

Prepared By:

Patriot Accounting Services, LLC
PO Box 56814
North Pole, AK 99705-1814

Prepared For:

Client Organizer

Patriot Accounting Services, LLC
PO Box 56814
North Pole, AK 99705-1814
907-388-4438

Dear :

This Tax Organizer is designed to help you gather the tax information needed to prepare your 20__ personal income tax return. To help you complete the organizer with minimal time and effort, when available, you will find certain information from your 20__ personal income tax return.

Enter 20__ information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A for the advance payment of the Premium Tax Credit for lower cost health care coverage under healthcare.gov.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

Thank you for the opportunity to serve you.

Sincerely,

Patriot Accounting Services, LLC

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you get married to a same-sex spouse in a state that legally recognizes same-sex marriage?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year and it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as home mortgage or student loans?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>

- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Do you expect a large fluctuation in income, deductions, or withholding next year?

Retirement Information

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

Education Information

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?
- Did anyone in your family receive a scholarship of any kind during the year?
- Did you make any withdrawals from an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Did you make any contributions to an education savings or 529 Plan account?

Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of 2014 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
- Did anyone in your family qualify for an exemption from the health care coverage mandate?
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received.
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- If you are a business owner, did you pay health insurance premiums for your employees this year?

Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?
- If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization.
- Did you have an expense account or allowance during the year?
- Did you use your car on the job, for other than commuting?
- Did you work out of town for part of the year?
- Did you have any expenses related to seeking a new job during the year?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

Miscellaneous Information

- Did you make gifts of more than \$14,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a job change?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the Internal Revenue Service?
- If yes, explain: _____
- Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If yes, attach the IRS letter.
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

Topic	Page	Topic	Page
Adoption expenses	77	Fuel tax credit	79, 80, 81
Affordable Care Act Health Coverage	67, 78	Gambling winnings	7, 15, 17
Alaska Permanent Fund dividends	15, 70	Gambling losses	54
Alimony paid	46	Health savings account (HSA)	43, 44
Alimony received	15	Household employee taxes	71
Annuity payments received	7, 21	Installment sales	38, 39
Automobile information -		Interest income	8, 10
Business or profession	65	Interest paid	53
Employee business expense	57	Investment expenses	54
Farm, Farm Rental	65	Investment interest expenses	53
Rent and royalty	65	IRA contributions	23
Bank account information	3	IRA distributions	7, 21
Business income and expenses	25, 26, 27	Like-kind exchange of property	40
Business use of home	64	Long-term care services and contracts (LTC)	44
Cancellation of debt	16	Medical and dental expenses	52
Casualty and theft losses, business	60, 62	Medical savings account (MSA)	43, 44
Casualty and theft losses, personal	61, 63	Minister earnings and expenses	9, 25, 56, 68
Child and dependent care expenses	73	Miscellaneous income	15, 15a, 15b
Children's interest and dividend	69, 70	Miscellaneous adjustments	46
Charitable contributions	54, 58, 59	Miscellaneous itemized deductions	54
Contracts and straddles	19	Mortgage interest expense	53, 55
Dependent care benefits received	9	Moving expenses	45
Dependent information	1, 5	Partnership income	7, 35
Depreciable asset acquisitions and dispositions -		Payments from Qualified Education Programs (1099-Q)	7, 50
Business or profession	89, 90	Pension distributions	7, 21
Employee business expense	89, 90	Personal property taxes paid	52
Farm, Farm Rental	89, 90	Railroad retirement benefits	22
Rent and royalty	89, 90	Real estate taxes	52
Direct deposit information	3	REMIC's	13
Disability income	21, 74	Rent and royalty, vacation home, income and expenses	28, 29
Dividend income	8, 11	Residential energy credit	75
Early withdrawal penalty	10	Roth IRA contributions	23
Education Credits and tuition and fees deduction	49	S corporation income	7, 18, 35
Education Savings Account & Qualified Tuition Program	50	Sale of business property	38, 39
Electronic filing	4	Sale of personal residence	37
Email address	2	Sale of stock, securities, and other capital assets	14, 14a
Employee business expenses	56	Self-employed health insurance premiums	26, 30, 46
Estate income	7, 36	Self-employed Keogh, SEP and SIMPLE plan contributions	24
Excess farm losses	84	Seller-financed mortgage interest received	12
Farm income and expenses	30, 31, 32	Social security benefits received	22
Farm rental income and expenses	33, 34	State and local income tax refunds	15
Federal estimate payments	5	State & local estimate payments	6
Federal student aid application information (FAFSA)	51	State & local withholding	9, 17, 21
Federal withholding	9, 17, 21, 22	Statutory employee	9, 25
First-time homebuyer credit repayment	72	Student loan interest paid	48
Foreign bank accounts & financial assets	86, 87	Taxes paid	52
Foreign dividend income	11	Trust income	36
Foreign earned income & housing deduction	41, 42	Unemployment compensation	15
Foreign employer compensation	20	Unreported tip or unreported wage income	66
Foreign interest income	10	U.S. savings bonds educational exclusion	47
Foreign taxes paid	76	Wages and salaries	7, 9

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) _____[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[7]

Spouse self-selected Personal Identification Number (PIN) _____[8]

NOTES/QUESTIONS:

Please provide all copies of Form W-2.

2014 Information

Prior Year Information

Taxpayer/Spouse (T, S) **T**^[1]
 Employer name _____ [3]
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____ [5]
 Mark if this is your current employer _____ [6]
 Federal wages and salaries (**Box 1**) + _____ [10]
 Federal tax withheld (**Box 2**) + _____ [12]
 Social security wages (**Box 3**) (If different than federal wages) + _____ [14]
 Social security tax withheld (**Box 4**) + _____ [16]
 Medicare wages (**Box 5**) (If different than federal wages) + _____ [18]
 Medicare tax withheld (**Box 6**) + _____ [21]
 SS tips (**Box 7**) + _____ [23]
 Allocated tips (**Box 8**) + _____ [25]
 Dependent care benefits (**Box 10**) + _____ [27]
Box 13 -
 Statutory employee _____ [29]
 Retirement plan _____ [30]
 Third-party sick pay _____ [31]
 State postal code (**Box 15**) _____ [32]
 State wages (**Box 16**) (If different than federal wages) + _____ [34]
 State tax withheld (**Box 17**) + _____ [36]
 Local wages (**Box 18**) + _____ [38]
 Local tax withheld (**Box 19**) + _____ [40]
 Name of locality (**Box 20**) _____ [43]

Control Totals+

Wages and Salaries #2

Please provide all copies of Form W-2.

2014 Information

Prior Year Information

Taxpayer/Spouse (T, S) **S**^[1]
 Employer name _____ [3]
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____ [5]
 Mark if this your current employer _____ [6]
 Federal wages and salaries (**Box 1**) + _____ [10]
 Federal tax withheld (**Box 2**) + _____ [12]
 Social security wages (**Box 3**) (If different than federal wages) + _____ [14]
 Social security tax withheld (**Box 4**) + _____ [16]
 Medicare wages (**Box 5**) (If different than federal wages) + _____ [18]
 Medicare tax withheld (**Box 6**) + _____ [21]
 SS tips (**Box 7**) + _____ [23]
 Allocated tips (**Box 8**) + _____ [25]
 Dependent care benefits (**Box 10**) + _____ [27]
Box 13 -
 Statutory employee _____ [29]
 Retirement plan _____ [30]
 Third-party sick pay _____ [31]
 State postal code (**Box 15**) _____ [32]
 State wages (**Box 16**) (If different than federal wages) + _____ [34]
 State tax withheld (**Box 17**) + _____ [36]
 Local wages (**Box 18**) + _____ [38]
 Local tax withheld (**Box 19**) + _____ [40]
 Name of locality (**Box 20**) _____ [43]

Control Totals+

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)	Interest Income ^[1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
T	1	Payer						
		Amounts +						
S	2	Payer						
		Amounts +						
	3	Payer						
		Amounts +						
	4	Payer						
		Amounts +						
	5	Payer						
		Amounts +						
	6	Payer						
		Amounts +						
	7	Payer						
		Amounts +						
	8	Payer						
		Amounts +						
	9	Payer						
		Amounts +						
	10	Payer						
		Amounts +						

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

	Control Totals +	Income	Form ID: B-1
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Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T	S	J	Type	Code (**See codes below)	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
T	1	Payer													
		Amounts	+												
S	2	Payer													
		Amounts	+												
	3	Payer													
		Amounts	+												
	4	Payer													
		Amounts	+												
	5	Payer													
		Amounts	+												
	6	Payer													
		Amounts	+												
	7	Payer													
		Amounts	+												
	8	Payer													
		Amounts	+												
	9	Payer													
		Amounts	+												
	10	Payer													
		Amounts	+												

**Dividend Codes	
Blank = Other	3 = Nominee

	2014 Information			
State and local income tax refunds	Taxpayer	Spouse	+	[1]
Alimony received	+ _____ [3]	+ _____ [4]		
Unemployment compensation	+ _____ [8]	+ _____ [9]		
Unemployment compensation federal withholding	+ _____ [8]	+ _____ [9]		
Unemployment compensation state withholding	+ _____ [8]	+ _____ [9]		
Unemployment compensation repaid	+ _____ [11]	+ _____ [12]		
Alaska Permanent Fund dividends	+ _____ [17]	+ _____ [18]		

Prior Year Information

	Self-Employment Income ? (Y, N)		2014 Information		
T	—	Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	+	[14]	
S	—	_____	+	_____	
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1 Preparer use only

2014 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) T [2]

Employer identification number [3]

Business name [5]

Principal business/profession [6]

Business code [11]

Business address, if different from home address on Organizer Form ID: 1040

 Address [14]

 City/State/Zip [15] [16] [17]

Accounting method (1 = Cash, 2 = Accrual, 3 = Other) [18]

 If other: [20]

Inventory method (1 = Cost, 2 = LCM, 3 = Other) [21]

 If other enter explanation: [23]

Enter an explanation if there was a change in determining your inventory: [24]

Did you "materially participate" in this business? (Y, N) [25]

 If not, number of hours you did significantly participate [27]

Mark if you began or acquired this business in 2014 [29]

Did you make any payments in 2014 that require you to file Form(s) 1099? (Y, N) [30]

 If "Yes", did you or will you file all required Forms 1099? (Y, N) [32]

Mark if this business is considered related to qualified services as a minister or religious worker [34]

Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) [36]

Medical insurance premiums paid by this activity + [40]

Long-term care premiums paid by this activity + [42]

Amount of wages received as a statutory employee + [45]

Business Income

2014 Information

Prior Year Information

Gross receipts and sales [50]

Returns and allowances [53]

Other income: [55]

Cost of Goods Sold

2014 Information

Prior Year Information

Beginning inventory + [57]

Purchases + [59]

Labor: [61]

Materials + [63]

Other costs: [65]

Ending inventory + [67]

1 Preparer use only

	2014 Information	Prior Year Information
Description _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) T [3]	State postal code _____ [4]	
Physical address: Street _____	[5]	
City, state, zip code _____ [6] _____ [7]	[8]	
Foreign country _____	[10]	
Foreign province/county _____	[11]	
Foreign postal code _____	[12]	
Type (1 = Single-family, 2 = Multi-family, 3 = Vacation/short-term, 4 = Commercial, 5 = Land, 6 = Royalties, 7 = Self-rental, 8 = Other) _____	[13]	
Description of other type (Type code #8) _____	[14]	
Did you make any payments in 2014 that require you to file Form(s) 1099? (Y,N) _____	[16]	
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]	
Percentage of ownership if not 100% _____	[22]	
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]	

Rent and Royalty Income

	2014 Information	Prior Year Information
Rents and royalties :		
_____ + _____ [33]		

Rent and Royalty Expenses

	2014 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [35]	_____ [36]	
Auto	+ _____ [38]	_____ [39]	
Travel	+ _____ [41]	_____ [42]	
Cleaning and maintenance	+ _____ [44]	_____ [45]	
Commissions:			
_____	+ _____ [47]	_____ [49]	
_____	+ _____	_____	
Insurance:			
_____	+ _____ [50]	_____ [52]	
_____	+ _____	_____	
Legal and professional fees	+ _____ [54]	_____ [55]	
Management fees:			
_____	+ _____ [57]	_____ [59]	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098)			
_____	+ _____ [60]	_____ [62]	
_____	+ _____	_____	
Other mortgage interest	+ _____ [63]	_____ [65]	
Qualified mortgage insurance premiums	+ _____ [66]	_____ [67]	
Other interest:			
_____	+ _____ [69]	_____ [71]	
_____	+ _____	_____	
Repairs	+ _____ [72]	_____ [73]	
Supplies	+ _____ [75]	_____ [76]	
Taxes:			
_____	+ _____ [78]	_____ [80]	
_____	+ _____	_____	
Utilities	+ _____ [81]	_____ [82]	
Depreciation	+ _____ [84]	_____ [85]	
Depletion	+ _____ [87]	_____ [88]	
Other expenses:			
_____	+ _____ [90]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	

T/S/J	2014 Interest Paid ^{2]}	2014 Points Paid	Type*	2014 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
T ^[1]	+	+		+	
	+	+		+	
	+	+		+	
	+	+		+	
	+	+		+	
	+	+		+	
	+	+		+	
	+	+		+	
	+	+		+	
	+	+		+	

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home
 1 = Not used to buy, build, improve home or investment
 2 = Used to pay off previous mortgage
 3 = Used to pay off previous mortgage, excess proceeds invested
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Payee's Name	SSN or EIN	2014 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
Address				
City, state and zip code				
			+	
Address				
City, state and zip code				

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

Payer's/Borrower's name _____ [7]
 Street Address _____
 City/State/Zip code _____

Refinancing Points paid in 2014 -

Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2014 **(Preparer use only)** + _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2014 _____

Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2014 **(Preparer use only)** + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2014 _____

T/S/J	2014 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
[15]	+	[16]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

