

2014	1040	US	Client Information	1
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Cottage & Associates, Inc.
8383 WILSHIRE BLVD STE 360
BEVERLY HILLS, CA 90211
 Telephone number: **323-275-4750**
 Fax number: **(323) 472-5609**
 E-mail address:

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2014 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)		<p style="text-align: center;">Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse		
	Year spouse died, if qualifying widow(er) (2012 or 2013)		
Taxpayer	First name and initial		
	Last name		
	Title/suffix		
	Social security number		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind			
Spouse	First name and initial		
	Last name		
	Title/suffix		
	Social security number		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind			
Address	In care of		
	Street address		
	Apartment number		
	City		
	State		
Foreign Address	ZIP code		
	Region		
	Postal code		
	Country		

2014

1040

US

Client Information (continued)

1 p2

Please add, change or delete information for 2014.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone		Daytime Phone 1 = Work 2 = Home 3 = Mobile
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		
Spouse Contact Information	Home phone		
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		

1 p2

2014	1040	US	Dependents	2
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Please add, change or delete information for 2014.

DEPENDENTS

	Dependent	Dependent	
First name			<p style="text-align:center;">Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only, not a dependent</p>
Last name			
Title/suffix			
Date of birth (m/d/y)			
Date of death			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Date of death			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	This section's content is covered by the notes in Section 2
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Date of death			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	This section's content is covered by the notes in Section 2
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Date of death			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			

2014

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2014, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return for 2014?
		DEPENDENTS
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2014?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 19 or full-time students under age 24 at the end of 2014, with interest and dividend income in excess of \$1,000, or total investment income in excess of \$2,000?
		HEALTH CARE COVERAGE
<input type="checkbox"/>	<input type="checkbox"/>	Did you and your dependents have health care coverage for the full-year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exemption non-citizen or economic hardship? If you received an exemption certificate, please attach.
		INCOME
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay any foreign taxes?
		PURCHASES, SALES AND DEBT
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property in 2014?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven?
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone owe you money which has become uncollectible?

2014

1040

US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2014, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	RETIREMENT PLANS
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	EDUCATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	ITEMIZED DEDUCTIONS
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	ESTIMATED TAXES
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2013 taxes to your 2014 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2014 taxes, do you want the excess applied to your 2015 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2015 taxable income and withholdings to be different from 2014?
<input type="checkbox"/>	<input type="checkbox"/>	MISCELLANEOUS
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

2014

1040

US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2014, please check the appropriate box and provide additional information if necessary.

YES	NO	MISCELLANEOUS (continued)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur moving expenses due to a change of employment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2014?
<input type="checkbox"/>	<input type="checkbox"/>	Did your bank account information change within the last twelve months?

2014	1040	US	Direct Deposit & Estimates (Form 1040 ES)	3, 6
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Please enter all pertinent 2014 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account		
1=electronic payment of balance due		
1=electronic payment of estimated tax		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2014 ESTIMATED TAX / 1040-ES (6)

Federal	Amount Paid	Date Paid	TS	2014 Voucher Amount
Overpayment applied from 2013				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				
Former spouse SSN if joint estimates				

State	Amount Paid	Date Paid	TS	2014 Voucher Amount
Overpayment applied from 2013				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				

1	Type of Account
	1 = Savings 2 = Checking

2	Type of Investment
	1 = Checking or savings (default) 6 = Coverdell savings account (ESA) 2 = Taxpayer's IRA (next year limits) 7 = Other 3 = Spouse's IRA (next year limits) 8 = Taxpayer's IRA (current year limits) 4 = Health savings account (HSA) 9 = Spouse's IRA (current year limits) 5 = Archer MSA

2014	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
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Please enter all pertinent 2014 information.

APPLICATION OF 2014 OVERPAYMENT (7.1)

If you have an overpayment of 2014 taxes, do you want the excess refunded? or applied to 2015 estimate?

