

Personal Data

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

Income Taxes Paid

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

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

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

Miscellaneous Information

Name: _____

SSN: _____

Yes No

General Information

<input type="checkbox"/>	<input type="checkbox"/>	1. Were there any changes to your filing status or number of dependents during 2014?
<input type="checkbox"/>	<input type="checkbox"/>	2. Can you or your spouse be claimed as a dependent by someone else?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur any childcare expenses?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you have a change in residence or job location during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you move during 2014? From where? _____ Date of move _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you reside in more than one state during 2014? If yes, which states? _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.

Yes No

Income Information

<input type="checkbox"/>	<input type="checkbox"/>	1. Have you received all W-2s from all employers? How many W-2s are attached? _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Did you use your vehicle on the job other than for commuting to work?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you work out of town at any time during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
<input type="checkbox"/>	<input type="checkbox"/>	8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
<input type="checkbox"/>	<input type="checkbox"/>	10. Did you have any income from, or pay taxes to, a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	11. Did you engage in any bartering transactions during 2014?
<input type="checkbox"/>	<input type="checkbox"/>	12. Did you surrender any U.S. Savings Bonds during 2014?
<input type="checkbox"/>	<input type="checkbox"/>	13. Did you receive any state or local income tax refunds from prior years?
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you or your spouse have any IRA accounts?
<input type="checkbox"/>	<input type="checkbox"/>	15. Did you recharacterize any IRAs this year?
<input type="checkbox"/>	<input type="checkbox"/>	16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
<input type="checkbox"/>	<input type="checkbox"/>	19. Did you receive any type of prize, award, or gambling winnings during 2014?
<input type="checkbox"/>	<input type="checkbox"/>	20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	21. Did you receive any income not shown in this organizer? If so, please list. _____
<input type="checkbox"/>	<input type="checkbox"/>	22. Does anyone owe you money that has become uncollectible?

Comments: _____

Miscellaneous Information

Name: _____

SSN: _____

	Yes	No	Business Information
			1. Did you start a new business or purchase any rental property during 2014?
			2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
			3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
			4. Did you own rental property? What percentage of time did you spend managing your rentals? _____
			5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

	Yes	No	Other Information
			1. Were any tuition costs paid during 2014 (even if classes were attended in another year)?
			2. Did anyone in your household attend higher education classes in 2014?
			3. Did you incur a loss due to damaged or stolen property?
			4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008 in which the First-Time Homebuyer Credit was taken on the home?
			5. Did you refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information.
			6. Did you purchase or sell a home that you used as a principal residence? If yes, please provide closing documentation.
			7. If yes to question 6, was the First-Time Homebuyer Credit taken?
			8. Did you make any gifts to any one person in 2014 in excess of \$14,000? If so, are you splitting this gift with your spouse?
			9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?
			10a. Did you have health care coverage for yourself and everyone claimed on the tax return for the entire year?
			10b. If yes, where did you purchase the health care coverage? <input type="checkbox"/> Employer <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Marketplace (Exchange) <input type="checkbox"/> Other

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

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

Comments: _____

Health Care Coverage Questionnaire

Name:

SSN:

Had health care coverage:	For the entire year	For part of the year (Less than 12 months)	No health care coverage at all

YES NO Did anyone besides taxpayer or spouse pay for health care coverage for anyone listed above?

YES NO Did you pay for health care coverage for anyone not listed above?

If you had coverage for any part of the year:
Where was the policy obtained?
Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:
Answer YES if it applies to any member of the household

YES NO Was your previous insurance policy cancelled in 2014?

YES NO Do you have an Exemption from the Marketplace (also called the Exchange)?

YES NO Was coverage offered by taxpayer's or spouse's employer?

YES NO Are you a member of a federally-recognized Indian tribe?

YES NO Are you eligible for services through an Indian health care provider?

YES NO Are you a member of a health care sharing ministry?

YES NO Did you live in the United States the entire year?

YES NO Are you enrolled in TRICARE?

YES NO Did you apply for CHIP coverage?

YES NO Do any of the following apply to you? Do NOT indicate which one.

- | | |
|--|--|
| | Became homeless |
| | Evicted in the past six months, or facing eviction or foreclosure |
| | Received a shut-off notice from a utility company |
| | Recently experienced domestic violence |
| | Recently experienced the death of a close family member |
| | Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property |
| | Filed for bankruptcy in the last six months |
| | Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt |
| | Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member |

Dependents

Name:					SSN:				
First name/MI		Last name			Suffix				
SSN/TIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$1000?			2014		2013		
Is this dependent required to file a tax return?		If yes, what is their AGI?							
Child Care Credit - qualifying expenses incurred and paid in 2014									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI		Last name			Suffix				
SSN/TIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$1000?			2014		2013		
Is this dependent required to file a tax return?		If yes, what is their AGI?							
Child Care Credit - qualifying expenses incurred and paid in 2014									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI		Last name			Suffix				
SSN/TIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$1000?			2014		2013		
Is this dependent required to file a tax return?		If yes, what is their AGI?							
Child Care Credit - qualifying expenses incurred and paid in 2014									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI		Last name			Suffix				
SSN/TIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$1000?			2014		2013		
Is this dependent required to file a tax return?		If yes, what is their AGI?							
Child Care Credit - qualifying expenses incurred and paid in 2014									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI		Last name			Suffix				
SSN/TIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$1000?			2014		2013		
Is this dependent required to file a tax return?		If yes, what is their AGI?							
Child Care Credit - qualifying expenses incurred and paid in 2014									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI		Last name			Suffix				
SSN/TIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$1000?			2014		2013		
Is this dependent required to file a tax return?		If yes, what is their AGI?							
Child Care Credit - qualifying expenses incurred and paid in 2014									
Child Care Credit - portion of qualifying expenses provided by employer									

