

Tax Year 2014

PROVIDED BY:

Jennifer Jaros-Domen, CPA MBA Jaros Domen and Associates, LLC CPA Firm Allentown, NJ Email: jennifer@jarosdomencpa.com Website: jarosdomencpa.com Phone: 609-571-5736

This booklet is provided to assist you in compiling the necessary information to prepare your tax return accurately. Given the uncertain nature of tax laws this year, please include as much requested information as possible. This will help maximize your deductions in the event late tax law changes are adopted.

	and the participation of the	Contraction of the								
			P	ERSON	IAL DAT	A				
	Taxpaye	er (or sing	le)		Spouse					
Name (Last, First, Initial)			Name (Last, First, Initial)							
SSN	DO	В	Occu	pation	SSN	DOB Occupation			pation	
Mailing Address Check if address is new			Mailing Address							
City, State & Zip				County	City, State & Zip			× .	County	
Phone:	HWC	Phone:		НШС	Phone:	HWC	Phone:		HWC	
E-Mail Address:					E-Mail Address:)	

	DEP	EN	IDENTS				
Name	(D.O.B.)	X	f not living with you	No. o	f mos. lived	in your hor	me'
(First, Initial and Last)	(D.O.B.)	▼	Social Security No.	lo. Relationship		hip	♦
						- Andrews	
If more lines needed above, list two on a l If married but filing separately, list name o If filing Head of Household and qualifying enter child's name here Place an asterisk by any dependent atten	of spouse person	e an is yc	d Soc. Sec. No. at top o our child but not your de	f page. pendent		endents.	-
<u>QUESTIONS:</u> (Yes answers, please exp		eye	or post-secondary sch	501.			
 Did your name, address or marital sta 	atus chai	nge	during the year?		Yes	🗆 No	
2. Are you being claimed as a depender	nt on and	othe	r tax return?		☐ Yes	🗌 No	
 Are you (or your spouse) blind or perr If you claim children above that don't 	live with		are they		□ Yes	🗆 No	
allowed as a result of pre-1985 agree	ment?				□ Yes	🗆 No	
5. Did you carry forward or incur any add	option ex	per	ses during the year?		Yes	🗌 No	
*Remember, children's time away from h	nome wr	ille a	attending school counts	as time	in your ho	ome.	/

INCOME '	TAXE	S PAID	OR REFU	JNDED	
If someone else prepared your tax re					
			Federal	State	Local
Balance paid on last year's return (or	r prior yeai				
Refunds received from last year's ret					
ESTIMATED TAX PAID	1st Qtr.	4/15			
If not paid by due dates indicated, list	2nd Qtr.	6/15			
actual dates paid. If state/local tax paid on different dates, attach details.	3rd Qtr.	9/15			
	4th Qtr.	1/15			/

INCOME

WAGES/SALARIES/W-2 FORMS

		Taxable	Withheld	Other Taxes Withheld					
T/S	Name of Employer	Wages	Fed. Tax	Soc. Sec.	Medicare	State	Local		
		2.2							
1									
				and the second second			1		
					. N. 539				
		Enclose all W-2	wage and tax e	tatomonte					

MISCELLANEOUS INCOME (Show Losses in Brackets) Source of Income ~ Amount Alimony (Not Child Support) (If you pay Alimony - list on page 9) Jury Duty (Or Other Public Service) (Not Reported on W-2) Tips/Gratuities Contest/Awards/Gambling Winnings (Attach 1099-MISC, W2G or Explain) Commissions/Bonuses (Not Reported on W-2) Pensions/Annuities (Furnish 1099-R Forms or Detail) IRA/Keogh (Attach Form 1099-R) Profit Sharing Distributions (Attach Form 1099-R) Unemployment Compensation (Attach 1099-G Form) Partnerships/Estates/Trusts (Furnish K-1 Forms or Details) + Small Business Corporations/Sub Chapter S (Furnish K-1 Forms) * Business/Self-Employed (Furnish Schedule or Details) * (Furnish Schedule or Details) Farm * Rental (Furnish Schedule or Details) Forgiven Debt Check if due to foreclosure Other (Explain) * If you did not actively or materially participate in earning the income (or loss) listed 🔺 🖌 this box **NON-TAXABLE INCOME** (Important to list even if not taxable) Child Support/Payments/Assistance (Not Alimony) Veterans Benefits/Disability Income Workmen's Compensation/Loss of Time Payments Other (Explain): Other (Explain): SOCIAL SECURITY (Form SSA - 1099) Code Benefits (from box 5) T — Taxpayer Taxpayer S - Spouse **IMPORTANT:** provide all - Joint SSA-1099 statements Spouse Use these codes if married filing jointly Note any Federal tax withheld