Other (please explain): _____

2015 ESTIMATED TAX INFORMATION

Do you expect your 2015 taxable income to be different from 2014? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2015 withholding to be different from 2014? Yes No

If "yes" explain any differences: _____

	7.1
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2014	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2014 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2013 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/14	2013 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE							
		1=spouse							

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2013 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	2014 Amount	TS	2013 Amount
Total gambling losses			
Winnings not reported on Form W-2G			

10, 13.1, 13.2

2014	1040	US	Interest & Dividend Income	11, 12
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Please enter all pertinent 2014 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2013 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=tp 2=sp	Dividend Income				Tax-Exempt Interest		Foreign Tax Paid (Box 6)	2013 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

2014	1040	US	Miscellaneous Income	14.1
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Please enter all pertinent 2014 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2014 Amount		2013 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
Tier 1 RR retirement benefits (RRB-1099, box 5)				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				

Other income (1099-MISC, box 3, 8)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

2014	1040	US	State & Local Tax Refunds / Unemployment Compensation	14.2
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Please add, change or delete 2014 information as appropriate.
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2014 1099-G Amount

No. <input type="text"/>	Name of payer		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1)		
	2014 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2).		
	1=city or local income tax refund		
	Tax year for box 2 if not 2013 (Box 3)		
	Federal income tax withheld (Box 4)		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9)			
Number of farm.....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

No. <input type="text"/>	Name of payer		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1)		
	2014 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2).		
	1=city or local income tax refund		
	Tax year for box 2 if not 2013 (Box 3)		
	Federal income tax withheld (Box 4)		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9)			
Number of farm.....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

2014	1040	US	Business Income (Schedule C)	No. <input style="width:40px;" type="text"/>	16
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Please enter all pertinent 2014 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040.....	
City, if different from Form 1040.....	
State, if different from Form 1040.....	
ZIP code, if different from Form 1040.....	
Foreign region.....	
Foreign postal code.....	
Foreign country.....	
Employer identification number.....	
Other accounting method.....	

Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		
1=trader in financial instruments or commodities.....		

INCOME

	2014 Amount	2013 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		

Inventory at end of the year.....		

2014

1040

US

Business Income (Schedule C) (cont.)

No.

16 p2

Please enter all pertinent 2014 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2014 Amount	2013 Amount
Accounting		
Advertising		
Answering service		
Bad debts from sales or service		
Bank charges		
Car and truck expenses (not entered elsewhere)		
Commissions		
Contract labor		
Delivery and freight		
Dues and subscriptions		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial		
Laundry and cleaning		
Legal and professional		
Miscellaneous		
Office expense		
Outside services		
Parking and tolls		
Pension and profit sharing plans - contributions		
Pension and profit sharing plans - admin. and education costs		
Postage		
Printing		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other		
Repairs		
Security		
Supplies		
Taxes - real estate		
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)		
Telephone		
Tools		
Travel		
Total meals and entertainment in full (50%)		
Department of Transportation meals in full (80%)		
Uniforms		
Utilities		
Wages		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2014	1040	US	Rental & Royalty Income (Schedule E)	No. <input style="width:40px;" type="text"/>	18
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Please enter all pertinent 2014 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2014 Amount	2013 Amount
Description of property		Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address		
City		
State		
ZIP code		
Type of property (see table)		
Other type of property		
Number of days rented		

Percentage of ownership if not 100% (.xxxx)		1=did not actively participate ... 1=RE prof., activity is trade or business, 2=RE prof., not trade or business	
Percentage of tenant occupancy if not 100% (.xxxx)		1=rental other than real estate	
1=spouse, 2=joint		1=investment	
1=qualified joint venture		1=single member limited liability company	
1=nonpassive activity, 2=passive royalty			
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no			

INCOME

	2014 Amount	2013 Amount
Rents or royalties received		

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2014	1040	US	Rental & Royalty Income (Sch. E) (cont.)	No. <input style="width:40px;" type="text"/>	18 p2
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Please enter all pertinent 2014 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region	<input style="width:100%;" type="text"/>
Foreign postal code	<input style="width:100%;" type="text"/>
Foreign country	<input style="width:100%;" type="text"/>

OIL AND GAS

	2014 Amount	2013 Amount
Production type (preparer use only)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Cost depletion	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Percentage depletion rate or amount	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
State cost depletion, if different (-1 if none)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
State % depletion rate or amount, if different (-1 if none)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

