"/>	+ _____ [130]	<input type="checkbox"/>
Maintenance	+ _____ [132]	<input type="checkbox"/>	+ _____ [134]	<input type="checkbox"/>	+ _____ [136]	<input type="checkbox"/>	+ _____ [138]	<input type="checkbox"/>
Tires	+ _____ [140]	<input type="checkbox"/>	+ _____ [142]	<input type="checkbox"/>	+ _____ [144]	<input type="checkbox"/>	+ _____ [146]	<input type="checkbox"/>
Car washes	+ _____ [148]	<input type="checkbox"/>	+ _____ [150]	<input type="checkbox"/>	+ _____ [152]	<input type="checkbox"/>	+ _____ [154]	<input type="checkbox"/>
Insurance	+ _____ [156]	<input type="checkbox"/>	+ _____ [158]	<input type="checkbox"/>	+ _____ [160]	<input type="checkbox"/>	+ _____ [162]	<input type="checkbox"/>
Interest	+ _____ [164]	<input type="checkbox"/>	+ _____ [166]	<input type="checkbox"/>	+ _____ [168]	<input type="checkbox"/>	+ _____ [170]	<input type="checkbox"/>
Registration	+ _____ [172]	<input type="checkbox"/>	+ _____ [174]	<input type="checkbox"/>	+ _____ [176]	<input type="checkbox"/>	+ _____ [178]	<input type="checkbox"/>
Licenses	+ _____ [180]	<input type="checkbox"/>	+ _____ [182]	<input type="checkbox"/>	+ _____ [184]	<input type="checkbox"/>	+ _____ [186]	<input type="checkbox"/>
Property taxes	+ _____ [188]	<input type="checkbox"/>	+ _____ [190]	<input type="checkbox"/>	+ _____ [192]	<input type="checkbox"/>	+ _____ [194]	<input type="checkbox"/>
Other vehicle expenses	+ _____ [196]	<input type="checkbox"/>	+ _____ [198]	<input type="checkbox"/>	+ _____ [200]	<input type="checkbox"/>	+ _____ [202]	<input type="checkbox"/>
Vehicle rentals	+ _____ [204]	<input type="checkbox"/>	+ _____ [206]	<input type="checkbox"/>	+ _____ [208]	<input type="checkbox"/>	+ _____ [210]	<input type="checkbox"/>
Inclusion amt (Preparer only)	+ _____ [212]	<input type="checkbox"/>	+ _____ [214]	<input type="checkbox"/>	+ _____ [216]	<input type="checkbox"/>	+ _____ [218]	<input type="checkbox"/>
Depreciation	+ _____ [220]	<input type="checkbox"/>	+ _____ [222]	<input type="checkbox"/>	+ _____ [224]	<input type="checkbox"/>	+ _____ [226]	<input type="checkbox"/>

