

Taxpayer's name _____ Social Security Number _____
 Spouse's name _____ Social Security Number _____
 Home Address _____ Apartment Number _____
 City or town _____ State _____ Zip Code _____ County _____
 Foreign country _____ Foreign province/state _____ Foreign postal code _____
 E-mail Address(es) _____
 Telephone #1 _____ Telephone #2 _____

	Date of Birth	Occupation	Blind	Disabled	Date of Death
Taxpayer	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spouse	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

☐ Single
 ☐ Check if parent (or someone else) can claim you as a dependent on their return

☐ Married Filing Joint

☐ Married Filing Separate
 ☐ Check if you lived apart from your spouse for all of 2014

☐ Head of Household (May be used if unmarried and you paid over half the cost of keeping up a home for your dependent or qualifying child)

If the person is a child but not a dependent: Name _____ SSN _____

☐ Qualifying Widow(er) (May be used if your spouse died in 2012 or 2013 and you had a child living with you whom you can claim as a dependent)

Year spouse died _____

Name of Financial Institution _____ Checking Account ☐ Savings Account ☐
Routing Number _____ Account Number _____

[illegible]

ACA Health Care Organizer

1 Does everyone in your tax household have qualified health insurance for all 12 months of 2014? ☐ Yes ☐ No

Tax household - Includes the taxpayer, spouse (if filing joint), and any individuals claimed as a dependent on your return. It also generally includes each individual you can, but do not claim as a dependent on your return.

1a If No above, please check which months your tax household had qualified health insurance in 2014.

NAME	ALL	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Taxpayer: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 Please indicate where you received your health insurance from for all members of your tax household.

☐ Employer ☐ Government-Sponsored Marketplace ☐ Private Exchange (Individual Insurance Company)

3 Do you qualify for any exemptions from the individual shared responsibility payment (penalty)? ☐ Yes ☐ No

3a If Yes above, have you filed for any exemptions through the government-sponsored marketplace? ☐ Yes ☐ No

Please indicate below who qualifies for an exemption from the health care mandate and for which months.

NAME	ALL	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Taxpayer: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____													

[illegible]

MISCELLANEOUS QUESTIONS

Complete the following questions. If your answer to any question below is Yes, enclose supporting documentation.

	Yes	No
1. Have you received any notices or correspondences from the IRS or state in the past 3 tax years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you earn any foreign income or have any foreign taxes paid during 2014?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you pay a household employee cash wages of \$1,900 or more during 2014?	<input type="checkbox"/>	<input type="checkbox"/>
4. If yes to #3, were total cash wages of \$1,000 or more paid in a calendar quarter to the Household Employee?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you refinance a mortgage during 2014?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you pay any real estate taxes in 2014?	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you sell your home during 2014?	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you use any special fuels for farming purposes or other non-highway uses?	<input type="checkbox"/>	<input type="checkbox"/>
9. Did you receive any unreported tip income during 2014?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have any children age 18 or under (or student under age 24) who had unearned income of more than \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>
11. If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return?	<input type="checkbox"/>	<input type="checkbox"/>
12. Did you pay any expenses related to the adoption of an eligible child?	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you purchase an item(s) during 2014 that you paid a large amount of sales tax on?	<input type="checkbox"/>	<input type="checkbox"/>
14. Did you receive any distributions from a health savings account (HSA), Archer MSA, or Medicare Advantage (MA) MSA reported to you on Form 1099-SA?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you currently repaying the First-Time Homebuyer Credit? If yes, provide details below.	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS OR QUESTIONS[illegible]

[illegible][illegible]

INTEREST INCOME - FORM 1099-INT (Please enclose all copies of Form(s) 1099-INT for 2014)

Special Codes:	
F = Federal tax-exempt only	A = Accrued interest paid on acquisition between payment dates
B = Federal and state tax-exempt only	R = Reduction for amortizable bond premium
N = Nominee interest	M = Seller financed mortgage interest (include SSN and address)
P = Portion of U.S. savings bonds reported in previous years	