T	IN'	TEREST I	NCOM	E			CO
S J	Name of Payer (always use payer nam	e listed on the 1099)		V	Interest Amount	Exempt	DE
	Penalty for early withdrawal of savir				,		
Do with 60	not list IRA or Retirement Plan reported interes drawn and not redeposited in another Retirem days.	st unless Ut ent Plan within TE M	S U.S. BON TAX EXEI F MORTGA	DS VIPT (ex GE FIN			
				, addi 0	.55 a 500iai 560	urity no.)	
T	DI	VIDEND II ATTACH ALL 1099 DIVIDE	NCOM			urity no.)	
T S J	Name of Payer (payer name from 1099)	ATTACH ALL 1099 DIVIDE Total Ordinary Dividends	NCOM	E	Capital Gains*	Non Taxable	
		ATTACH ALL 1099 DIVIDE	NCOM IND FORMS Qualified	E		Non	
		ATTACH ALL 1099 DIVIDE	NCOM IND FORMS Qualified	E		Non	

List Gross Dividends above as reported on 1099-DIV forms received. Dividends under \$10 do not require a 1099.

If in doubt about any amounts listed on 1099-DIV, attach the 1099 and any explanation mailed with it.

* Related to mutual funds.

✓ if this 1099 DIV has information not listed above please check here .

CAPITAL GAINS AND LOSSES

Т	Stocks, Bonds and Mutual Funds (Attach Form	1099-B) Sal	e of Propert	y and Real Estate	(Attach F	orm 109	9-S)
S J	Description	Date Acquired MO/DA/YR	Date Sold MO/DA/YR	Sale Price	(Incluc	r Basis le Sale ense)*	C O D E
	1.						
	2.						
	3.					Provent and	
	4.					and the second	
	5.		and the first of the	all			
	6.		191.342	Sec. Sec. 1	1.1.1.1.1		
	DTE: Record <u>ALL</u> fund transactions including mutual funds. List line # if items sold on installment basis.* • Note interest above.	A 109 B 109	9-B Received 9-B Received	om indicated sources ; Box 3 basis (cost) ; No Box 3 basis (cost ved; basis is my cost		LIST CODE HERE]^
	Principal Received: this year \$		#				
0.	above and provide the correct cost on an attache	ed sheet.	ct value with	the codes			
* F ar	or new installment sale, also report selling expenses, nd include copy of settlement papers.	mortgage assi	umed and if u	sed in business, acc	umulated	depreciatio	on

