Prepared By:

Tax Organizer For
2014 Income Tax Return

Prepared For:

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Baltimore, MD 21239-6668

This Tax Organizer can be used to help identify information needed to prepare your 2014 income tax return. Enter your 2014 tax information and if additional space is required, enclose a separate sheet with the details. If available, your prior year information has been included for reference.

Please return this Tax Organizer along with all Forms W-2, 1099, and any other relevant information that will assist in the accurate preparation of your 2014 income tax return.

PERSONAL INFORMATION

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	_____	_____	☐	☐	_____
Spouse	_____	_____	☐	☐	_____

FILING STATUS

Indicate your filing status to be used on your 2014 income tax return:

☐ 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 _____

OTHER INFORMATION

Do you wish to contribute $3 to the Presidential Election campaign? (will not affect your refund or balance due)
Taxpayer - Yes ☐ No☐ Spouse - Yes ☐ No☐

Do you want to allow the paid preparer to discuss your return with the IRS? Yes ☐ No ☐

Do you wish to electronically file your return? Yes ☐ No ☐

Direct Deposit (refund) / Electronic Funds Withdrawal (balance due)
Name of Financial Institution _____ Checking Account ☐ Savings Account ☐
Routing Number _____ Account Number _____

DEPENDENTS

Enter the following dependent information for any qualifying child or qualifying relative:

First Name	Last Name	SSN	Relationship	Date of birth	# of months lived with you	Child care expenses paid in 2014

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: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Spouse: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Spouse: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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?	☐	☐
2.	Did you earn any foreign income or have any foreign taxes paid during 2014?	☐	☐
3.	Did you pay a household employee cash wages of $1,900 or more during 2014?	☐	☐
4.	If yes to #3, were total cash wages of $1,000 or more paid in a calendar quarter to the Household Employee?	☐	☐
5.	Did you refinance a mortgage during 2014?	☐	☐
6.	Did you pay any real estate taxes in 2014?	☐	☐
7.	Did you sell your home during 2014?	☐	☐
8.	Did you use any special fuels for farming purposes or other non-highway uses?	☐	☐
9.	Did you receive any unreported tip income during 2014?	☐	☐
10.	Do you have any children age 18 or under (or student under age 24) who had unearned income of more than $2,000?	☐	☐
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?	☐	☐
12.	Did you pay any expenses related to the adoption of an eligible child?	☐	☐
13.	Did you purchase an item(s) during 2014 that you paid a large amount of sales tax on?	☐	☐
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?	☐	☐
15.	Are you currently repaying the First-Time Homebuyer Credit? If yes, provide details below.	☐	☐

ADDITIONAL COMMENTS OR QUESTIONS

WAGES AND SALARIES (Please enclose all copies of Form(s) W-2 for 2014)

T = Taxpayer S = Spouse

T S	Employer's Name	2014 Box 1 Wages and salaries	2014 Box 2 Federal income tax withheld	2014 Box 17 State income tax withheld	2013 Taxable wages

DIVIDEND INCOME (Please enclose all copies of Form(s) 1099-DIV for 2014)

Special Codes:
F = Federal tax-exempt only B = Federal and state tax-exempt only
S = State tax-exempt only N = Nominee income

T = Taxpayer S = Spouse J = Joint

T S J	Payer's Name	Special codes	2014 Box 1a Ordinary dividends	2014 Box 1b Qualified dividends	2014 Box 2a Capital gain distributions	2014 Box 4 Federal income tax withheld	2014 Box 6 Foreign tax paid	2014 Box 11 Private activity bond	2013 Dividends and capital gain distributions

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

Special Codes:

F = Federal tax-exempt only
B = Federal and state tax-exempt only
N = Nominee interest
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)

T = Taxpayer S = Spouse J = Joint

			2014					2013
T S J	Payer's Name	Special codes	Box 1 Interest income	Box 3 U.S. saving bonds	Box 4 Federal income tax withheld	Box 6 Foreign tax paid	Box 9 Private act. bond	Taxable Interest

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

T = Taxpayer S = Spouse J = Joint

			2014			2013
T S J	Payer's Name	Special codes	Box 1 Original issue discount	Box 2 Other periodic interest	Box 4 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

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

IRA, PENSION, AND ANNUITIES (Please enclose all copies of Form(s) 1099-R for 2014)

T = Taxpayer S = Spouse

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

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

PAYMENTS FROM QUALIFIED EDUCATION PROGRAMS (Please enclose all copies of Form(s) 1099-Q for 2014)