A = Accrued interest paid on acquisition between payment dates

R = Reduction for amortizable bond premium

M = Seller financed mortgage interest (include SSN and address)

in previous years

T = Taxpayer S = Spouse J = Joint

[illegible]

INTEREST INCOME - FORM 1099-OID (Please enclose all copies of Form(s) 1099-OID for 2014)

Special Codes:
 S = State tax-exempt only
 N = Nominee interest

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T = Taxpayer S = Spouse J = Joint

T = Taxpayer S = Spouse J = Joint			2014			2013
			Box 1	Box 2	Box 4	
T S J	Payer's Name	Special codes	Original issue discount	Other periodic interest	Federal income tax withheld	Taxable amount

UNDISTRIBUTED LONG-TERM CAPITAL GAINS - FORM 2439 (Please enclose all copies of Form(s) 2439 for 2014)

T = Taxpayer S = Spouse J = Joint

T = Taxpayer S = Spouse J = Joint		2014				2013
		Box 1a	Box 1b	Box 1d	Box 2	Total undistributed long-term capital gains
T S J	Payer's Name	Total undistributed long-term capital gains	Unrecaptured 1250 gain	Collectibles (28%) gain	Federal income tax withheld	

IRA, PENSION, AND ANNUITIES (Please enclose all copies of Form(s) 1099-R for 2014)**T = Taxpayer S = Spouse**

			2014					2013
T S	Payer's Name	Check if IRA	Box 1 Gross distribution	Box 2a Taxable amount	Box 4 Federal income tax withheld	Amount rolled over into: Regular IRA Roth IRA		Gross distribution

Taxpayer**Spouse**

Total IRA basis for 2013 and prior years

Value of all traditional IRA's as of December 31, 2014

IRA Contributions made for 2014

Check if Traditional IRA ☐ Check if Roth IRA ☐**ANNUITIES AND PENSIONS BY****THE RAILROAD RETIREMENT BOARD** (Please enclose all copies of Form(s) RRB-1099-R for 2014)**T = Taxpayer S = Spouse**

			2014		2013
T S	Payer's Name		Box 7 Total gross paid	Box 9 Federal income tax withheld	Total gross paid

PAYMENTS FROM QUALIFIED EDUCATION PROGRAMS (Please enclose all copies of Form(s) 1099-Q for 2014)**T = Taxpayer S = Spouse**

			2014				2013
T S	Payer's Name		Box 1 Gross distributions	Box 5 529 Plans Private State Coverdell			Gross distributions

PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS (Please enclose all copies of Schedule K-1(s) for 2014)*Schedule K-1 (1065) Partnerships:*

Partnership's name	ID Number	Partnership's name	ID Number

Schedule K-1 (1120S) S Corporations:

S Corporation's name	ID Number	Corporation's name	ID Number

Schedule K-1 (1041) Estates or Trusts:

Trust or Estate's name	ID Number	Name of Trust or Estate	ID Number

BUSINESS INCOME AND EXPENSES (Schedule C)Indicate the owner of this business: ☐ Taxpayer ☐ Spouse ☐ Joint

Business Name: _____

Business product or service: _____

Business Address: _____

City, State, and Zip Code: _____

Did you start or acquire this business during 2014? ☐ Yes ☐ NoAccounting Method: ☐ Cash ☐ Accrual ☐ Other (describe) _____Method used to value inventory: ☐ Cost ☐ Lower of cost or market ☐ Other (describe) _____**Income and Cost of Goods Sold**

	2014 Amount	2013 Amount
Gross receipts or sales		
Returns and allowances		
Other income (enclose description)		
Inventory at beginning of year		
Purchases less cost of items withdrawn for personal use		
Cost of labor		
Materials and supplies		
Other costs		
Inventory at end of year		

Expenses	2014 Amount	2013 Amount		2014 Amount	2013 Amount
Advertising			Taxes and licenses		
Commissions and fees			Travel		
Contract labor			Meals and entertainment		
Depletion			Utilities		
Employee benefits			Wages		
Insurance (other than health)			Other: _____		
Mortgage interest			_____		
Other interest			_____		
Legal and professional fees			_____		
Office expenses			_____		
Pension and profit sharing			_____		
Rent - Vehicle, machinery			_____		
Rent - Other			_____		
Repairs and maintenance			_____		
Supplies			_____		