	L RESIDE	ENCE		
Date Old Residence Acquired	Cost or Basis			
Improvements (Additions, Landscaping, Driveway, New	Roof, etc.)			8.30
Fixing-Up Expenses (Painting, Repairs, etc., To Prepare	e for Sale)			
Date Old Residence Sold	Selling Price			
Expenses of Sale (Commissions, Legal Fees, Points, Sta	mps, etc.)			
1. Was any part of residence rented during the year?			'es 🗌	No 🗆
2. Did you own and use the home as your principal resid at least 2 of the last five years?		Spouse: Y	és 🗌 és 📄	
3. Was the sale of residence due to a job transfer, medica			'es 🗖	No 🗖
4. Have you deferred a gain from the sale of a personal If so, please provide Form 2119 from tax return for ye	residence into the ar prior home sol	e home sold? Y d.	'es 🗖	No
5. Was the residence used as a home office?			és 🗖	No 🗖
6. Have you or spouse sold a principal residence within	'es 🗖	No 🗆		
7. Has either spouse died in the past two years?		Y	'es 🗆	No
NEW RESID				
Date New Residence Acquired (Or Construction Began				
Date You Occupied New Residence If married, do you and your spouse have the same pro-	Cost of New	Residence		
 Special Note: Capital Gains Tax laws allow exclusion of up to \$500, Did either you or your spouse have NO ownership interesidence in the past three years prior to this purchase 	erest in a principa se?	l Y	ne sale g 'es 🗔	No 🗆
Attach Copy of Real Estate Closing Papers	for both the sale	and purchase.	w da	
HIGHER EDUCATIO	N EXPEN	ISES	•	
HIGHER EDUCATIO Note: Many higher education expenses qualify for special qualify as exclusions from income for tax-free and/or pena savings accounts. Please provide information for each stu	tax credits and d alty-free withdraw	eductions. Othe als from your ta:	x deferr	ed
Note: Many higher education expenses qualify for special qualify as exclusions from income for tax-free and/or pena	tax credits and d alty-free withdraw	eductions. Othe als from your ta:	x deferr	
Note: Many higher education expenses qualify for special qualify as exclusions from income for tax-free and/or pena savings accounts. Please provide information for each stu. Note: " " 	tax credits and d alty-free withdraw dent enrolled in a	eductions. Othe als from your ta: qualified institu	x deferr	
Note: Many higher education expenses qualify for special qualify as exclusions from income for tax-free and/or pena savings accounts. Please provide information for each stu Note: " " Note: " " Code (T=Taxpayer, S=Spouse, D1= Dependent 1, D2=Dependent 2)	tax credits and d alty-free withdraw ident enrolled in a 1st Student	eductions. Othe als from your ta: qualified institu 2nd Student	x deferr tion. 3rd	Student
Note: Many higher education expenses qualify for special qualify as exclusions from income for tax-free and/or pena savings accounts. Please provide information for each stu Note: " " " " " If student is attending less than 1/2 Time Code (T=Taxpayer, S=Spouse, D1= Dependent 1, D2=Dependent 2) Attach any 1098-T's received	tax credits and d alty-free withdraw dent enrolled in a	eductions. Othe als from your ta: qualified institu	x deferr tion. 3rd	
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Note: Many higher education expenses qualify for special qualify as exclusions from income for tax-free and/or pena savings accounts. Please provide information for each stu Note: " " Note: " " " Note: " " Note: " " " Note: " " " " Note: " " Note: " " Note: " " 	tax credits and dalty-free withdraw dent enrolled in a 1st Student Amount ax/penalty-free IRA	eductions. Othe als from your ta: qualified institu 2nd Student	x deferr tion. 3rd	Student
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Note: Many higher education expenses qualify for special qualify as exclusions from income for tax-free and/or pena savings accounts. Please provide information for each stule. Note: " Note: " If student is attending less than 1/2 Time Code (T=Taxpayer, S=Spouse, D1= Dependent 1, D2=Dependent 2) Attach any 1098-T's received Tuition (Tuition paid during year for at least half-time enrollment) Fees Books and Supplies (purchased from institution) Other Expenses (Enter amounts as these expenses may qualify for twithdrawals, student loan interest deduction, or U.S. Savings Bond Interest Room and Board Amount of any Grants, Scholarships or	tax credits and dalty-free withdraw. Ident enrolled in a 1st Student Amount Amount ax/penalty-free IRA it Income Exclusion)	eductions. Othe als from your ta: qualified institu 2nd Student Amount ON	x deferr tion. 3rd	Student
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Seminar Fees

Travel (# of Miles)

