

Name: _____

SSN: _____

Business Information

Yes	No	
		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?

Other Information

Yes	No	
		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: OR SUMMARIZE WITH TOTALS

Prescriptions, INSURANCE, DOCTOR, DOCTOR PRESCRIBED, DOCTOR SAYS YOU NEED IT- IT'S DEDUCTIBLE	
State/local income taxes COUNTY PROPERTY TAXES INCLUDING CITY	
Mortgage interest	
Tax preparation fees SAFE DEPOSIT BOX RENTAL	
Gambling losses (up to amount of winnings) UNINSURED CASUALTY LOSSES, INVESTMENT EXPENSE	
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: _____