Vehicle Information

Vehicle description _____ Date placed in service _____ Cost or basis _____

Business miles _____ Commuting miles _____ Other miles _____

Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____

Sales, Purchases, and Disposition of Assets in 2014 (New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales Price

Business Use of Home

Area used exclusively for business _____ Total area of home _____

Was the home used as a day care facility? ☐ Yes ☐ No Date home placed in service _____

Casualty losses _____ Insurance _____ Rent _____

Mortgage interest _____ Repairs and maintenance _____ FMV of home _____

Real estate taxes paid _____ Utilities and other expenses _____ Value of land _____

Carryover of unallowed expenses to 2014 ☐ Yes ☐ No (if yes, enter amount) _____

RENTAL AND ROYALTY INCOME AND EXPENSES (Schedule E, pg 1)Indicate the owner of this property: ☐ Taxpayer ☐ Spouse ☐ Joint

Description of property _____

Location of property _____

Did you or your family use this property during the tax year for personal purposes for more than the greater of: (a) 14 days, or (b) 10% of the total days rented at fair market value? ☐ Yes ☐ NoDid you meet the Active Participation requirements for this property? ☐ Yes ☐ No

(To meet these requirements, you must have participated in making management decisions or arranged for others to provide services in a significant and bona fide sense. Such management decisions include approving new tenants, deciding on rental terms, approving repair expenditures, or other similar decisions)

Was this property fully disposed of during 2014? ☐ Yes ☐ No

Income	2014 Amount	2013 Amount
Rents received		
Royalties received		

Expenses	2014 Amount	2013 Amount
Advertising		
Cleaning and maintenance.		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks.		
Other interest.		
Repairs		
Supplies		
Taxes		
Utilities		
Other _____		

Vehicle Information

Vehicle description _____ Date placed in service _____ Cost or basis _____

Business miles _____ Commuting miles _____ Other miles _____

Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____

Travel expenses _____

Sales, Purchases, and Disposition of Assets in 2014

(New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales price

CAPITAL GAINS AND LOSSES (Please enclose all copies of Form(s) 1099-B (or similar statements) for 2014)

T = Taxpayer S = Spouse J = Joint

[illegible]

OTHER INCOME (Include description and any supporting documentation)

2014 Amount	2013 Amount

OTHER ADJUSTMENTS

2014 Amount	2013 Amount

Job Related Moving Expenses

Date of move

Cost to move/store household goods

Lodging during move

Miles from Old Home to New Job

Miles from Old Home to Old Job

Move in connection to being in Armed Forces ☐ Yes ☐ No

Notes

[illegible]

[illegible]

Medical/dental care insurance premiums (other than self-employed)

Medicare B and D premiums from SSA-1099 and RRB-1099-R

Qualified long-term care premiums

Doctor, dentist, and hospital fees

Prescription medicines and drugs

Medical aids such as eyeglasses, contact lenses, and hearing aids.

Total transportation expenses

Other medical and dental expenses

2013
Amount

Medical/dental care insurance premiums (other than self-employed)	
Medicare B and D premiums from SSA-1099 and RRB-1099-R	
Qualified long-term care premiums	
Doctor, dentist, and hospital fees	
Prescription medicines and drugs	
Medical aids such as eyeglasses, contact lenses, and hearing aids.	
Total transportation expenses	
Other medical and dental expenses	

State and local income taxes paid (other than withholdings and estimates) . . .
 Actual state and local general sales taxes paid
 Real estate taxes
 Personal state/local property taxes (list type of tax paid) _____

2013
Amount

State and local income taxes paid (other than withholdings and estimates) . . .
 Actual state and local general sales taxes paid
 Real estate taxes
 Personal state/local property taxes (list type of tax paid) _____

Home mortgage interest paid to financial institution (enclose Form 1098 or statement)