			DEDU	СТ	IONS				
Li fo	st only amounts that have r a period of at least 3 yea	actuall irs. You	y been paid du may round off	iring th to the	ne year. Save all cancelled checks an nearest dollar. DO NOT DUPLICATE A	d receipts			
MI	EDICAL Only un-rein	nbursed m	edical expenses that	t exceed	10% of adjusted gross income are allowed (7.5% if a	age 65 or older).			
T/S	Drugs and Medicines					Amount			
	Prescriptions & Drugs])	Doctor Prescrib	bed O	nly)				
	Insulin								
T/S	Medical Insurance Pl	ease s	pecify if paid	Pre	Tax 🗌 After Tax 🗌 Unsure 🗌	Amount			
	Insurance — Paid by	You	(🖌 If Paid Th	nrough	a Health Insurance Exchange				
	Group Health Plans	(Ded	ucted from Sa	lary; p	rovide final year pay stub)				
	Medicare Premiums	From	n Social Securi	ty Ber	nefits				
		From	Supplementa	l Insu	rance				
	Long-term Health Care Insurance								
	HSA, Other								
T/S	*Doctors, Dentists, Clinic Hospitals, Nurses, Etc.	s,	Amount Paid By You	T/S	Other Medical Expenses	Amount Paid By You			
					Eye Glasses/Contact Lenses				
			1		Hearing Aids & Supplies				
1					X-Ray/Lab Fees				
		1.12			Ambulance, Paramedics				
				a series	Nurses (Board & Room)				
	Steven Stevenske			1	Medical Aid Rental				
					Artificial Teeth				
	is it intain a me				Equipment (Prescribed)				
-					Nursing Home Medical Care				
-					Medicare Part B Service Payments				
1778					Smoking Cessation Program				
					Parking / Transportation Fees				
	*Summary Total (Optiona	I)		aleso.					
	Lodging: While away fro	m hom	e (per day per	perso	n maximums apply)				
	Transportation: Total nur	nber of	miles driven fo	or med	lical reasons or actual cost				
	Above amounts reimburs	ed by i	nsurance						
1	NEW! Note any Health I	nsurano	ce Premium Cre	edits F	leceived during the year.				
C	omments or explanations:								

NOTE: Use T/S columns above and on page 9 under MISCELLANEOUS if married and filing separately or to determine if filing separately could be beneficial. Be sure to include co-payments for doctor visits.

	TAXES		
	Description of Tax	State Located	Amount of Tax
Real Estate Tax	es (Include whether you plan to itemize or not)		
Real Estate Tax	es (Other) (Exclude if included on a Rental Schedule)		
Property Tax Re	bates (If Any)		(
Personal Proper	rty Tax (If Any)		
Auto Licenses (Not a Deduction in All States) Number of Licenses	Total Cost	
State or Local Ir	ncome Taxes (If Not Listed Elsewhere or on W-2) (Desc	ribe Below)	
Sales Tax*:			
Other: Comments or E			
	e sales tax support documents for any large purchases mad		
INTER	EST (Amounts, names, and social security numbers must match Fo	rm 1098 issued by	y financial institutions.)
Mortgage	Paid to Financial Institution (Form 1098)		
Interest Principal	Paid to an Individual (List name, address, Soc. Sec. r	io. below)	
Residence	Name Address		So. Sec. No.
Mortgage	Paid to Financial Institution (Form 1098)		a pana Nord
Interest Second	Paid to an Individual (List name, address, Soc. Sec. r	o. below)	
Home	Name Address		So. Sec. No.
Did you acquire	a new mortgage or borrow on an existing mortgage during	the year?	Yes 🗆 No 🗆
	lement papers - pages 1 & 2) is your combined mortgage debt?		
	surance premiums paid (new insurance contracts issued 2007	or later) \$	
Points paid to a	cquire new mortgage (if not included above)		la girneri (di)
Home Equity Lo	an Interest (Form 1098)		
Home Improven	nent Loan Interest (Form 1098)		
Student Loan In	terest (Attach details of loan: who for, date of loan, purpose	e of loan)	
Other:			A find the last
Deductible Inve	stment Interest (explain below) ie: Margin Interest		
Comments or E	xplanations:	herre en al l	•
	nal interest from credit cards, department stores, autos, ba		