VACATION HOME

Number of days personal use	<input style="width:100%;" type="text"/>
Number of days owned (if optional method elected)	<input style="width:100%;" type="text"/>

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Association dues	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Auto and travel (not entered elsewhere)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Cleaning and maintenance	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Commissions	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Gardening	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Insurance	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Legal and professional fees	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Licenses and permits	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Management fees	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Miscellaneous	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Mortgage interest (paid to banks, etc.)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Qualified mortgage insurance premiums	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Excess mortgage interest	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Other interest (not entered elsewhere)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Painting and decorating	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Pest control	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Plumbing and electrical	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Repairs	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Supplies	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Taxes - real estate	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Taxes - other (not entered elsewhere)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Telephone	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Utilities	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Wages and salaries	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Other:	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
_____	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
_____	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
_____	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
_____	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
_____	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

2014	1040	US	Partnership and S corporation Information	20.1,20.2
------	------	----	---	-----------

Please add, change or delete 2014 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

2014	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2014 information as appropriate.
 Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

2014

1040

US

Vehicle Expenses

No.

22 p3

Please enter all pertinent 2014 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2014 Amount	2013 Amount
Description of vehicle		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=vehicle used primarily by more than 5% owner		
Number of months of business use if changed from 100% personal use		

AUTOMOBILE MILEAGE

Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		

ACTUAL EXPENSES

Parking fees and tolls (business portion only)		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

Please enter all pertinent 2014 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2014 Amount	TS	2013 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2014 estimates are automatic.)

State income taxes - 1/14 payment on 2013 state estimate			
State income taxes - paid with 2013 state return extension			
State income taxes - paid with 2013 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/14 payment on 2013 city/local estimate			
City/local income taxes - paid with 2013 city/local extension			
City/local income taxes - paid with 2013 city/local return			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)			
Use taxes paid on 2014 purchases			
Use taxes paid with 2013 state return			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

Real estate taxes - principal residence:			

Real estate taxes - property held for investment			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..			
Foreign income taxes			
Other taxes:			

Please enter all pertinent 2014 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2014 Amount

TS

2013 Amount

Home mortgage interest not reported on Form 1098:

Payee's name	
Payee's SSN or FEIN	
Payee's street address	
Payee's city	
Payee's state	
Payee's ZIP code	
Payee's region	
Payee's postal code	
Payee's country	

Amount paid			
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Points not reported on Form 1098:

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

--	--	--	--

Investment interest (interest on margin accounts):

Passive interest

--	--	--	--

Certain home mortgage interest included above (6251)

--	--	--	--

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

--	--	--	--

Number of charitable miles

--	--	--	--

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

--	--	--	--

Number of charitable miles

--	--	--	--

2014

1040

US

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2014 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2014 Amount

TS

2013 Amount

Table with 3 columns: Description, 2014 Amount, TS, 2013 Amount. Includes 3 rows for 50% limitation.

30% limitation (see above):

Table with 3 columns: Description, 2014 Amount, TS, 2013 Amount. Includes 3 rows for 30% limitation.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Table with 3 columns: Description, 2014 Amount, TS, 2013 Amount. Includes 3 rows for 30% capital gain property.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Table with 3 columns: Description, 2014 Amount, TS, 2013 Amount. Includes 3 rows for 20% capital gain property.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

Table with 3 columns: Description, 2014 Amount, TS, 2013 Amount. Includes 1 row for Union and professional dues.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Table with 3 columns: Description, 2014 Amount, TS, 2013 Amount. Includes 5 rows for other unreimbursed employee expenses.

Investment expense:

Table with 3 columns: Description, 2014 Amount, TS, 2013 Amount. Includes 5 rows for investment expense.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: Description, 2014 Amount, TS, 2013 Amount. Includes 2 rows for tax return preparation fee and safe deposit box rental.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Table with 3 columns: Description, 2014 Amount, TS, 2013 Amount. Includes 5 rows for miscellaneous deductions.

25 p3

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2014 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
2. Total home acquisition debt exceeded \$1,000,000 at any time during 2014 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2014 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

	2014 Amount	TS	2013 Amount
Fair market value of the property on the date that the last debt was secured.			
Home acquisition and grandfather debt on the date that the last debt was secured.			