T = Taxpayer S = Spouse

T	S	Payer's Name	2014 Box 1 Gross distributions	2014 Box 5 529 Plans Private	2014 Box 5 529 Plans State	2014 Box 5 529 Plans Coverdell	2013 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 ☐ No
Accounting 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) _____

PROFIT OR LOSS FROM FARMING *(Schedule F)*

Indicate the owner of this farm: ☐ Taxpayer ☐ Spouse ☐ Joint
Principal product _____
Accounting Method: ☐ Cash ☐ Accrual
Did you materially participate in the operation of this farm during 2014? ☐ Yes ☐ No

Income	**2014 Amount**	**2013 Amount**
Sales of livestock and other items bought for resale		
Cost of livestock and other items bought for resale		
Sales of livestock, produce, grains, and other products you raised		
Cooperative distributions		
Agricultural program payments		
Commodity Credit Corporation (CCC) loans reported under election		
Commodity Credit Corporation (CCC) loans forfeited		
Crop insurance proceeds and disaster payments received in 2014		
Custom hire		
Other income		
Inventory of livestock, produce, etc. at beginning of year (accrual method only)		
Cost of livestock, produce, etc. purchased during year (accrual method only)		
Inventory of livestock, produce, etc. at end of year (accrual method only)		

Expenses	**2014 Amount**	**2013 Amount**		**2014 Amount**	**2013 Amount**
Chemicals			Repairs and maintenance		
Conservation			Seeds and plants purchased		
Custom hire			Storage and warehousing		
Employee benefits			Supplies purchased		
Feed purchased			Taxes		
Fertilizers and lime			Utilities		
Freight and trucking			Veterinary and breeding		
Gasoline, fuel, and oil			Other _____		
Insurance			_____		
Mortgage interest			_____		
Other interest			_____		
Labor hired			_____		
Pension and profit-sharing			_____		
Vehicles and machinery rent			_____		
Other rentals			263A Preproductive expenses		

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

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 ☐ No

Did 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

FARM RENTAL INCOME AND EXPENSES *(Form 4835)*

Indicate the owner of this farm rental: ☐ Taxpayer ☐ Spouse ☐ Joint

Property description: _____

Did you actively participate in the operation of this farm rental during 2014? ☐ Yes ☐ No

Income	**2014 Amount**	**2013 Amount**
Income from the production of livestock, produce, grains, and other crops		
Total cooperative distributions		
Agricultural program payments		
Commodity Credit Corporation (CCC) loans reported under election		
Commodity Credit Corporation (CCC) loans forfeited		
Crop insurance proceeds and federal crop disaster payments received in 2014		
Other income		

Expenses	**2014 Amount**	**2013 Amount**		**2014 Amount**	**2013 Amount**
Chemicals			Repairs and maintenance		
Conservation			Seeds and plants purchased		
Custom hire			Storage and warehousing		
Employee benefits			Supplies purchased		
Feed purchased			Taxes		
Fertilizers and lime			Utilities		
Freight and trucking			Veterinary and breeding		
Gasoline, fuel, and oil			Other _____		
Insurance			_____		
Mortgage interest			_____		
Other interest			_____		
Labor hired			_____		
Pension and profit-sharing			_____		
Vehicles and machinery rent			_____		
Other rentals			_____		
			263A Preproductive expenses		

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

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

T = Taxpayer S = Spouse J = Joint

T S J	Description and number of shares	Date acquired	Date sold	Cost or other basis	Sales proceeds

OTHER INCOME (Include description and any supporting documentation)	**2014 Amount**	**2013 Amount**
NOL Carryforward		
State and local tax refunds (enclose Form 1099-G)		
Alimony received		
Unemployment compensation (enclose Form 1099-G)		
Social security benefits (enclose Form SSA-1099)		
Other income such as gambling winnings, jury duty pay, etc		

OTHER ADJUSTMENTS	**2014 Amount**	**2013 Amount**
Educator expenses		
Student loan interest paid *(enclose Form 1098-E)*		
HSA Contributions *(after-tax)*		
Alimony paid *(Recipient's SSN* _____)		
Self-employed retirement contributions		
Self-employed health insurance contributions		

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

_____

ITEMIZED DEDUCTIONS

Medical and Dental Expenses *(not including reimbursements)*	**2014 Amount**	**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		

Taxes Paid	**2014 Amount**	**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) _____		

Interest Paid	**2014 Amount**	**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		

Gifts to Charity (If additional lines are needed, attach similar statement)

Contributions of cash or check			*Noncash contributions*		
Name of charity	Date given	2014 Amount	Name and address of charity	Date given	FMV

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/Maintance _____

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 mortage 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						

Healthcare Help Sheet

ACA Tax Forms

Form 8962 - This form must be attached to Form 1040, 1040A or 1040NR. You will use this form to help compute a premium tax credit as well as reconcile any advanced premium tax credit received from Form 1095-A.