Child and Dependent Care

Name:

SSN:

Child Care Provider's Information

2014

2013

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP

Foreign Only Province/State,
Country, Postal Code

2014

2013

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP

Foreign Only Province/State,
Country, Postal Code

2014

2013

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP

Foreign Only Province/State,
Country, Postal Code

2014

2013

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP

Foreign Only Province/State,
Country, Postal Code

Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

Name:										SSN:														
TS										Company Name														
					Federal I.D. No.										State I.D. No.									
					Federal wages 2014					2013					Federal tax 2014					2013				
					State wages 2014					2013					State tax 2014					2013				
					Local wages 2014					2013					Local tax 2014					2013				
TS										Company Name														
					Federal I.D. No.										State I.D. No.									
					Federal wages 2014					2013					Federal tax 2014					2013				
					State wages 2014					2013					State tax 2014					2013				
					Local wages 2014					2013					Local tax 2014					2013				
TS										Company Name														
					Federal I.D. No.										State I.D. No.									
					Federal wages 2014					2013					Federal tax 2014					2013				
					State wages 2014					2013					State tax 2014					2013				
					Local wages 2014					2013					Local tax 2014					2013				
TS										Company Name														
					Federal I.D. No.										State I.D. No.									
					Federal wages 2014					2013					Federal tax 2014					2013				
					State wages 2014					2013					State tax 2014					2013				
					Local wages 2014					2013					Local tax 2014					2013				
TS										Company Name														
					Federal I.D. No.										State I.D. No.									
					Federal wages 2014					2013					Federal tax 2014					2013				
					State wages 2014					2013					State tax 2014					2013				
					Local wages 2014					2013					Local tax 2014					2013				

Interest Income

Please attach all 1099(s) relating to interest income.

Name: _____ SSN: _____

TSJ	Name of payer (If seller financed mortgage enter SSN and address of payer)	Interest Income	Federal Income Tax Withheld	Foreign Tax Paid	Tax Exempt Interest	Amount of Resident State Municipal Interest	Nominee Interest

Did you have a financial interest in or signature authority over a financial account located in a foreign country? Yes No

Please attach additional sheets if necessary.

Dividend Income

Please attach all 1099(s) relating to dividend income.

Name: _____ SSN: _____

TSJ	Name of payer	Ordinary	Qualified	Capital Gains	Federal Income Tax Withheld	Foreign Tax Paid	Other	
							Description	Amount

Did you have a financial interest in or signature authority over a financial account located in a foreign country? Yes No

Please attach additional sheets if necessary.

Profit or Loss From Business Schedule C

Name:

SSN:

TS	Principal business or profession		Business code
Business name		Employer I.D. number	
Business address			
City			
U.S. Only		State, ZIP	
Foreign Only		Province/State, Country, Postal Code	
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other			
Activity type		Some investment is NOT at risk <input type="checkbox"/>	
You started or acquired this business during 2014 <input type="checkbox"/>		You disposed of this property during 2014 <input type="checkbox"/>	
Did you make any payments in 2014 that would require you to file Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," did you or will you file all required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Income		2014	2013
Gross receipts or sales			
Returns and allowances			
Expenses		2014	2013
Advertising			Taxes and licenses
Car and truck expenses			Travel
Commissions and fees			Total meals and entertainment
Contract labor			Utilities
Depletion			Wages
Employee benefit programs			Other expenses (list):
Insurance (other than health)			
Mortgage interest (paid to banks, etc.)			
Other interest			
Legal & professional services			
Office expenses			
Pension and profit sharing plans			
Rent or lease (vehicles, machinery, and equipment)			
Rent (other business property)			
Repairs and maintenance			Other (Detail)
Supplies			Family Health Coverage
Cost of goods sold		2014	2013
Inventory method, if not Cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other		There was a change of inventory method <input type="checkbox"/>	
Inventory at beginning of the year			Materials and supplies
Purchases (less cost of items withdrawn for personal use)			Other costs
Cost of labor			Inventory at end of year

Profit or Loss From Business

Schedule C General Information

Name: _____ SSN: _____

TS		Principal business or profession	Business code
----	--	----------------------------------	---------------

Employer I.D. number _____

Business name _____

Business address _____

City _____

U.S. Only State, ZIP _____

Foreign Only Province/State, Country, Postal Code _____

Accounting method, if not cash Accrual Other

Inventory method, if not cost Lower of Cost or Market Other Change of inventory method Yes No