	С	ONTRI	BU	TIONS			
S Church and Religious				lf N	o Receipt	X	Amount
Church (Name)							
Church (Other)	1.03			Louis Cort Alexandria			
Other Religious (Name)							
Other Charitable Organizations (*)	'ou mus	t have a cancelle	d check	, a bank record or receipt fi	rom donee for a	ll cas	h contributions
s If No Receip	t* X	Amount	T/S	If N	lo Receipt*	X	Amount
Cancer				Heart Fund			
Easter Seals				Christmas Seals			
Red Cross				United Way			an order of the
Scouts				YMCA/YWCA			
Blind				Educational TV/Rad	dio		
Muscular Dystrophy							
Arthritis Foundation		Call of St. No.					
Veteran's Organization (Nam	e)						an an
Schools (Name & Describe)							
Misc. Door-to-Door							n an tain tain tain
Other:						20	ada (* 1
Summary Total Optional (Se	e note	below)					dia (
Note: A summary total for cash or cl If you received a gift for your donat	neck co	ontributions ma	iy be u	sed above. Political con	tributions are	not	deductible.
Non-Cash Contribution (List the F						othe	er property).
Name of Organization				onated	Date		Value
Note: If non-cash donations have a to and address of donee organization, t	otal val	ue of \$500 or m hase date, cos	nore, at t and th	ttach a detailed list of ite the method used to arrive	ms donated, t at fair market	he n valu	ame e (items
over \$5,000 require appraisal). If you the vehicle, your deduction value is g	donate	d a vehicle, ple	ase att	ach your Charity's acknow	wledgement.	If the	Charity sells
items must be in good or better cond		y infinited to the a	amoun	t of the sale proceeds. D	onaled clothin	iy an	u nousenoiu
Volunteer Work — Mileage (Chur	ch, Ho					1	
Name of Organization		Act	ivity P	erformed	Parking		Miles Drive
							sananaro
Meals, lodging and other expension	se, ma	y also be allo	wed -	- list full details.			

ls			Amount	T/S		Amount
	Tax Preparation I	Fees			Safe Deposit Box	
	Union Dues			Professional Dues	See.	
	Subs. & Trade Jo			Tools/Shoes/Glasses	a description of	
	Uniforms and Up		1	Job Hunting Expenses (Detail)		
	Second Job Mile	age	#		IRA/Keogh Fund Fees	
	Telephone	(Explain requirement)			
	Investment Exp.:	(Describe)				
	Alimony Paid (Not	subject to 2% limit)	Paid to: (Name)	28.420	SSN	1.001 ⁽¹ 164
	Gambling Losses	(Not subject to 2%	limit but limited to C	Gambling	Winnings)	

CASUALTY/ THE ONLY THE TOTAL NET RESULT THAT EXCEEDS 10% OF	CASUALTY/THEFT LOSSES					
From Fire, Storm, Theft and Auto Damag			similar detail for each.			
Kind of Property or Item	Date Acquired	Cost or E	Basis			
		Insurance	e Paid			
Describe How or What Happened:	Date of Loss	Fair Market Value — Before				
		Fair Market Value — After)		

CHILD AND D (care expenses must be for child under	EPEND 13 or individual phy	ENT CAP	RE capacitated)	✓ if you have em vided dependent of		
If required to be gainfully empl				e performed in you	ur home (Nanny)) –
Name of Provider	Soc. Sec.	or ID Number		Address	Paid	
	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -				30 . ¹	8.
Federal ID number if required	#	Total Ch	Total Child Care Paid During Year		\$	
to file IRS wage reports.	No. of		Children Under Age 13		#	

Form W-10 should be used to obtain provider details. Expenses must be allocated by child or dependent. If more space needed, attach list with details.

	ΜΟΥΙΙ	NG EXPENSE		
Miles from old home to old job	#	Miles from old home to new	job	#
Cost to pack & ship household goo	\$			
Cost of travel and lodging from old to new residence (no meals)			\$	1000 22264
Other:			\$	and produced and
Amount (if any) reimbursed by er	nployer		\$	

RETIREN	IENT C	ONTRIBUT	IONS	
	Date	Traditional IRA	Roth IRA	Keogh/SEP/SIMPLE
Single or Taxpayer	/ /		a spine to the	
Spouse	/ /			
If you want the maximum allowable ded amount to deposit.	luction - write	MAX in money col	umn(s). You v	will be informed of
List total value of ALL IRAs on 12-31	Single or Taxpayer		Spouse	