LOAN INFORMATION

Loan #1

Lender's name			
Form (see table).			
Number of form.			
1=taxpayer, 2=spouse, blank=joint.			
Interest paid.			
Points paid.			
Total principal paid.			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12).			
Home acquisition debt balance - beginning of year.			
Home acquisition debt borrowed in 2014.			
Home equity debt balance - beginning of year.			
Home equity debt borrowed in 2014.			
Grandfather debt balance - beginning of year.			

Loan #2

Lender's name			
Form (see table).			
Number of form.			
1=taxpayer, 2=spouse, blank=joint.			
Interest paid.			
Points paid.			
Total principal paid.			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12).			
Home acquisition debt balance - beginning of year.			
Home acquisition debt borrowed in 2014.			
Home equity debt balance - beginning of year.			
Home equity debt borrowed in 2014.			
Grandfather debt balance - beginning of year.			

Form

1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

2014	1040	US	Noncash Contributions (Form 8283)	26
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If your total noncash contributions are in excess of \$500 in 2014, please complete the information below for each donee using the following guidelines:

- * If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- * A deduction for contributions of clothing or other household items that are not in good used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

No. <input style="width:50px;" type="text"/>		Name of charitable organization (donee)	
		Street address	
		City	
		State	
		ZIP code	
		1=spouse, 2=joint	
		Property description (other than vehicle)	
		Vehicle	Identification number (VIN)
			Year (yyyy)
			Make and model
			Condition and mileage
			Date of contribution (m/d/y)
			Date acquired by donor (m/y)
			How acquired by donor (Table 1 or describe)
			Donor's cost or basis
		Fair market value	
		Method used to determine FMV (Table 2 or describe)	

No. <input style="width:50px;" type="text"/>		Name of charitable organization (donee)	
		Street address	
		City	
		State	
		ZIP code	
		1=spouse, 2=joint	
		Property description (other than vehicle)	
		Vehicle	Identification number (VIN)
			Year (yyyy)
			Make and model
			Condition and mileage
			Date of contribution (m/d/y)
			Date acquired by donor (m/y)
			How acquired by donor (Table 1 or describe)
			Donor's cost or basis
		Fair market value	
		Method used to determine FMV (Table 2 or describe)	

<p>1 How Property was Acquired</p> <p>1 = Purchase 3 = Inheritance 2 = Gift 4 = Exchange</p>	<p>2 Method Used to Determine FMV</p> <p>1 = Appraisal 3 = Catalog 2 = Thrift shop value 4 = Comparable sales</p> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p>
---	--

Please enter 2014 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2014 Amount	2013 Amount
Form		
Number of form (e.g., enter 2 for Schedule C number 2)		
Business use area (square footage)		
Total area of home (square footage)		
Total hours facility used (for daycare facilities only)		
Total hours available (if not 8,760)		
% (.xx) or amount of gross income from home if not 100% (-1 if none)		
% (.xx) or amount of expenses from home if not 100% (-1 if none)		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Other indirect expenses:		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Excess casualty losses		
Allowable casualty losses		
Other direct expenses:		

2014

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2014 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040.

Form.....	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.).....	<input type="text"/>	
1=spouse.....	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input type="text"/>	
1=minister's expenses.....	<input type="text"/>	

EMPLOYEE BUSINESS EXPENSES

	2014 Amount	2013 Amount
Meal and entertainment expenses.....	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1.....	<input type="text"/>	<input type="text"/>
1=Department of Transportation (80% meal allowance).....	<input type="text"/>	<input type="text"/>
Local transportation (bus, taxi, train, etc.).....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight.....	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1.....	<input type="text"/>	<input type="text"/>
Other business expenses:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

2014

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

Please enter all pertinent 2014 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

	2014 Amount	2013 Amount
1=vehicle used primarily by more than 5% owner		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		

VEHICLE 1

Description of vehicle		
Date placed in service (m/d/y)		
Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		
Number of months of business use if changed from 100% personal use		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

VEHICLE 2

Description of vehicle		
Date placed in service (m/d/y)		
Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		
Number of months of business use if changed from 100% personal use		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E and F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