Home mortgage interest paid to individual

Individual's name _____

Individual's address _____

Individual's ID number _____

Qualified mortgage insurance premiums (VA, FHA, RHS, or private)

Investment interest expense

2013
Amount

Home mortgage interest paid to financial institution (enclose Form 1098 or statement)

Home mortgage interest paid to individual

Individual's name _____

Individual's address _____

Individual's ID number _____

Qualified mortgage insurance premiums (VA, FHA, RHS, or private)

Investment interest expense

Noncash contributions

[illegible][illegible]

ITEMIZED DEDUCTIONS (continued)**Casualty and Theft Losses** (for property damaged by storm, water, fire, accident, or theft)*Enclose supporting documentation of what is written here, i.e. insurance reimbursement, receipts for cost of repairs.**(If additional losses were incurred, please attach a separate sheet of paper with these details.)*

Location of property: _____ Residential property ☐
Description of property: _____ Business property ☐
Date of loss: _____ Federal Disaster ☐

Amount of damage _____ Cost basis of property _____ Repair Costs _____
Insurance reimbursement _____ FMV of property before loss _____ Other _____
Federal monies received _____ FMV of property after loss _____ Other _____

Unreimbursed Employee Business Expenses **T = Taxpayer S = Spouse** **T or S***(if any depreciable assets were sold (including the vehicle), please see worksheet below)*

Dues (related to job) _____
Subscriptions related to your work _____
Licenses and regulatory fees _____
Tools and supplies used in your work _____
Work clothes, uniforms if required _____
Medical exams required by your employer _____
Work related education (books, tuition) _____
Legal fees related to your job _____
Job search expenses (current occupation) _____

***In home office:**

Total square footage _____
Office square footage _____
Office square footage _____
Rent _____
Insurance _____
Utilities _____
Repairs/Maintenance _____

Vehicle Information

Vehicle description _____
Date placed in service _____
Cost or basis _____

Miles of vehicle

Business miles _____
Commuting miles _____
Other miles _____

Expenses

Actual expenses _____
(gas, oil, repairs, etc)
Parking fees and tolls _____
Travel expenses _____

Questions relating to mortgage interest, taxes, and casualty losses were asked previously*Sales, Purchases, and Disposition of Assets in 2014***(New clients, enclose detailed listing of all depreciable assets.)*

T S	Asset description	Date acquired	Purchase price	Date sold	Sales price

Investment Related Expenses

Tax preparation fees _____
Safe deposit box _____
Custodial, trust admin fees _____
Fees to collect interest and dividends _____
Tax advice not related to investment income _____
Legal fees related to producing taxable income _____
Other _____
Other _____
Other _____

Other Misc. Deductions

Gambling losses _____
Estate tax deduction *(in respect of a decedent)* _____
Portfolio from Schedule K-1 _____
Unrecovered investment in a pension _____
Amortizable premium on taxable bonds _____
Disabled persons work expenses _____
Other _____
Other _____
Other _____

CHILD AND DEPENDENT CARE EXPENSES (Enter expenses paid for each dependent in the Dependent's section)

Care provider name	Address	SSN or EIN	Amount paid to provider during 2014

HIGHER EDUCATION EXPENSES (Please enclose all copies of Form(s) 1098-T for 2014)

Student name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition and Fees

FEDERAL, STATE, AND LOCAL ESTIMATED TAX PAYMENTS (for OH local estimates, provide the 4 digit school code)

Federal estimated payments	Date paid	Amount paid
Applied from 2013 federal refund		
1st Quarter payment		
2nd Quarter payment		
3rd Quarter payment		
4th Quarter payment		

State:

State estimated payments	Date paid	Amount paid	Date paid	Amount paid	Date paid	Amount paid
Applied from 2013 state refund						
1st Quarter payment						
2nd Quarter payment						
3rd Quarter payment						
4th Quarter payment						

Locality:

Local estimated payments	Date paid	Amount paid	Date paid	Amount paid	Date paid	Amount paid
Applied from 2013 locality refund						
1st Quarter payment						
2nd Quarter payment						
3rd Quarter payment						
4th Quarter payment						