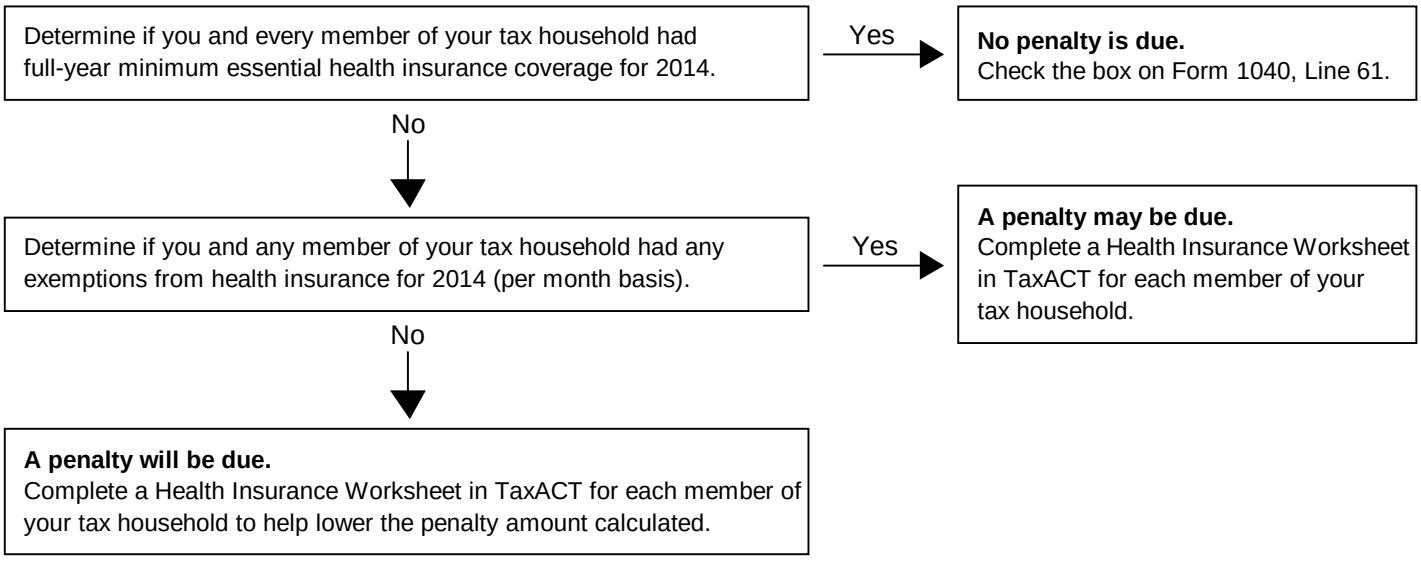
Form 8965 - This form must be attached to Form 1040, Form 1040A or Form 1040EZ. You will use this form to enter a Marketplace-granted coverage exemption or they wish to claim a coverage return exemption on their return.

**** Not all exemptions can be claimed when filing a federal tax return. Individuals who experience hardships, members of recognized religious sects or divisions and American Indians and Alaska Natives and other individuals who are eligible to receive services from an Indian Health Care Provider must file for these exemptions through the Marketplace.***

Form 1095-A - This form must be filed by the Marketplace to individuals by January 31, 2015. If you signed up for health insurance through the Marketplace, you will receive this form, which will report documentation of health coverage by month and any premiums or advanced payments of the premium tax credit.

**** If you receive this form, you are required to file a federal tax return.***

Form 1095-B - This form will report health insurance information for each covered individual on a per month basis. Health insurance issuers, including self-insured employer-sponsored plans will be required to issue this form beginning with 2015 tax returns. You will most likely not receive this form for 2014 tax returns.

Form 1095-C - This form will report health insurance information for each covered individual on a per month basis. Applicable large employers will be required to issue this form starting with 2015 tax returns. You will likely not receive this form for 2014 tax returns.

Individual Shared Responsibility Payment