Activity type _____ Some investment is NOT at risk

You started or acquired this business during 2014 You disposed of this property during 2014

Did you make any payments in 2014 that would require you to file Form(s) 1099? Yes No

If "Yes," did you or will you file all required Forms 1099? Yes No

Other Information 2014 2013

Family Health Coverage

Income 2014 2013

Gross receipts or sales

Returns and allowances

Other income

Cost of Goods Sold 2014 2013

Inventory at beginning of the year

Purchases (less cost of items withdrawn for personal use)

Cost of labor

Materials and supplies

Other costs (list on detail worksheet)

Inventory at end of year

Profit or Loss From Business
Schedule C General Information

Name:

SSN:

TS		Business name	Profession or product	2014	2013
Expenses					
Advertising					
Car and truck expenses					
Commissions and fees					
Contract labor					
Depletion					
Employee benefit programs					
Insurance (other than health)					
Mortgage interest (paid to banks, etc.)					
Other interest					
Legal and professional services					
Office expense					
Pension and profit sharing plans					
Rent or lease (vehicles, machinery, and equipment)					
Rent (other business property)					
Repairs and maintenance					
Supplies					
Taxes and licenses (including real estate taxes)					
Travel					
Total meals and entertainment					
Utilities					
Wages					
Other expenses (list):					
Other (Detail)					

Sale of Capital Assets (Stocks, Bonds, etc.)

Name: _____ SSN: _____

TSJ	Description	Date purchased	Date sold	Sales price	Cost

Supplemental Income and Loss

Part I - Income or Loss From Rental Real Estate and Royalties

Name:

SSN:

TSJ		Property description	Activity Type
-----	--	----------------------	---------------

Did you make any payments in 2014 that would require you to file Form(s) 1099? Yes No

If "Yes," did you or will you file all required Forms 1099? Yes No

Property Address

City

U.S. Only State, ZIP

Foreign Only Province/State, Country, Postal Code

Single Family Residence Vacation / Short Term Rental Land Self-Rental

Multi-Family Residence Commercial Royalties Other

Fair Rental Days Personal use days Qualified Joint Venture

If multi-dwelling unit and the taxpayer occupies part, enter the percentage occupied by the taxpayer

This is your main home Some investment is NOT at risk Property was 100% disposed of in 2014 Property is a Single Member LLC

Income:	2014	2013
---------	------	------

Rent Income

Royalties from oil, gas, mineral, copyright or patent

Expenses:	Direct expense		Indirect expense	
	2014	2013	2014	2013

Advertising

Auto and travel

Cleaning and maintenance

Commissions

Insurance

Legal and professional fees

Management fees

Interest - mortgage

Interest - other

Repairs

Supplies

Taxes

Utilities

Other: (list)

Ownership Percentage

Form 1099-G Unemployment Compensation

Name:		SSN:			
TSJ		Payer's Federal I.D. Number:			
Payer's name:					
Payer's address:					
City:					
U.S. Only		State, ZIP:			
Foreign Only		Province/State, Country, Postal Code:			
Payer's phone:			Account number:		
		2014	2013		2014
Unemployment compensation				<input type="checkbox"/> Trade/business	
Unemployment compensation repaid in current year				Market gain	
State/local tax refunds/credits				State	State I.D.
Tax year				State unemployment	
Federal tax withheld				State withholding	
RTAA payments				<input type="checkbox"/> Unemployment benefits are from railroad	
Taxable grants					
Agriculture					

TSJ		Payer's Federal I.D. Number:			
Payer's name:					
Payer's address:					
City, State, Zip:					
U.S. Only		State, ZIP:			
Foreign Only		Province/State, Country, Postal Code:			
Payer's phone:			Account number:		
		2014	2013		2014
Unemployment compensation				<input type="checkbox"/> Trade/business	
Unemployment compensation repaid in current year				Market gain	
State/local tax refunds/credits				State	State I.D.
Tax year				State unemployment	
Federal tax withheld				State withholding	
RTAA payments				<input type="checkbox"/> Unemployment benefits are from railroad	
Taxable grants					
Agriculture					

Form 1099-MISC

Please attach all 1099-M(s)

Name: _____ SSN: _____

TS For Payer's Federal ID number: _____

Payer's name: _____

Address: _____

City: _____

U.S. Only State, ZIP: _____

Foreign Only Province/State, Country, Postal Code: _____

	2014	2013		2014	2013
Rents			State <input type="checkbox"/> State I.D. <input type="checkbox"/>		
Royalties			State tax withheld		
Other income			State income		
Description			Name of locality		
Federal tax withheld			Local tax withheld		
Fishing boat proceeds			Local income		
Medical and health care payments			State <input type="checkbox"/> State I.D. <input type="checkbox"/>		
Non-employee compensation			State tax withheld		
Substitute payments			State income		
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Name of locality		
Crop insurance proceeds			Local tax withheld		
Excess golden parachute			Local income		
Gross attorney proceeds					
Taxable Proceeds					
Section 409A deferrals					
Section 409A income					

Social Security Benefit Statement

	2014	2013		2014	2013
TS <input type="checkbox"/>			TS <input type="checkbox"/>		
Net benefits			Net benefits		
Medicare premiums			Medicare premiums		
Income tax withheld			Income tax withheld		

Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

Name:		SSN:					
TS	Payer's name:						Payer's Federal ID Number:
Address:							City:
U.S. Only		State, Zip					
Foreign Only		Province/State, Country, Postal Code				2014	2013
		2014	2013	State		State I.D.	
Disability indicator		<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld			
Report as wages on 1040		<input type="checkbox"/>	<input type="checkbox"/>	State distribution			
Gross distribution				Name of locality			
Taxable amount				Local income tax withheld			
Total distribution		<input type="checkbox"/>	<input type="checkbox"/>	Local distribution			
Capital gain				State		State I.D.	
Federal income tax withheld				State income tax withheld			
Employee contributions or insurance premiums				State distribution			
Distribution code(s)				Name of locality			
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld			
Your percentage of total distribution				Local distribution			
TS	Payer's name:						Payer's Federal ID Number:
Address:							City:
U.S. Only		State, Zip					
Foreign Only		Province/State, Country, Postal Code				2014	2013
		2014	2013	State		State I.D.	
Disability indicator		<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld			
Report as wages on 1040		<input type="checkbox"/>	<input type="checkbox"/>	State distribution			
Gross distribution				Name of locality			
Taxable amount				Local income tax withheld			
Total distribution		<input type="checkbox"/>	<input type="checkbox"/>	Local distribution			
Capital gain				State		State I.D.	
Federal income tax withheld				State income tax withheld			
Employee contributions or insurance premiums				State distribution			
Distribution code(s)				Name of locality			
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld			
Your percentage of total distribution				Local distribution			

Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

Name:

SSN:

Part I - General Information

Taxpayer's foreign address

Foreign city

Province/State, Country, Postal code

Occupation

Employer's name

Employer's U.S. address

City ST Zip

Employer's Foreign address

City

Province/State, Country, Postal code

Employer is: (check any that apply)

A foreign entity A U.S. company Self
 A foreign affiliate of a U.S. company Other (specify):

If you have previously filed Form 2555, enter the last year you filed Form 2555.

If you claimed an exclusion in an earlier year (after 1981), have you ever revoked your choice? Yes No

If Yes, give the type of exclusion and tax year

Of what country are you a citizen/national?

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home? Yes No

If Yes, enter the city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address.

City and country	Number of Days			
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List your tax home(s) during your tax year and date(s) established

Home	Date Established			
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Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

Name: _____ SSN: _____

Part II - Bona Fide Residence Test

Date bona fide residence began _____, ended _____

Kind of living quarters in foreign country Purchased house Rented house or apartment
 Rented room Quarters furnished by employer

Did any of your family live with you abroad during any part of the tax year? Yes No

If Yes, who and for what period	Relationship	For what Period

Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? Yes No

Are you required to pay income tax to the country where you claim bona fide residence? Yes No

If you were present in the United States during the tax year, enter the information below.

Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business	Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business

List any contractual terms or other conditions relating to the length of your employment abroad:

List the type of visa under which you entered the foreign country:

Did your visa limit the length of your stay or employment in a foreign country? (If Yes, attach explanation) Yes No

Did you maintain a home in the United States while living abroad? Yes No

If Yes, enter address of your home, whether it was rented, the names of the occupants, and their relationship to you

Address

Name of occupant:	Relationship of occupant:

Was the home rented?

Part III - Physical Presence Test/Waiver

The physical presence test is based on the 12-month period from: _____ through: _____

Enter your principal country of employment during your tax year:

Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. If the last entry is an arrival in a foreign country, enter the number of full days to the end of the 12-month period. If you have no travel to report during the period, write in the schedule "physically present in a foreign country or countries for the entire 12-month period." Do not include the income listed in the last column below in Part IV, but report it on Form 1040.

Name of country (including U.S.)	Date arrived	Date left	Full days present in country	Number of days in U.S. on business	Income earned in U.S. on business (attach computation)

Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

Name:	SSN:		
Foreign Earned Income		2014	2013
Total wages, salaries, bonuses, commissions, etc.			
Allowable share of income for personal services performed:			
In a business (including farming) or profession			
In a partnership (list name, address, and type of income)			
Noncash income:			
Home (lodging)			
Meals			
Car			
Other property or facility (specify)			
Allowances, reimbursements, or expenses paid on your behalf for services performed:			
Cost of living and overseas differential			
Family			
Education			
Home leave			
Quarters			
Other (specify)			
Other foreign earned income (specify):			
Meals and lodging that are excludable			
For Taxpayers Claiming the Housing Exclusion and/or Deduction			
Qualified housing expenses for the tax year			
Location where housing expenses incurred			
Limit on housing expenses			
Enter the number of days in qualifying period that fall within your 2014 tax year			
Enter employer-provided amounts			
For Taxpayers claiming the foreign earned income exclusion			
Enter the number of days in qualifying period that fall within your 2014 tax year			

Moving Expenses

Name:

SSN:

TSJ			2014	2013
		Enter the number of miles from your OLD home to your NEW workplace		
		Enter the number of miles from your OLD home to your OLD workplace		
		Enter the amount you paid for transportation and storage of household goods and personal effects		
		Enter the amount you paid for travel and lodging incurred during move (do NOT include cost of meals)		
		Enter the amount of moving expenses reimbursed to you by your employer		
Was this a military move?			<input type="checkbox"/>	Yes

Self-Employed Health Insurance

TSJ			2014	2013
		Enter total payments made during the tax year for health insurance established under business for you, your spouse or dependents		
		Enter the qualified long term care amount		
		Enter your medicare wages from an S corporation		

Self-Employed Pensions

TSJ			2014	2013
		Enter your plan contribution rate as a decimal		
		Enter your allowable elective deferrals made during 2014		
		Enter your catch-up contributions		
		Enter the amount of designated ROTH contributions included above		

Nondeductible IRAs

TS			2014	2013
		Total traditional IRA contributions made for 2014		
		Total basis in traditional IRAs as of 12/31/2014		
		Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers)		
		Amount of traditional IRAs converted to ROTH IRAs		
		IRA basis before conversion		
		Total ROTH IRA contributions made for 2014		

Health Savings Account

TSJ			2014	2013
		HSA contributions made for 2014		
		Total distributions from all HSAs during 2014		
		Distributions included above that were rolled over		
		Unreimbursed qualified medical expenses		

Noncash Charitable Contributions

Name:		SSN:	
TSJ		Donee I.D.	
Name of donee organization			
Address of donee organization			
City			
U.S. Only		State, ZIP	
Foreign Only		Province/State, Country, Postal Code	
Description of donated property		Donor's cost or adjusted basis	
Valuation method used		Fair market value	
Physical condition of donated property		Average security price	
How was it acquired?		Bargain sale price	
Date acquired		<input type="checkbox"/> Capital Gain property	
Date contributed			
Property Type (if over \$5,000)		<input type="checkbox"/> Donated property is publicly traded security	
<input type="checkbox"/> Art valued more than \$20,000	<input type="checkbox"/> Equipment	<input type="checkbox"/> Collectibles	
<input type="checkbox"/> Qualified conservation - qualified farmer/rancher	<input type="checkbox"/> Art valued less than \$20,000	<input type="checkbox"/> Intellectual Property	
<input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher	<input type="checkbox"/> Other real estate	<input type="checkbox"/> Vehicles	
<input type="checkbox"/> Qualified conservation	<input type="checkbox"/> Securities	<input type="checkbox"/> Other	
TSJ		Donee I.D.	
Name of donee organization			
Address of donee organization			
City			
U.S. Only		State, ZIP	
Foreign Only		Province/State, Country, Postal Code	
Description of donated property		Donor's cost or adjusted basis	
Valuation method used		Fair market value	
Physical condition of donated property		Average security price	
How was it acquired?		Bargain sale price	
Date acquired		<input type="checkbox"/> Capital Gain property	
Date contributed			
Property Type (if over \$5,000)		<input type="checkbox"/> Donated property is publicly traded security	
<input type="checkbox"/> Art valued more than \$20,000	<input type="checkbox"/> Equipment	<input type="checkbox"/> Collectibles	
<input type="checkbox"/> Qualified conservation - qualified farmer/rancher	<input type="checkbox"/> Art valued less than \$20,000	<input type="checkbox"/> Intellectual Property	
<input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher	<input type="checkbox"/> Other real estate	<input type="checkbox"/> Vehicles	
<input type="checkbox"/> Qualified conservation	<input type="checkbox"/> Securities	<input type="checkbox"/> Other	

Other Income and Adjustments

Name:

SSN:

Income

	Taxpayer		Spouse	
	2014	2013	2014	2013
Taxable scholarships not reported on W-2				
Other income not reported above or on Form W-2				
<input type="checkbox"/> Household income <input type="checkbox"/> Prisoner income				
Interest income (If over \$1,500 report only on Interest sheet)				
Tax-exempt interest (If over \$1,500 report only on Interest sheet)				
Dividend income (If over \$1,500 report only on Dividend sheet)				
Taxable refunds: State taxes				
Local taxes				
Alimony received				
IRA distributions received. Was any portion rolled over? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pension distributions received				
Unemployment compensation received				
Portion of unemployment repaid in 2014				
Total Social Security received				
Lump sum benefits - earlier years				
Net railroad Tier One benefits received for 2014				
Other income (please list):				
NOL carryback				
Real estate tax recovery				
Personal property rental income				
Gambling winnings				
Alaska Permanent Fund				
Amount of W2 income to exclud per notice 2014 - 7				
Investment income	<input type="checkbox"/>			
Investment income	<input type="checkbox"/>			
Investment income	<input type="checkbox"/>			

Other Adjustments

Name:

SSN:

Adjustments

	Taxpayer		Spouse	
	2014	2013	2014	2013
Educator expenses				
Self-employed SEP, SIMPLE and qualified plans				
Keogh contributions to defined contribution plan				
Keogh contributions to defined benefit plan				
Self-employed health insurance premium payments				
Penalty on early withdrawal of savings				
Alimony paid Name: SSN:				
Alimony paid Name: SSN:				
IRA contributions for 2014				
Student loan interest				
Jury duty pay given to employer				
Forestation or reforestation expense				
Repaid sub-pay previously reported				
Contributions to Section 501(c)(18) pension plan				
Expenses from casual rental or personal property				
Whistleblower fees				
Contributions by certain chaplains to Section 403(b) plans				
Certain fees and costs for actions involving unlawful discrimination claims				
Other adjustments (please list):				

