



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

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

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

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

Please provide the following information:

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

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

Business Management Company Inc  
295 B Bucheimer Rd  
FREDERICK, MD 21701  
Telephone: (301) 698-0795  
E-mail: Info@bmcaccounting.com

## Topic Index

**ORG2**

Alimony paid .....	ORG28	IRA distributions and rollovers.....	ORG7
Alimony received .....	ORG10	Keogh plan contributions .....	ORG28
Annuity payments received .....	ORG7	Medical and dental expenses .....	ORG13
Business income and expenses .....	ORG19	Miscellaneous income reported on 1099-MISC .....	ORG8
Car and truck expenses .....	ORG18	Miscellaneous income not from 1099-MISC .....	ORG10
Casualties and thefts.....	ORG3	Miscellaneous itemized deductions .....	ORG15
Charitable contributions .....	ORG14	Moving expenses .....	ORG16
Child and dependent care expenses .....	ORG35	Office in home expenses .....	ORG20
Dependent information .....	ORG6	Partnership income .....	ORG45
Depreciable property - additions.....	ORG51	Pension payments received .....	ORG7
Depreciable property - deletions .....	ORG50	Personal information .....	ORG6
Dividend income .....	ORG11	Railroad retirement benefits.....	ORG10
Education .....	ORG36	Rental income and expenses .....	ORG25
Employee business expense .....	ORG17	Royalty income and expenses .....	ORG25
Estate income.....	ORG47	S corporation income.....	ORG46
Estimated and other tax payments .....	ORG40	Sale of home.....	ORG22
Farm income and expenses .....	ORG27	Sales of business property .....	ORG24
Farm rental income and expenses .....	ORG26	Sales of stock, securities .....	ORG21
Foreign earned income .....	ORG52	Self-employed health insurance .....	ORG19
Gambling and lottery winnings .....	ORG7	SEP plan contributions.....	ORG28
Household employees .....	ORG41	SIMPLE plan contributions .....	ORG28
Health Insurance Coverage .....	ORG3A	Social security benefits.....	ORG10
Installment sales.....	ORG23	State and local tax refunds .....	ORG10
Interest income .....	ORG11	Taxes paid.....	ORG13
Interest paid (mortgage, etc) .....	ORG14	Trust income .....	ORG47
Investment interest expense.....	ORG14	Unemployment compensation.....	ORG10
IRA contributions .....	ORG28	Wages and salaries .....	ORG7

## General Questions

ORG3

## PERSONAL INFORMATION

Yes No

- 1 Did your marital status change during 2014? ..... ☐ ☐  
If **yes**, explain .....
- 2 Do you want to allow your tax preparer to discuss this year's return with the IRS? ..... ☐ ☐  
If **no**, enter another person (if desired) to be allowed to discuss this return with the IRS.  
**Caution:** Review any transferred information for accuracy.  
Designee's Name ..... ▶  
Phone Number ..... ▶ Personal Identification Number (5 digit PIN) ..... ▶
- 3 Do you or your spouse plan to retire in 2015? ..... ☐ ☐
- 4 Were you or your spouse permanently and totally disabled in 2014? ..... ☐ ☐
- 5 Enter date of death for taxpayer or spouse (if during 2014 or 2015 ): Taxpayer: \_\_\_\_\_ Spouse: \_\_\_\_\_
- 6 Were you or your spouse a member of the U.S. Armed Forces during 2014? ..... ☐ ☐

## DEPENDENT INFORMATION

Yes No

- 7 a Do you have dependents who must file? ..... ☐ ☐  
b If **yes**, do you want us to prepare the return(s)? ..... ☐ ☐
- 8 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,000? ..... ☐ ☐  
b If **yes**, do you want to include your child's income on your return? ..... ☐ ☐
- 9 Are any of your dependents **not** U.S. citizens or residents? ..... ☐ ☐
- 10 Did you provide over half the support for any other person during 2014? ..... ☐ ☐
- 11 Did you incur adoption expenses during 2014? ..... ☐ ☐

## IRA, PENSION AND EDUCATION SAVINGS PLANS

Yes No

- 12 Did you receive payments from a pension or profit-sharing plan? ..... ☐ ☐
- 13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? ..... ☐ ☐
- 14 a Did you convert all or part of a regular IRA into a Roth IRA? ..... ☐ ☐  
b Did you roll over all or part of a qualified plan into a Roth IRA? ..... ☐ ☐
- 15 Did you contribute to a Coverdell Education Savings Account? ..... ☐ ☐

## ITEMS RELATED TO INCOME/LOSSES

Yes No

- 16 Did you receive any disability payments in 2014? ..... ☐ ☐
- 17 Did you receive tip income **not** reported to your employer? ..... ☐ ☐
- 18 a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2014? (Attach copies of any escrow statements or Forms 1099.) ..... ☐ ☐  
b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? ..... ☐ ☐  
c Are you planning to purchase a home soon? ..... ☐ ☐
- 19 Did you incur any casualty or theft losses during 2014? ..... ☐ ☐
- 20 Did you incur any non-business bad debts? ..... ☐ ☐

## PRIOR YEAR TAX RETURNS

Yes No

- 21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? ..... ☐ ☐  
If **yes**, enclose agent's report or notice of change.
- 22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? ..... ☐ ☐

## General Questions (continued)

ORG3

## FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

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

## HEALTH AND LIFE INSURANCE

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

## MISCELLANEOUS

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

## ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

	Yes	No
47 If your tax return is eligible for Electronic Filing, would you like to file electronically? .....	<input type="checkbox"/>	<input type="checkbox"/>
48 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Caution:</b> Review transferred information for accuracy.		
49 If yes, please provide the following information:		
a Name of your financial institution .....		
b Routing Transit Number (must begin with 01 through 12 or 21 through 32) .....		
c Account number .....		
d What type of account is this? .....	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
<input checked="" type="checkbox"/> Please attach a <b>voided</b> check (not a deposit slip) if your bank account information has changed.		

# Health Insurance Coverage

ORG3A

## Part 1 Coverage

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

Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:												
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1.																	
2.																	
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	

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

Beginning in 2014, most individuals are required to have:

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

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

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

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

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

Please call with any questions on this worksheet.

ORG3A

## Business/Investment Questions

**ORG4**

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

# Basic Taxpayer Information

ORG6

## PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name .....	_____	_____
First name .....	_____	_____
Middle initial and suffix .....	MI ..... Suffix .....	MI ..... Suffix .....
Social security number .....	_____	_____
Occupation .....	_____	_____
Work phone/extension .....	_____	_____
Cell phone .....	_____	_____
E-mail address .....	_____	_____
Birthdate .....	MM/DD/YYYY .....	MM/DD/YYYY .....
Blind .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address.....	_____	Apartment number .....
City .....	_____ State .....	ZIP code .....
Home phone .....	_____ Foreign country .....	_____
Fax .....	_____ Foreign phone .....	_____

## FILING STATUS

☐ **1** Single

☐ **2** Married filing jointly

☐ **3** Married filing separately

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

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

Check this box if your spouse itemizes deductions ..... ☐

☐ **4** Head of household

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

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

☐ **5** Qualifying widow(er)

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

## DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number Relationship	**Code +Months in U.S.	Date of Birth *Not Citizen	2014 Child Care Expense 2013 Child Care Expense
_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	_____

\*\* For the Dependent Code, enter the following:

L = dependent child who lived with you

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

O = other dependent

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

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

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

# Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

## INTEREST INCOME

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

**\*\*Type of Interest**

blank = Regular taxable interest

ME1 = ME bond interest in federal income

MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest

NH1 = NH nontaxable interest — taxable federal

NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest

TN1 = TN nontaxable interest — taxable federal

WV1 = WV bond interest in federal income

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

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

## DIVIDEND INCOME

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

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

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



# Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES		2014	2013
1	Prescription medications .....		
2	Health insurance premiums (enter Medicare B on ORG10).....		
3	Qualified long-term care premiums		
a	Taxpayer's gross long-term care premiums .....		
b	Spouse's gross long-term care premiums .....		
c	Dependent's gross long-term care premiums .....		
4	Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity.....		
5	Insurance reimbursement.....		
6	Doctors, dentists, etc .....		
7	Hospitals, clinics, etc .....		
8	Lab and X-ray fees.....		
9	Expenses for qualified long-term care.....		
10	Eyeglasses and contact lenses .....		
11	Medical equipment and supplies .....		
12	Miles driven for medical purposes.....		
13	Ambulance fees and other medical transportation costs .....		
14	Lodging.....		
15	Other medical and dental expenses:		
a	_____		
b	_____		
c	_____		
d	_____		
e	_____		
f	_____		
g	_____		
h	_____		
i	_____		
j	_____		
TAXES		2014	2013
Enter state and local income taxes on <b>ORG7</b> , <b>ORG8</b> , <b>ORG10</b> , and <b>ORG40</b> .			
16	Real estate taxes paid on principal residence .....		
17	Real estate taxes paid on additional homes or land .....		
18	Auto registration fees based on the value of the vehicle.....		
19	Other personal property taxes .....		
20	Other taxes:		
	_____		
	_____		

# Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2014	2013
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2014
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address

OTHER PERSON RECEIVING FORM 1098	
Form 1098 Recipient's Name	Address

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2013 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

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

## Interest Paid and Cash Contributions (continued)

ORG14

### LIMITED HOME MORTGAGE DEDUCTION

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

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
<b>1</b> Interest paid in 2014 .....					
Points paid in 2014.....					
Months loan outstanding ....					
Principal pd on loan in 2014..					
<b>2</b> Home acquisition debt:					
Beginning of year balance ..					
Additional borrowed in 2014 ..					
<b>3</b> Home equity debt:					
Beginning of year balance ..					
Additional borrowed in 2014..					
<b>4</b> Grandfathered debt: (before 10/14/1987)					
Beginning of year balance ..					
Additional borrowed in 2014..					
<b>5</b> Fair market value of homes on date debt was last secured by home .....					
<b>6</b> Home acquisition and grandfathered debt on date last secured by home .....					

### CASH CONTRIBUTIONS

Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2014	2013
	<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"/>		
	<input type="checkbox"/>		
Charitable miles driven.....			
Miles driven to deliver noncash contributions .....			
Parking fees, tolls, and local transportation .....			

# Noncash Contributions

ORG14A

Copy 1

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

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

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

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

## \*Methods of determining FMV:

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

## \*\*Type of Donated Property

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

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

# Miscellaneous Itemized Deductions

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)		2014	2013
<b>Employee Business Expenses</b>			
<b>Note:</b> If you have any travel, transportation, meals or entertainment expenses <b>or</b> your employer reimbursed you for <b>any</b> of your job-related expenses, complete <b>ORG17</b> for <b>all</b> your employee expenses.			
1	Union and professional dues .....		
2	Professional subscriptions .....		
3	Uniforms and protective clothing .....		
4	Job search costs .....		
5	Other unreimbursed employee expenses:		
a	_____		
b	_____		
c	_____		
d	_____		
e	_____		
<b>Other Expenses Subject to the 2% Limitation</b>			
Treat all MACRS assets for this activity as qualified Indian reservation property? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No			
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was this property located in a Qualified Disaster Area? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Check to code assets as Investment Expense ..... <input type="checkbox"/>			
Use <b>ORG50</b> to record dispositions.			
Use <b>ORG51A</b> to enter additional assets.			
Use <b>ORG11a</b> for investment expenses related to interest income.			
Use <b>ORG11b</b> for investment interest related to dividend income.			
6	Tax return preparation fees .....		
7	Investment counsel and advisory fees .....		
8	Certain attorney and accounting fees .....		
9	Safe deposit box rental .....		
10	IRA custodial fees .....		
11	Other expenses (list):		
a	_____		
b	_____		
c	_____		
d	_____		
e	_____		
OTHER MISCELLANEOUS DEDUCTIONS		2014	2013
12	Federal estate tax paid on income in respect of a decedent .....		
13	Amortizable bond premiums (acquired before 10/23/86) .....		
14	Gambling losses (to the extent of gambling income) .....		
15	Claim repayments .....		
16	Unrecovered investment in annuity .....		

# State Information Worksheet

ORG60

## GENERAL INFORMATION

	<b>Taxpayer</b>	<b>Spouse</b>
1 Enter your state of residence .....	_____	_____
2 Check the appropriate box if:	<b>Taxpayer</b>	<b>Spouse</b>
a Full year resident.....	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident .....	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident .....	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____	School district: _____	School district number: _____
	<b>Taxpayer</b>	<b>Spouse</b>
5 Check if disabled .....	<input type="checkbox"/>	<input type="checkbox"/>

## STATE CREDITS

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

## VOLUNTARY STATE CONTRIBUTIONS

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

## MISCELLANEOUS QUESTIONS

	<b>Yes</b>	<b>No</b>
8 Did you file a state return for 2013? .....	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year? .....	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return? .....	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?		
a Refunded ..... <input type="checkbox"/>	b Apply to 2015 estimates ..... <input type="checkbox"/>	c Apply to 2015 taxes ..... <input type="checkbox"/>
12 Additional state information: _____		
_____		
_____		