IEI	IPLO	/EE E	USI	NESS	EXPENS	SES		
Vehicle Mileage Detail Odometer F					Vehic	le 1	Vehicle 2	
X if another vehicle is available for personal use.)r	A. End of Year			+			
Subtract B from A for (1), Total Miles Driven.		B. Begir	nning of `	Year				
List Business Mile (2), from driving I 2 from 1 to get personal miles (3). D		1. Total	Miles Dr	iven				
by line 1 for percent of business use		2. Busir				s litta		
Number of round-trip miles		3. Personal Miles				2402 C	-025-0	
from home to work? Number of days worked	1	4. Other Miles				dige and the	101	
last year?		% Bu	isiness L	lse (Line 2	÷Line 1) =		%	%
Vehicle Expenses (If bo	th townowor	and anour	ho hovo c	laduations	uco vohiolo 1 fo	r tavna	vor 2	for enoused)
venicie Expenses (ii Do	Vehicle		icle 2	ieuuciions,	use venicle i lo	Vehic		Vehicle 2
Gas & Oil	Vernicie	1 Ven		Licenses		Vonio		VOINOIO Z
Washing/Lube				Lease Pa	wments			
Repairs/Maint.				Other	lymonito			
Tires/Accessories				Other			197	123
Insurance								
	Date Placed in Service	Make	Year	Model	Cost or Basis		X if I	New This Year
Vehicle 1	/ /						Furnish	details on newly
Vehicle 2	1 1		1		The second s		trade-ir old veh	n or disposition of
Travel Expenses — Awa	y from Hon	ne (Days G	ione Ove	ernight)			
(non-reimbursed)	Тахрауе	er Sp	ouse			Тахра	ayer	Spouse
Transportation		14 1923	8-5-8-3-	Auto Rer	ntals	C. A.	1	free sea
Lodging				Cabs, Bu	is, etc.			
Other Business Expens	e (If more li	nes neede	d contin					
Postage/Cards		36 w.		Commiss	sions			: 43 m V
Office Supplies				Other			199	
Parking/Tolls	"un on ooo Al	if n	-	Other	in the second			
Reimbursement for All I					-+->			
Meals & Entertainment	(IVIUST nave	supportive	e recoras					
Meals & Tips				Tickets 8 Gifts	CEVENIS			
Entertainment Reimbursement for Mea	le & Entorto	inment on	v — if po		n W-2		1	1
Did you purchase any l								
If yes, list on back cove								
I have adequate records						and ded	uction	s listed above.
(Please Sign)								/
(НС	DME	OFFIC	CE			
Type of Business								
If Justified for Bus	iness or Pro	ofessional	Use for:	Taxpayer	Spouse	E	Both 🗆]
Date Acquired Home				Utilities				
Cost of Land				Interest (mortgage, home equity loan)				
Cost of Home				Taxes				
Cost of Improvements				Insurance				
Sq. footage of living area				Rubbish & Maintenance				k daga berta

Other:

Sq. ft. of office area

(incl. inventory & sample storage)