Itemized Deductions

Name:		SSN:				
MEDICAL and DENTAL		2014	2013	GIFTS TO CHARITY (attach receipts)	2014	2013
Health insurance premiums				Total gifts by cash or check		
Long term care premiums	Age:			30% limitation		
Long term care premiums	Age:			Charitable miles		
Number of medical miles				Other than by cash or check		
Other medical and dental expenses (list):				Carryover from prior year subject to:		
				QCC - qualified farmer or rancher		
				QCC - non-qualified farmer or rancher		
				50% limitation		
				30% limitation		
				30% limitation capital gain property		
TAXES YOU PAID				20% limitation		
State and local income taxes				JOB EXPENSES (list):		
Sales tax				Unreimbursed employee expenses		
Real estate taxes						
Taxes that qualify for State Property Tax Credit						
Personal property taxes						
Other taxes (list):						
INTEREST YOU PAID						
Home mortgage interest and points on Form 1098						
Home mortgage interest not on Form 1098				Tax preparation fees		
SSN/EIN:				Other Expense (list):		
Name:						
Street:						
City:						
U.S. Only State, ZIP						
Foreign Only Province/State, Country, Postal Code				MISCELLANEOUS DEDUCTIONS		
				Other deductions not subject to 2% limit		
Portion of mortgage interest above that is home equity interest						
Points not reported on Form 1098						
Qualified mortgage insurance premiums						
Investment interest						

Mortgage Interest

Name:					SSN:					
TSJ		For		Business name	Product					
Recipient/Lender Information:						2014	2013			
Federal ID #					Mortgage interest received					
Name					Points paid					
Address					Refund overpaid interest					
City					Mortgage insurance premiums					
U.S. Only			State, ZIP		Real Estate taxes paid					
Foreign Only Province/State, Country, Postal Code										
Account number										
TSJ		For		Business name	Product					
Recipient/Lender Information:						2014	2013			
Federal ID #					Mortgage interest received					
Name					Points paid					
Address					Refund overpaid interest					
City					Mortgage insurance premiums					
U.S. Only			State, ZIP		Real Estate taxes paid					
Foreign Only Province/State, Country, Postal Code										
Account number										
TSJ		For		Business name	Product					
Recipient/Lender Information:						2014	2013			
Federal ID					Mortgage interest received					
Name					Points paid					
Address					Refund overpaid interest					
City					Mortgage insurance premiums					
U.S. Only			State, ZIP		Real Estate taxes paid					
Foreign Only Province/State, Country, Postal Code										
Account number										
TSJ		For		Business name	Product					
Recipient/Lender Information:						2014	2013			
Federal ID #					Mortgage interest received					
Name					Points paid					
Address					Refund overpaid interest					
City					Mortgage insurance premiums					
U.S. Only			State, ZIP		Real Estate taxes paid					
Foreign Only Province/State, Country, Postal Code										
Account number										

Expenses for Business Use of Your Home

Name:

SSN:

TSJ For

Business Use of Home

2014

2013

Square feet of home used exclusively for business

Total square feet of home

Use of Home for Daycare

2014

2013

Area used part time for business

Total hours used for daycare

Total hours available

Did you live in the home all year? Yes No

Expenses

Expenses directly related
to business use only

Total Household
expenses

Did you claim office in home expenses last year? Yes No

2014

2013

2014

2013

Deductible mortgage interest

Real estate taxes

Excess mortgage interest

Insurance

Rent

Repairs and maintenance

Utilities

Other expenses

Cost of Home

2014

2013

Enter the smaller of your home's adjusted basis or its fair market value

Does this include the value of the land? Yes No

Value of land

Date placed in service

Date taken out of service

Employee Business Expense

Name:

SSN:

TS Occupation

Part I - Employee Business Expense and Reimbursements

2014

2013

Rural mail carrier

Parking fees, tolls, and local transportation, including train, bus, etc.

Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do Not include meals and entertainment

Other business expenses

Meals and entertainment expenses

DOT meals

Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for

Other business expenses

Meals and entertainment expenses

Portion of total expenses that is for impairment-related work expenses of disabled employee

Portion of total expenses that is for Armed Forces reservist

Qualifying performing artist Fee-based state or local government official Pastor

Business Vehicle Expenses

Vehicle Description

Vehicle 1

Vehicle 2

2014

2013

2014

2013

Enter the date vehicle was placed in service

Total miles vehicle was driven during 2014

Business miles

Average daily roundtrip commuting distance

Commuting miles included in total miles above

Taxes

Gasoline, oil, repairs, vehicle insurance, etc.