2014	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
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Please enter all pertinent 2014 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2014 Amount		2013 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2014				
Employer-provided benefits forfeited in 2014				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Title or suffix		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2014		2013 amt:
	1=disabled		
	1=spouse, 2=joint		

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Title or suffix		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2014		2013 amt:
	1=disabled		
	1=spouse, 2=joint		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider		
	Street address		
	City		
	State		
	ZIP code		
	Foreign region		
	Foreign postal code		
	Foreign country		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2014		2013 amt:
	1=spouse, 2=joint		

2014	1040	US	Education Credits / Tuition Deduction	No. <input style="width:40px;" type="text"/>	38
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Please complete the information below if you paid qualified education expenses in 2014 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse	
First name	
Last name	
Social security number	
Number of years hope credit claimed	
Number of years American opportunity credit claimed	
1=student was NOT enrolled at least half-time for at least one academic period that began in 2014 at an eligible institution in a qualified program	
1=student completed first four years of post-secondary education before 2014	
1=student was convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance	

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name	
Street address	
City	
State	
ZIP code	
1=2014 Form 1098-T was NOT received	
1=2014 Form 1098-T received with Box 2 & 7 completed	
1=2013 Form 1098-T received with Box 2 & 7 completed	
Federal ID number from Form 1098-T	

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name	
Street address	
City	
State	
ZIP code	
1=2014 Form 1098-T was NOT received	
1=2014 Form 1098-T received with Box 2 & 7 completed	
1=2013 Form 1098-T received with Box 2 & 7 completed	
Federal ID number from Form 1098-T	

QUALIFIED EDUCATION EXPENSES

	2014 Amount	2013 Amount
Qualified tuition & fees paid in 2014 (net of refund or assistance, & not entered elsewhere) ..		
Books & supplies required to be purchased from institution		
Books & supplies not entered above		
Amount of prior year refund or assistance *		

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

2014

1040

US

Health Coverage Form

39.1

Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C.

GENERAL INFORMATION

1=entire household covered for all months, 2=no months. []

COVERED INDIVIDUAL (#1)

(a) First name... (a) Last name... (b) ID number (SSN or TIN)... (c) Date of birth (m/d/y)... (d) 1=covered all 12 months... (e) Months of coverage: 1=January... 1=February... 1=March... 1=April... 1=May... 1=June... 1=July... 1=August... 1=September... 1=October... 1=November... 1=December...

COVERED INDIVIDUAL (#2)

(a) First name... (a) Last name... (b) ID number (SSN or TIN)... (c) Date of birth (m/d/y)... (d) 1=covered all 12 months... (e) Months of coverage: 1=January... 1=February... 1=March... 1=April... 1=May... 1=June... 1=July... 1=August... 1=September... 1=October... 1=November... 1=December...

COVERED INDIVIDUAL (#3)

(a) First name... (a) Last name... (b) ID number (SSN or TIN)... (c) Date of birth (m/d/y)... (d) 1=covered all 12 months... (e) Months of coverage: 1=January... 1=February... 1=March... 1=April... 1=May... 1=June... 1=July... 1=August... 1=September... 1=October... 1=November... 1=December...

COVERED INDIVIDUAL (#4)

(a) First name... (a) Last name... (b) ID number (SSN or TIN)... (c) Date of birth (m/d/y)... (d) 1=covered all 12 months... (e) Months of coverage: 1=January... 1=February... 1=March... 1=April... 1=May... 1=June... 1=July... 1=August... 1=September... 1=October... 1=November... 1=December...

39.1

2014	1040	US	Household Employment Taxes (Schedule H)	42
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Please enter all pertinent 2014 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

NOTE: If you paid any one household employee cash wages of \$1,900 or more in 2014; withheld federal income tax during 2014 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2013 or 2014 to household employees, please complete the following:

Employer identification number	
1=spouse, 2=joint	

Social security, Medicare and income taxes:	2014 Amount	2013 Amount
1=paid any one employee cash wages of \$1,900 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Taxes withheld from state disability payments		

Federal unemployment tax:	2014 Amount	2013 Amount
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2013 or 2014		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/15		
1=all wages taxable for FUTA were also taxable for state unemployment		
Name of state		
Contributions paid to state unemployment fund		