	QUESTIONS (you or spouse)		
Fory	es answers, supply details on the next page or on a separate sheet:		
1. 2.	Were you notified by the IRS or STATE of any change to a tax return? Are any of your claimed dependents not residents or citizens of the U.S.?	Yes □ Yes □	No 🗆 No 🗆
3.	Did you make any gifts of over \$14,000 to any individual (no tax advantage to you)?	Yes 🗌	No 🗆
4. 5.	Do you have any foreign income or foreign bank accounts? Did you have living expenses in a foreign country as a result of income earned abroad?	Yes	No 🗆
6.	Do you have any worthless stocks, uncollectible bad debts or were a victim of a ponzi scheme?	Yes	
7. 8.	Did you become disabled during the year? Are you a handicapped employee?	Yes	
9. 10.	Did you receive any distribution from an IRA, Profit Sharing or Pension Plan? Have you used bartering to exchange any goods or services?	Yes 🗌	No 🗌
11.	Did you live in a presidentally declared disaster area or incur a loss due to conditions in a Presidentially declared disaster relief area?	Yes Yes	No 🗆
12.	Did you receive any insurance or other reimbursement from a prior year casualty, theft loss or medical deduction?	Yes	
13.	Did you start a new business during the year or do you expect to start one this coming year?	Yes 🗆	No 🗆
14.	Do you expect any significant changes in income, withholding taxes or your tax liability for the coming year?	Yes 🗌	No 🗆
15.	Did you receive any source of income that is not listed in this booklet (lottery, awards, etc.)?	Yes 🗌	No 🗆
16.	Do you have children under age 19 with investment income (age 24 if dependent student)?	Yes 🗌	No 🗆
17.	Did you pay anyone (over 18) \$1,900 or more to work at your home (housecleaning, yard work or other domestic help) during the calendar year? If yes, submit details.	Yes 🗔	No 🗆
18.	Do you wish to designate \$3.00 of your taxes to the Presidential Campaign Fund (no cost to you)? You Yes No Spouse	Yes 🗌	No 🗌
19. 20.	Are you and a same-sex partner considered legally married in any state? Did you donate a partial interest in any goods to charitable organizations?	Yes Yes	No 🗆
20.	Do you have a Medical or Health Savings Account (MSA or HSA)?	Yes	
22.	If you reached the age of $70\frac{1}{2}$, have you begun your mandatory		
23.	retirement saving withdrawals? Did you receive employer-provided: commuter transportation benefits?	Yes Yes	No 🗌
20.	educational assistance?	Yes	No 🗌
24.	Did you pay long term healthcare insurance premiums or receive benefits?	Yes 🗌	No 🗆
25.	Are you paying off a student loan?	Yes 🗌	No 🗆
26.	Are you a school teacher who paid for classroom materials without reimbursement? Please provide a recap of expenses for potential deduction.	Yes 🗆	No 🗆
27. 28.	Have you or your dependents taken a distribution from a Qualified Tuition Program (QTP) of an educational institution during this year? Did you roll funds into a Roth IRA or recharacterize a Roth IRA?	Yes	
20. 29.	Did you for funds into a norman of recharacterize a Roth HA? Did you purchase any energy efficient equipment during the year (hybrid car, air conditioner, furnace, windows, doors, water heater, etc.)?	Yes Yes	
30.	Did you have qualified military combat pay?	Yes	
31.	Do you own bonds that qualify for the Gulf Bond, Renewable Energy or Build America bond credits?	Yes 🗌	No 🗌
32.	If over age 701/2, did you make a direct contribution to a charity from an IRA?	Yes 🗆	No 🗆
33. 34.	Do all your family members have health insurance? Did you receive any premium health insurance credits during the year?	Yes 🗌 Yes 🔲	No 🗌 No 🗌

Please answer all questions above. Provide details for any "Yes" answers. A "No" answer will be assumed if not otherwise indicated.

(ADDITIONAL DETAILS AND COMMEN	rs				
Q # or Page #	Description	Amount				
i age #						
Ques	ions you may have:					
(CHECK LIST AND CERTIFICATION					
	Review amounts and details listed in this tax booklet to assure for completeness a	and accuracy.				
	Enclose all copies of W-2 and W-2G forms. Include a copy of all 1099 and 1098 forr					
1	Submit other supportive documents, [eg., Form 1098 and state / county property tax hat may be requested or may be necessary to help justify or clarify a deduction, trar	isaction or sale.				
	From the forms mailed to you by the IRS and STATE, enclose the I.D. labels and return mailing envelopes, if provided.					
	f you pay estimated taxes, enclose estimated forms.					

If submitting tax data for the first time, include a copy of your previous tax return.

If extensions have been filed, please include a copy of extension forms.

I have reviewed the information contained in this booklet and to the best of my knowledge it is true, correct, and complete.

(Please Sign)

WHEN COMPLETE - MAIL - DROP OFF - OR CALL FOR AN APPOINTMENT.

D	IRECT DEPOSIT
Please complete the section below an refund direct deposited into your bank than one is requested, please provide	d attach a voided check or deposit ticket if you would like your account. You may split your refund in up to three accounts. If more your desired deposit allocation and information for <u>each</u> account.
Bank Name	Name on Account
Bank Routing #	Type: Checking Savings
Taxpayer Account #	
Yes, please split my refund depos	it into accounts (3 max.). The allocation % is//