Vehicle rentals

Inclusion amount

Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)

Enter cost or other basis

Enter section 179 deduction

Enter depreciation method and percentage

If an employer provided vehicle, was personal use during off duty hours permitted? Yes No

Do you or your spouse have another vehicle available for personal use? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes", is the evidence written? Yes No

Asset Listing for 2014

Name: _____ SSN: _____

For	Multi	Description of Property	Date Acquired	Cost/Basis	Meth	Life	Prior Depreciation	Sec 179 Exp	Date Sold	Sales Price	Expense of Sale

Valid Methods: For assets purchased AFTER 1980: A, M, ALT, ARR, APU, ARP, ALH, ADS, EXP For assets purchased BEFORE 1981 ONLY: D, DS, DB, DBS, DC, DCS, DD, DDS	ACRS or MACRS tangible property MACRS tangible property Alternative MACRS (150 DB election) Residential Rental (27.5 yrs) Public Utility Other Real Property (15,18,19,31.5,39.5 yrs) Low Income Housing Property Alternative Depreciation System Section 179 Expense Election	125% Declining Balance 125% Declining Balance with SL switch 150% Declining Balance 150% Declining Balance with SL switch 175% Declining Balance 175% Declining Balance with SL switch 200% Declining Balance 200% Declining Balance with SL switch	Listed Property Types: V Luxury Vehicle T Trucks and Vans X Computers, property generally used for entertainment, recreation, or amusement, and cellular phones.
Misc. NDA Non-Depreciable SL Straight Line AMT Amortization	SFT Software (3 yrs) SYD Sum of Years Digits PTS Amortization of Points (Sch A)		

Credit for Federal Tax on Fuels

Name:		SSN:			
				Gallons USED	2013
1a	Off-highway business use				
1b	Use on a farm for farming purposes				
1c	Other non-taxable use of gasoline	Type			
1d	Exported				
2a	Aviation gasoline used in commercial aviation				
2b	Aviation gasoline other nontaxable use	Type			
2c	Exported				
2d	LUST tax on aviation fuels used in foreign trade				
3a	Nontaxable use	Type	Visible evidence of dye		
3b	Use on a farm for farming purposes				
3c	Use in trains				
3d	Use in certain intercity and local buses				
3e	Exported				
4a	Nontaxable use taxed at \$.244	Type	Visible evidence of dye		
4b	Use on a farm for farming purposes				
4c	Use in certain intercity and local buses				
4d	Exported				
4e	Nontaxable use taxed at \$.044	Type			
4f	Nontaxable use taxed at \$.219	Type			
5a	Kerosene taxed at \$.244				
5b	Kerosene taxed at \$.219				
5c	Nontaxable use taxed at \$.244	Type			
5d	Nontaxable use taxed at \$.219	Type			
5e	LUST tax on aviation fuel used in foreign trade				
6	Ultimate vendor ID #				
6a	Use by a state or local government		Visible evidence of dye		
6b	Use in certain intercity and local buses				
7	Ultimate vendor ID #				
7a	Use by state and local government		Visible evidence of dye		
7b	Sales from blocked pump				
7c	Use in certain intercity and local buses				
8	Ultimate vendor ID #				
8a	Use in commercial aviation taxed at \$.219				
8b	Use in commercial aviation taxed at \$.244				
8c	Nonexempt use in noncommercial aviation				
8d	Other nontaxable uses taxed at \$.244	Type			
8e	Other nontaxable uses taxed at \$.219	Type			
8f	LUST tax on aviation fuels used in foreign trade				

Credit for Federal Tax on Fuels

Name:		SSN:			
				Gallons USED	2013
10	Registration number				
10a	Biodiesel (other than agri-biodiesel) mixtures				
10b	Agri-biodiesel mixtures				
10c	Renewable diesel mixtures				
11a	Liquefied petroleum gas (LPG)	Type			
11b	"P series" fuels	Type			
11c	Compressed natural gas (GGE = 126.67 cu. ft.)	Type			
11d	Liquefied hydrogen	Type			
11e	Fischer-Tropsch process liquid fuel from coal	Type			
11f	Liquid fuel derived from biomass	Type			
11g	Liquefied natural gas (LNG)	Type			
11h	Liquefied gas derived from biomass	Type			
12	Ultimate Vendor ID #				
12a	Liquefied petroleum gas (LPG)				
12b	"P series" fuels				
12c	Compressed natural gas (GGE = 121 cu. ft.)				
12d	Liquefied hydrogen				
12e	Fischer-Tropsch process liquid fuel from coal				
12f	Liquid fuel from biomass				
12g	Liquefied natural gas (LNG)				
12h	Liquefied gas derived from biomass				
12i	Compressed gas derived from biomass (GGE = 121 cu. ft.)				
13	Registration number				
13a	State or local government diesel				
13b	State or local government kerosene				
13c	State or local government aviation taxed at \$.219				
14a	Nontaxable use	Type			
14b	Exported				
15	Registration number				
15a	Blender credit				
16a	Exported dyed diesel and exported gasoline blendstocks taxed at \$.001				
16b	Exported dyed kerosene				

Residential Energy Credits

Name:

SSN:

TSJ

Residential Energy Efficient Property Credit

Qualified solar electric property costs

Qualified solar water heating property costs

Qualified small wind energy property costs

Qualified geothermal heat pump property costs

Was qualified fuel cell property installed on or in your main home in US? Yes No

Address of main home

City, State, ZIP

Qualified fuel cell property costs

Kilowatt capacity of property on line 22

Amount of unused credit from 2013 Form 5695, line 28

Were improvements or costs made to your main home located in the US? Yes No

Address of main home

City, State, ZIP

Were improvements or costs related to the construction of this main home? Yes No

Enter the nonbusiness energy property credit that you took in:

2006	2007	2010	2011	2012	2013
------	------	------	------	------	------

Qualified energy efficient improvements

Insulation material or systems primarily designed to reduce heat loss or gain

Exterior doors that meet or exceed Energy Star requirements

Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain

Exterior windows and skylights that meet or exceed Energy Star requirements

Enter the amount of window expense you claimed in:

2006	2007	2010	2011	2012	2013
------	------	------	------	------	------

Residential energy property costs

Energy efficient building property costs

Qualified natural gas, propane, or oil furnace or hot water boiler

Advanced main air circulating fan used in a natural gas, propane, or oil furnace

Education Credits and Deduction

Name:		SSN:	
Student's first and last name:		SSN:	
			Yes
Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of "four times" in any prior years?			<input type="checkbox"/>
Was the student enrolled at least half time for at least one academic period that began in 2014 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?			<input type="checkbox"/>
Did the student complete the first four year of post-secondary education before 2014?			<input type="checkbox"/>
Was the student convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance?			<input type="checkbox"/>
		2014	2013
Adjusted qualified expenses for American Opportunity Credit (qualified expenses include tuition and required enrollment fees. Course related books, supplies, and equipment need not be purchased from the institution in order to qualify.			
Adjusted qualified expenses for Lifetime Learning Credit (qualified expenses include tuition and required enrollment fees, including amounts required to be paid to the institution for course - related books, supplies, and equipment.			
Current year qualifying expenses for tuition and fees deduction.			
Educational Institution Name:			
Bring Form 1098-T from this institution for 2014			
Bring Form 1098-T from this institution for 2013 with box 2 completed and box 7 marked			
Educational Institution Name:			
Bring Form 1098-T from this institution for 2014			
Bring Form 1098-T from this institution for 2013 with box 2 completed and box 7 marked			
Student's first and last name:		SSN:	
			Yes
Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of "four times" in any prior years?			<input type="checkbox"/>
Was the student enrolled at least half time for at least one academic period that began in 2014 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?			<input type="checkbox"/>
Did the student complete the first four year of post-secondary education before 2014?			<input type="checkbox"/>
Was the student convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance?			<input type="checkbox"/>
		2014	2013
Adjusted qualified expenses for American Opportunity Credit (qualified expenses include tuition and required enrollment fees. Course related books, supplies, and equipment need not be purchased from the institution in order to qualify.			
Adjusted qualified expenses for Lifetime Learning Credit (qualified expenses include tuition and required enrollment fees, including amounts required to be paid to the institution for course - related books, supplies, and equipment.			
Current year qualifying expenses for tuition and fees deduction.			
Educational Institution Name:			
Bring Form 1098-T from this institution for 2014			
Bring Form 1098-T from this institution for 2013 with box 2 completed and box 7 marked			
Educational Institution Name:			
Bring Form 1098-T from this institution for 2014			
Bring Form 1098-T from this institution for 2013 with box 2 completed and box 7 marked			

Energy Credits

Name:

SSN:

8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

	TSJ	Vehicle 1	Vehicle 2
Year of vehicle			
Make of vehicle			
Model of vehicle			
How many wheels does the vehicle have			
Vehicle Identification Number			
Date vehicle was placed in service			
Tentative Credit			
Business/Investment use percentage			
Section 179 expense deduction			

Form 8910 - Alternative Motor Vehicle Credit

	TSJ	Vehicle 1	Vehicle 2
Year of vehicle			
Make of vehicle			
Model of vehicle			
Vehicle Identification Number			
Date vehicle was placed in service			
Maximum credit allowable			
Business/investment use percentage			

Credit for Small Employer Health Insurance Premiums

Name: _____

SSN: _____

TSJ

Complete the columns below for all eligible employees. Eligible employees do not include business owners, partners, shareholders who own more than 2%, family members, etc.

Complete the columns below for each employee enrolled in health insurance coverage provided under qualifying arrangement.

Employee identifier	Hours of Service		Wages Paid		Employer Premiums Paid		State Avg Premiums
	2014	2013	2014	2013	2014	2013	

Employer Identification Number used to report employment taxes for above individuals _____

Total amount of any state premium subsidies paid and any state tax credit available _____

Auto Expense Worksheet

Name:

SSN:

For

Business name and Profession/Product

Description

Date placed in service

Do you or your spouse have another vehicle available for personal use?

Yes No

Was your vehicle available for use during off-duty hours?

Yes No

Do you have evidence to support your deduction?

Yes No

If "Yes," is the evidence written?

Yes No

Enter the number of miles your vehicle was used for:

2014

2013

a Business miles

b Commuting

c Other

Expenses:

2014

2013

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %