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AFTER PRINTING.



Fallbrook, Ca

1119 S. Mission Rd, Ste 144
Fallbrook, CA 92028

: Jim@Jdmcpa4u.com • www.Jdmcpa4u.com
Phone: 760-901-4450 Fax: 866-420-7430

Rancho Palos Verdes, Ca

46-E Peninsula Center #495
Rolling Hills Estates, CA 90274

Jim@Jdma.biz • www.Jdma.biz
Phone: 310-909-7180 Fax: 866-420-7430

BLANK TAX ORGANIZER

If you are new to our firm, thank you for choosing us to do your work.

The following pages contain blank pages of our tax organizer. There are a lot of them!!!!

Normally returning clients get an abbreviated form of this that only contain the pages that apply to them. This copy has almost everything you could possibly need. In future years this will be reduced to only the pages that were utilized in the previous year.

This is really intended as guide to help prompt your thoughts and help you organize your records for our tax preparation.

We also have specific specialized organizers in excel and pdf forms for specific issues. As an example we can provide you with an excel or pdf organizer that will prompt you on the items we need to deduct an automobile used in a business.

If you have any questions please do not hesitate to call. We can be reached at the numbers listed above.

We thank you for your business and look forward to hearing from you.

Best Regards,

A handwritten signature in black ink, appearing to read 'James D. Miller', written in a cursive style.

James D. Miller

Miscellaneous Information

Name: _____

SSN: _____

Yes No

General Information

Yes	No	1. Were there any changes to your filing status or number of dependents during 2014?
Yes	No	2. Can you or your spouse be claimed as a dependent by someone else?
Yes	No	3. Did you incur any childcare expenses?
Yes	No	4. Did you have a change in residence or job location during the year?
Yes	No	5. Did you move during 2014? From where? _____ Date of move _____
Yes	No	6. Did you reside in more than one state during 2014? If yes, which states? _____
Yes	No	7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.

Yes No

Income Information

Yes	No	1. Have you received all W-2s from all employers? How many W-2s are attached? _____
Yes	No	2. Did you use your vehicle on the job other than for commuting to work?
Yes	No	3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
Yes	No	4. Did you work out of town at any time during the year?
Yes	No	5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
Yes	No	6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
Yes	No	7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
Yes	No	8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
Yes	No	9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
Yes	No	10. Did you have any income from, or pay taxes to, a foreign country?
Yes	No	11. Did you engage in any bartering transactions during 2014?
Yes	No	12. Did you surrender any U.S. Savings Bonds during 2014?
Yes	No	13. Did you receive any state or local income tax refunds from prior years?
Yes	No	14. Do you or your spouse have any IRA accounts?
Yes	No	15. Did you recharacterize any IRAs this year?
Yes	No	16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
Yes	No	17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
Yes	No	18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
Yes	No	19. Did you receive any type of prize, award, or gambling winnings during 2014?
Yes	No	20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
Yes	No	21. Did you receive any income not shown in this organizer? If so, please list. _____
Yes	No	22. Does anyone owe you money that has become uncollectible?

Comments: _____

Miscellaneous Information

Name:

SSN:

Yes No

Business Information

- | | | |
|--|--|--|
| | | 1. Did you start a new business or purchase any rental property during 2014? |
| | | 2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc. |
| | | 3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale. |
| | | 4. Did you own rental property? What percentage of time did you spend managing your rentals? _____ |
| | | 5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use? |

Yes No

Other Information

- | | | |
|--|--|---|
| | | 1. Were any tuition costs paid during 2014 (even if classes were attended in another year)? |
| | | 2. Did anyone in your household attend higher education classes in 2014? |
| | | 3. Did you incur a loss due to damaged or stolen property? |
| | | 4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008 in which the First-Time Homebuyer Credit was taken on the home? |
| | | 5. Did you refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information. |
| | | 6. Did you purchase or sell a home that you used as a principal residence? If yes, please provide closing documentation. |
| | | 7. If yes to question 6, was the First-Time Homebuyer Credit taken? |
| | | 8. Did you make any gifts to any one person in 2014 in excess of \$14,000? If so, are you splitting this gift with your spouse? |
| | | 9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)? |
| | | 10a. Did you have health care coverage for yourself and everyone claimed on the tax return for the entire year? |
| | | 10b. If yes, where did you purchase the health care coverage?
<input type="checkbox"/> Employer <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Marketplace (Exchange) <input type="checkbox"/> Other |

To itemize deductions, bring receipts and documentation for these types of expenses:

- | | |
|--|---|
| | Prescriptions, first-aid |
| | State/local income taxes |
| | Mortgage interest |
| | Tax preparation fees |
| | Gambling losses (up to amount of winnings) |
| | Cash donations to charity (provide all receipts) |
| | Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals) |
| | Real estate and personal property taxes paid in 2014 |
| | Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C) |
| | Fair market value of property donated to charity |
| | Purchase price of new goods donated or used in volunteer work |

Comments: _____

Miscellaneous Information

Name:

SSN:

Information to bring to your appointment:

- Driver's license and social security card (for identity verification)
- Copy of your 2013 income tax return (for comparison and review for all includible information)
- Original W-2s and other statements of income received from employers
- 1099s and other statements reporting interest/dividend/miscellaneous income
- Records of other income received (tips, self-employment, SSI, combined bank reporting statements)
- Cancelled checking/savings slip (for direct deposit/direct debit information)
- 1095-A, 1095-B, 1095-C

Concerns to discuss with preparer: _____

Preparer Notes

Miscellaneous Notes

Health Care Coverage Questionnaire

Name:

SSN:

Had health care coverage:	For the entire year	For part of the year (Less than 12 months)	No health care coverage at all

YES NO Did anyone besides taxpayer or spouse pay for health care coverage for anyone listed above?

YES NO Did you pay for health care coverage for anyone not listed above?

If you had coverage for any part of the year:
Where was the policy obtained?
Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:
Answer YES if it applies to any member of the household

YES NO Was your previous insurance policy cancelled in 2014?

YES NO Do you have an Exemption from the Marketplace (also called the Exchange)?

YES NO Was coverage offered by taxpayer's or spouse's employer?

YES NO Are you a member of a federally-recognized Indian tribe?

YES NO Are you eligible for services through an Indian health care provider?

YES NO Are you a member of a health care sharing ministry?

YES NO Did you live in the United States the entire year?

YES NO Are you enrolled in TRICARE?

YES NO Did you apply for CHIP coverage?

YES NO Do any of the following apply to you? Do NOT indicate which one.

- Became homeless
- Evicted in the past six months, or facing eviction or foreclosure
- Received a shut-off notice from a utility company
- Recently experienced domestic violence
- Recently experienced the death of a close family member
- Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Health Care Coverage Questionnaire for taxpayer and spouse (for preparer use)

PRIMARY TAXPAYER

All Year January February March April May June July August September October November December

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Employer offered health coverage which was declined														
If YES, what would be the cost for SELF coverage?														
If YES, what would be the cost for FAMILY coverage?														
Would the FAMILY policy have covered the spouse?														

SPOUSE

All Year January February March April May June July August September October November December

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Employer offered health coverage which was declined														
If YES, what would be the cost for SELF coverage?														
If YES, what would be the cost for FAMILY coverage?														
Would the FAMILY policy have covered the spouse?														

Health Care Coverage Questionnaire for Dependents (for preparer use)

All Year January February March April May June July August September October November December

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/>		AGI of that return?											

All Year January February March April May June July August September October November December

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/>		AGI of that return?											

All Year January February March April May June July August September October November December

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/>		AGI of that return?											

Personal Data

Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er)	
Taxpayer Name	SSN
Spouse Name	SSN
Address	Apt no.
City	State Zip
Foreign State/Province	Foreign Postal Code
Foreign Country	
Taxpayer Date of Birth	Spouse Date of Birth
Occupation	Occupation
Daytime phone: Ext:	Daytime phone: Ext:
Evening phone: Ext:	Evening phone: Ext:
Cell:	Cell:
E-mail	E-mail
<input type="checkbox"/> Full time student <input type="checkbox"/> Blind	<input type="checkbox"/> Full time student <input type="checkbox"/> Blind
Do you want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>	Does your spouse want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>
Date and time of this year's appointment	

Income Taxes Paid

Federal	2014 estimate date due	2014 estimated amount	Amount paid	Date paid	Check no.
2013 Refund	April 17, 2014				
2013 Refund applied to 2014	June 15, 2014				
2013 Balance Due	Sept. 15, 2014				
	Jan. 15, 2015				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

Resident State	2014 estimate date due	2014 estimated amount	Amount paid	Date paid	Check no.
2013 Refund	April 17, 2014				
2013 Refund applied to 2014	June 15, 2014				
2013 Balance Due	Sept. 17, 2014				
	Jan. 15, 2015				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

Local	2014 estimate date due	2014 estimated amount	Amount paid	Date paid	Check no.
2013 Refund	April 17, 2014				
2013 Refund applied to 2014	June 15, 2014				
2013 Balance Due	Sept. 17, 2014				
	Jan. 15, 2015				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

Dependents

Name: _____ **SSN:** _____

First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over \$1000? <input type="checkbox"/>		2014	2013
Is this dependent required to file a tax return? <input type="checkbox"/> If yes, what is their AGI?					
Child Care Credit - qualifying expenses incurred and paid in 2014					
Child Care Credit - portion of qualifying expenses provided by employer					

First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over \$1000? <input type="checkbox"/>		2014	2013
Is this dependent required to file a tax return? <input type="checkbox"/> If yes, what is their AGI?					
Child Care Credit - qualifying expenses incurred and paid in 2014					
Child Care Credit - portion of qualifying expenses provided by employer					

First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over \$1000? <input type="checkbox"/>		2014	2013
Is this dependent required to file a tax return? <input type="checkbox"/> If yes, what is their AGI?					
Child Care Credit - qualifying expenses incurred and paid in 2014					
Child Care Credit - portion of qualifying expenses provided by employer					

First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over \$1000? <input type="checkbox"/>		2014	2013
Is this dependent required to file a tax return? <input type="checkbox"/> If yes, what is their AGI?					
Child Care Credit - qualifying expenses incurred and paid in 2014					
Child Care Credit - portion of qualifying expenses provided by employer					

First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over \$1000? <input type="checkbox"/>		2014	2013
Is this dependent required to file a tax return? <input type="checkbox"/> If yes, what is their AGI?					
Child Care Credit - qualifying expenses incurred and paid in 2014					
Child Care Credit - portion of qualifying expenses provided by employer					

--	--	--	--	--	--

Child and Dependent Care

Name:

SSN:

Child Care Provider's Information

2014

2013

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP

Foreign Only Province/State,
Country, Postal Code

2014

2013

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP

Foreign Only Province/State,
Country, Postal Code

2014

2013

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP

Foreign Only Province/State,
Country, Postal Code

2014

2013

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP

Foreign Only Province/State,
Country, Postal Code

Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2014	2013	Federal tax
		State wages	2014	2013	State tax
		Local wages	2014	2013	Local tax
TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2014	2013	Federal tax
		State wages	2014	2013	State tax
		Local wages	2014	2013	Local tax
TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2014	2013	Federal tax
		State wages	2014	2013	State tax
		Local wages	2014	2013	Local tax
TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2014	2013	Federal tax
		State wages	2014	2013	State tax
		Local wages	2014	2013	Local tax
TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2014	2013	Federal tax
		State wages	2014	2013	State tax
		Local wages	2014	2013	Local tax

Wages and Salaries

Please attach all W-2(s).

Name: _____ **SSN:** _____

TS Employer's name and address: _____ Federal EIN _____

	2014	2013		2014	2013
Wages, tips, other compensation			State <input type="checkbox"/> State I.D.		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State <input type="checkbox"/> State I.D.		
Allocated tips			State wages		
Dependent care benefits			State income tax		
			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>			

TS Employer's name and address: _____ Federal EIN _____

	2014	2013		2014	2013
Wages, tips, other compensation			State <input type="checkbox"/> State I.D.		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State <input type="checkbox"/> State I.D.		
Allocated tips			State wages		
Dependent care benefits			State income tax		
			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>			

Dividend Income

Please attach all 1099(s) relating to dividend income.

Name:

SSN:

TSJ	Name of payer	Ordinary	Qualified	Capital Gains	Federal Income Tax Withheld	Foreign Tax Paid	Other	
							Description	Amount

Did you have a financial interest in or signature authority over a financial account located in a foreign country? Yes No

Profit or Loss From Business Schedule C

Name:

SSN:

TS		Principal business or profession		Business code	
Business name			Employer I.D. number		
Business address					
City					
U.S. Only		State, ZIP			
Foreign Only		Province/State, Country, Postal Code			
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other					
Activity type			Some investment is NOT at risk <input type="checkbox"/>		
You started or acquired this business during 2014 <input type="checkbox"/>			You disposed of this property during 2014 <input type="checkbox"/>		
Did you make any payments in 2014 that would require you to file Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," did you or will you file all required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Income		2014	2013	2014	2013
Gross receipts or sales				Other income	
Returns and allowances					
Expenses		2014	2013	2014	2013
Advertising				Taxes and licenses	
Car and truck expenses				Travel	
Commissions and fees				Total meals and entertainment	
Contract labor				Utilities	
Depletion				Wages	
Employee benefit programs				Other expenses (list):	
Insurance (other than health)					
Mortgage interest (paid to banks, etc.)					
Other interest					
Legal & professional services					
Office expenses					
Pension and profit sharing plans					
Rent or lease (vehicles, machinery, and equipment)					
Rent (other business property)					
Repairs and maintenance				Other (Detail)	
Supplies				Family Health Coverage	
Cost of goods sold		2014	2013	2014	2013
Inventory method, if not Cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other		There was a change of inventory method <input type="checkbox"/>			
Inventory at beginning of the year				Materials and supplies	
Purchases (less cost of items withdrawn for personal use)				Other costs	
Cost of labor				Inventory at end of year	

Profit or Loss From Business

Schedule C General Information

Name: _____ **SSN:** _____

TS Principal business or profession Business code _____

Employer I.D. number _____

Business name _____

Business address _____

City _____

U.S. Only State, ZIP _____

Foreign Only Province/State, Country, Postal Code _____

Accounting method, if not cash Accrual Other

Inventory method, if not cost Lower of Cost or Market Other Change of inventory method Yes No

Activity type _____ Some investment is NOT at risk

You started or acquired this business during 2014 You disposed of this property during 2014

Did you make any payments in 2014 that would require you to file Form(s) 1099? Yes No

If "Yes," did you or will you file all required Forms 1099? Yes No

Other Information **2014** **2013**

Family Health Coverage _____

Income **2014** **2013**

Gross receipts or sales _____

Returns and allowances _____

Other income _____

Cost of Goods Sold **2014** **2013**

Inventory at beginning of the year _____

Purchases (less cost of items withdrawn for personal use) _____

Cost of labor _____

Materials and supplies _____

Other costs (list on detail worksheet) _____

Inventory at end of year _____

Sale of Home

Name:		SSN:	
Enter the date you purchased the home		Enter the date you sold the home	
Enter the purchase price of your old home		Seller-paid points for old home if bought after 1990	
Enter the selling price of the old home		Enter any expenses from the sale of the old home	
Settlement fees or closing costs for old home.			
Abstract and recording fees			
Legal fees			
Surveys			
Title insurance			
Transfer or stamp taxes			
Amounts the seller owed that you agreed to pay			
Other fees or closing cost			
Cost of capital improvements to old home			
Special tax assessments paid on old home for local improvements, such as streets			
Other increases to basis:			
Describe:			
If home was used for business, enter any depreciation claimed			
Other decreases to basis:			
Describe:			
Information on time lived in the home sold		You	Spouse
Enter the date that you first used the property as a main home			
Enter the date that you first owned the property as a main home			
Have you excluded gain from the sale of another home during the 2-year period ending on the date of this sale?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, answer the following: Enter date of most recent sale of another home on which you excluded the gain			
First-Time Homebuyer Credit repayment information.			
Year the home was purchased		Amount of First-Time Homebuyer Credit taken	
Amount of credit repaid in prior years			
Mark the box below that applies if there was a change in the use of the main home or disposition of the home other than a sale to an unrelated party.			
Date home ceased to be a main home if not sold			
<input type="checkbox"/> I sold the home to a related person			
<input type="checkbox"/> I converted the home to a rental or business OR I still own the home but it is no longer my main home			
<input type="checkbox"/> I transferred the home to spouse (or ex-spouse as part of my divorce settlement) Ex-spouse's Name _____			
<input type="checkbox"/> My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years			
<input type="checkbox"/> My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years			
<input type="checkbox"/> The taxpayer who claimed the credit died in 2014			
Please bring the contract for the sale of the home to your appointment.			

Casualties and Thefts

Name: _____ **SSN:** _____

Description of property			
Location of property			
Was property	<input type="checkbox"/> Personal	<input type="checkbox"/> Business	<input type="checkbox"/> Income-producing <input type="checkbox"/> Employee income-producing
Date acquired		Fair market value before incident	
Cost or other basis		Fair market value after incident	
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident	

Section C Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment		Percentage of qualified investment	
Subsequent investments		Actual recovery	
Income reported in prior years		Potential insurance / SIPC recovery	
Withdrawals			

Part II Required Statements and Declarations

Name of person or entity that conducted fraudulent arrangements

Name	SSN/EIN
Street Address	
City	
U.S. Only	State, Zip
Foreign Only	Province/State, Country, Postal Code

Description of property			
Location of property			
Was property	<input type="checkbox"/> Personal	<input type="checkbox"/> Business	<input type="checkbox"/> Income-producing <input type="checkbox"/> Employee income-producing
Date acquired		Fair market value before incident	
Cost or other basis		Fair market value after incident	
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident	

Section C Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment		Percentage of qualified investment	
Subsequent investments		Actual recovery	
Income reported in prior years		Potential insurance / SIPC recovery	
Withdrawals			

Part II Required Statements and Declarations

Name of person or entity that conducted fraudulent arrangements

Name	SSN/EIN
Street Address	
City	
U.S. Only	State, Zip
Foreign Only	Province/State, Country, Postal Code

Installment Sale Income

Name: _____ **SSN:** _____

TSJ		Description of property:	
Date acquired		Date sold	
		2014	Prior Years
Selling price			
Mortgages assumed			
Cost of property sold			
Depreciation allowed			
Commissions and expense of sale			
Gross profit percentage			
Interest received			
Principal payments received			

TSJ		Description of property:	
Date acquired		Date sold	
		2014	Prior Years
Selling price			
Mortgages assumed			
Cost of property sold			
Depreciation allowed			
Commissions and expense of sale			
Gross profit percentage			
Interest received			
Principal payments received			

TSJ		Description of property:	
Date acquired		Date sold	
		2014	Prior Years
Selling price			
Mortgages assumed			
Cost of property sold			
Depreciation allowed			
Commissions and expense of sale			
Gross profit percentage			
Interest received			
Principal payments received			

Form 1099-G Unemployment Compensation

Name: _____ **SSN:** _____

TSJ | _____ | Payer's Federal I.D. Number: _____

Payer's name: _____

Payer's address: _____

City: _____

U.S. Only State, ZIP: _____

Foreign Only Province/State, Country, Postal Code: _____

Payer's phone: _____ Account number: _____

	2014	2013	
Unemployment compensation			<input type="checkbox"/> Trade/business
Unemployment compensation repaid in current year			Market gain
State/local tax refunds/credits			State _____ State I.D.
Tax year			State unemployment
Federal tax withheld			State withholding
RTAA payments			<input type="checkbox"/> Unemployment benefits are from railroad
Taxable grants			
Agriculture			

TSJ | _____ | Payer's Federal I.D. Number: _____

Payer's name: _____

Payer's address: _____

City, State, Zip: _____

U.S. Only State, ZIP: _____

Foreign Only Province/State, Country, Postal Code: _____

Payer's phone: _____ Account number: _____

	2014	2013	
Unemployment compensation			<input type="checkbox"/> Trade/business
Unemployment compensation repaid in current year			Market gain
State/local tax refunds/credits			State _____ State I.D.
Tax year			State unemployment
Federal tax withheld			State withholding
RTAA payments			<input type="checkbox"/> Unemployment benefits are from railroad
Taxable grants			
Agriculture			

Form 1099-MISC

Please attach all 1099-M(s)

Name:

SSN:

TS		For		Payer's Federal ID number:
----	--	-----	--	----------------------------

Payer's name:

Address:

City:

U.S. Only State, ZIP:

Foreign Only Province/State, Country, Postal Code:

	2014	2013			2014	2013
Rents			State	State I.D.		
Royalties			State tax withheld			
Other income			State income			
Description			Name of locality			
Federal tax withheld			Local tax withheld			
Fishing boat proceeds			Local income			
Medical and health care payments			State	State I.D.		
Non-employee compensation			State tax withheld			
Substitute payments			State income			
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Name of locality			
Crop insurance proceeds			Local tax withheld			
Excess golden parachute			Local income			
Gross attorney proceeds						
Taxable Proceeds						
Section 409A deferrals						
Section 409A income						

Social Security Benefit Statement

		2014	2013			2014	2013
TS				TS			
Net benefits				Net benefits			
Medicare premiums				Medicare premiums			
Income tax withheld				Income tax withheld			

Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

Name:		SSN:					
TS	Payer's name:						Payer's Federal ID Number:
Address:		City:					
U.S. Only		State, Zip					
Foreign Only		Province/State, Country, Postal Code				2014	2013
	2014	2013	State		State I.D.		
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld				
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution				
Gross distribution			Name of locality				
Taxable amount			Local income tax withheld				
Total distribution	<input type="checkbox"/>	<input type="checkbox"/>	Local distribution				
Capital gain			State		State I.D.		
Federal income tax withheld			State income tax withheld				
Employee contributions or insurance premiums			State distribution				
Distribution code(s)			Name of locality				
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld				
Your percentage of total distribution			Local distribution				

TS	Payer's name:						Payer's Federal ID Number:
Address:		City:					
U.S. Only		State, Zip					
Foreign Only		Province/State, Country, Postal Code				2014	2013
	2014	2013	State		State I.D.		
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld				
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution				
Gross distribution			Name of locality				
Taxable amount			Local income tax withheld				
Total distribution	<input type="checkbox"/>	<input type="checkbox"/>	Local distribution				
Capital gain			State		State I.D.		
Federal income tax withheld			State income tax withheld				
Employee contributions or insurance premiums			State distribution				
Distribution code(s)			Name of locality				
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld				
Your percentage of total distribution			Local distribution				

Foreign Earned Income
For Use by U.S. Citizens and Resident Aliens Only

Name:

SSN:

Part I - General Information

Taxpayer's foreign address

Foreign city

Province/State, Country, Postal code

Occupation

Employer's name

Employer's U.S. address

City ST Zip

Employer's Foreign address

City

Province/State, Country, Postal code

Employer is: (check any that apply) A foreign entity A U.S. company Self
 A foreign affiliate of a U.S. company Other (specify):

If you have previously filed Form 2555, enter the last year you filed Form 2555.

If you claimed an exclusion in an earlier year (after 1981), have you ever revoked your choice? Yes No

If Yes, give the type of exclusion and tax year

Of what country are you a citizen/national?

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home? Yes No

If Yes, enter the city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address.

City and country	Number of Days
	_ _
	_ _
	_ _

List your tax home(s) during your tax year and date(s) established

Home	Date Established
	_ _
	_ _
	_ _

Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

Name:

SSN:

Part II - Bona Fide Residence Test

Date bona fide residence began _____, ended _____

Kind of living quarters in foreign country Purchased house Rented house or apartment
 Rented room Quarters furnished by employer

Did any of your family live with you abroad during any part of the tax year? Yes No

If Yes, who and for what period	Relationship	For what Period

Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? Yes No

Are you required to pay income tax to the country where you claim bona fide residence? Yes No

If you were present in the United States during the tax year, enter the information below.

Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business	Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business

List any contractual terms or other conditions relating to the length of your employment abroad:

List the type of visa under which you entered the foreign country:

Did your visa limit the length of your stay or employment in a foreign country? (If Yes, attach explanation) Yes No

Did you maintain a home in the United States while living abroad? Yes No

If Yes, enter address of your home, whether it was rented, the names of the occupants, and their relationship to you

Address

Name of occupant:	Relationship of occupant:

Was the home rented?

Part III - Physical Presence Test/Waiver

The physical presence test is based on the 12-month period from: _____ through: _____

Enter your principal country of employment during your tax year:

Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. If the last entry is an arrival in a foreign country, enter the number of full days to the end of the 12-month period. If you have no travel to report during the period, write in the schedule "physically present in a foreign country or countries for the entire 12-month period." **Do not** include the income listed in the last column below in Part IV, but report it on Form 1040.

Name of country (including U.S.)	Date arrived	Date left	Full days present in country	Number of days in U.S. on business	Income earned in U.S. on business (attach computation)

Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

Name:	SSN:	
Foreign Earned Income	2014	2013
Total wages, salaries, bonuses, commissions, etc.		
Allowable share of income for personal services performed:		
In a business (including farming) or profession		
In a partnership (list name, address, and type of income)		
Noncash income:		
Home (lodging)		
Meals		
Car		
Other property or facility (specify)		
Allowances, reimbursements, or expenses paid on your behalf for services performed:		
Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		
Other (specify)		
Other foreign earned income (specify):		
Meals and lodging that are excludable		
For Taxpayers Claiming the Housing Exclusion and/or Deduction		
Qualified housing expenses for the tax year		
Location where housing expenses incurred		
Limit on housing expenses		
Enter the number of days in qualifying period that fall within your 2014 tax year		
Enter employer-provided amounts		
For Taxpayers claiming the foreign earned income exclusion		
Enter the number of days in qualifying period that fall within your 2014 tax year		

Moving Expenses

Name:

SSN:

TSJ			2014	2013
		Enter the number of miles from your OLD home to your NEW workplace		
		Enter the number of miles from your OLD home to your OLD workplace		
		Enter the amount you paid for transportation and storage of household goods and personal effects		
		Enter the amount you paid for travel and lodging incurred during move (do NOT include cost of meals)		
		Enter the amount of moving expenses reimbursed to you by your employer		
Was this a military move?			<input type="checkbox"/>	Yes

Self-Employed Health Insurance

TSJ			2014	2013
		Enter total payments made during the tax year for health insurance established under business for you, your spouse or dependents		
		Enter the qualified long term care amount		
		Enter your medicare wages from an S corporation		

Self-Employed Pensions

TSJ			2014	2013
		Enter your plan contribution rate as a decimal		
		Enter your allowable elective deferrals made during 2014		
		Enter your catch-up contributions		
		Enter the amount of designated ROTH contributions included above		

Nondeductible IRAs

TS			2014	2013
		Total traditional IRA contributions made for 2014		
		Total basis in traditional IRAs as of 12/31/2014		
		Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers)		
		Amount of traditional IRAs converted to ROTH IRAs		
		IRA basis before conversion		
		Total ROTH IRA contributions made for 2014		

Health Savings Account

TSJ			2014	2013
		HSA contributions made for 2014		
		Total distributions from all HSAs during 2014		
		Distributions included above that were rolled over		
		Unreimbursed qualified medical expenses		

Noncash Charitable Contributions

Name:		SSN:
TSJ	Donee I.D.	
Name of donee organization		
Address of donee organization		
City		
U.S. Only	State, ZIP	
Foreign Only	Province/State, Country, Postal Code	
Description of donated property		Donor's cost or adjusted basis
Valuation method used		Fair market value
Physical condition of donated property		Average security price
How was it acquired?		Bargain sale price
Date acquired		<input type="checkbox"/> Capital Gain property
Date contributed		
Property Type (if over \$5,000)		<input type="checkbox"/> Donated property is publicly traded security
<input type="checkbox"/> Art valued more than \$20,000	<input type="checkbox"/> Equipment	<input type="checkbox"/> Collectibles
<input type="checkbox"/> Qualified conservation - qualified farmer/rancher	<input type="checkbox"/> Art valued less than \$20,000	<input type="checkbox"/> Intellectual Property
<input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher	<input type="checkbox"/> Other real estate	<input type="checkbox"/> Vehicles
<input type="checkbox"/> Qualified conservation	<input type="checkbox"/> Securities	<input type="checkbox"/> Other
TSJ	Donee I.D.	
Name of donee organization		
Address of donee organization		
City		
U.S. Only	State, ZIP	
Foreign Only	Province/State, Country, Postal Code	
Description of donated property		Donor's cost or adjusted basis
Valuation method used		Fair market value
Physical condition of donated property		Average security price
How was it acquired?		Bargain sale price
Date acquired		<input type="checkbox"/> Capital Gain property
Date contributed		
Property Type (if over \$5,000)		<input type="checkbox"/> Donated property is publicly traded security
<input type="checkbox"/> Art valued more than \$20,000	<input type="checkbox"/> Equipment	<input type="checkbox"/> Collectibles
<input type="checkbox"/> Qualified conservation - qualified farmer/rancher	<input type="checkbox"/> Art valued less than \$20,000	<input type="checkbox"/> Intellectual Property
<input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher	<input type="checkbox"/> Other real estate	<input type="checkbox"/> Vehicles
<input type="checkbox"/> Qualified conservation	<input type="checkbox"/> Securities	<input type="checkbox"/> Other

Other Income and Adjustments

Name:

SSN:

Income

	Taxpayer		Spouse	
	2014	2013	2014	2013
Taxable scholarships not reported on W-2				
Other income not reported above or on Form W-2				
<input type="checkbox"/> Household income <input type="checkbox"/> Prisoner income				
Interest income (If over \$1,500 report only on Interest sheet)				
Tax-exempt interest (If over \$1,500 report only on Interest sheet)				
Dividend income (If over \$1,500 report only on Dividend sheet)				
Taxable refunds: State taxes				
Local taxes				
Alimony received				
IRA distributions received. Was any portion rolled over? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pension distributions received				
Unemployment compensation received				
Portion of unemployment repaid in 2014				
Total Social Security received				
Lump sum benefits - earlier years				
Net railroad Tier One benefits received for 2014				
Other income (please list):				
NOL carryback				
Real estate tax recovery				
Personal property rental income				
Gambling winnings				
Alaska Permanent Fund				
Amount of W2 income to exclud per notice 2014 - 7				
Investment income	<input type="checkbox"/>			
Investment income	<input type="checkbox"/>			
Investment income	<input type="checkbox"/>			

Other Adjustments

Name:

SSN:

Adjustments

	Taxpayer		Spouse	
	2014	2013	2014	2013
Educator expenses				
Self-employed SEP, SIMPLE and qualified plans				
Keogh contributions to defined contribution plan				
Keogh contributions to defined benefit plan				
Self-employed health insurance premium payments				
Penalty on early withdrawal of savings				
Alimony paid Name: SSN:				
Alimony paid Name: SSN:				
IRA contributions for 2014				
Student loan interest				
Jury duty pay given to employer				
Forestation or reforestation expense				
Repaid sub-pay previously reported				
Contributions to Section 501(c)(18) pension plan				
Expenses from casual rental or personal property				
Whistleblower fees				
Contributions by certain chaplains to Section 403(b) plans				
Certain fees and costs for actions involving unlawful discrimination claims				
Other adjustments (please list):				

Itemized Deductions

Name:		SSN:			
MEDICAL and DENTAL					
	2014	2013	GIFTS TO CHARITY (attach receipts)	2014	2013
Health insurance premiums			Total gifts by cash or check		
Long term care premiums Age:			30% limitation		
Long term care premiums Age:			Charitable miles		
Number of medical miles			Other than by cash or check		
Other medical and dental expenses (list):			Carryover from prior year subject to:		
			QCC - qualified farmer or rancher		
			QCC - non-qualified farmer or rancher		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
			20% limitation		
TAXES YOU PAID					
State and local income taxes			JOB EXPENSES (list):		
Sales tax			Unreimbursed employee expenses		
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
Personal property taxes					
Other taxes (list):					
INTEREST YOU PAID					
Home mortgage interest and points on Form 1098					
Home mortgage interest not on Form 1098			Tax preparation fees		
SSN/EIN:			Other Expense (list):		
Name:					
Street:					
City:					
U.S. Only State, ZIP					
Foreign Only Province/State, Country, Postal Code			MISCELLANEOUS DEDUCTIONS		
			Other deductions not subject to 2% limit		
Portion of mortgage interest above that is home equity interest					
Points not reported on Form 1098					
Qualified mortgage insurance premiums					
Investment interest					

Mortgage Interest

Name:

SSN:

TSJ		For		Business name	Product		
Recipient/Lender Information:						2014	2013
Federal ID #					Mortgage interest received		
Name					Points paid		
Address					Refund overpaid interest		
City					Mortgage insurance premiums		
U.S. Only State, ZIP					Real Estate taxes paid		
Foreign Only Province/State, Country, Postal Code							
Account number							
TSJ		For		Business name	Product		
Recipient/Lender Information:						2014	2013
Federal ID #					Mortgage interest received		
Name					Points paid		
Address					Refund overpaid interest		
City					Mortgage insurance premiums		
U.S. Only State, ZIP					Real Estate taxes paid		
Foreign Only Province/State, Country, Postal Code							
Account number							
TSJ		For		Business name	Product		
Recipient/Lender Information:						2014	2013
Federal ID					Mortgage interest received		
Name					Points paid		
Address					Refund overpaid interest		
City					Mortgage insurance premiums		
U.S. Only State, ZIP					Real Estate taxes paid		
Foreign Only Province/State, Country, Postal Code							
Account number							
TSJ		For		Business name	Product		
Recipient/Lender Information:						2014	2013
Federal ID #					Mortgage interest received		
Name					Points paid		
Address					Refund overpaid interest		
City					Mortgage insurance premiums		
U.S. Only State, ZIP					Real Estate taxes paid		
Foreign Only Province/State, Country, Postal Code							
Account number							

Expenses for Business Use of Your Home

Name:

SSN:

TSJ For

Business Use of Home

2014

2013

Square feet of home used exclusively for business

Total square feet of home

Use of Home for Daycare

2014

2013

Area used part time for business

Total hours used for daycare

Total hours available

Did you live in the home all year? Yes No

Expenses

Expenses directly related to business use **only**

Total Household expenses

Did you claim office in home expenses last year? Yes No

2014

2013

2014

2013

Deductible mortgage interest

Real estate taxes

Excess mortgage interest

Insurance

Rent

Repairs and maintenance

Utilities

Other expenses

Cost of Home

2014

2013

Enter the **smaller** of your home's adjusted basis or its fair market value

Does this include the value of the land? Yes No

Value of land

Date placed in service

Date taken out of service

Employee Business Expense

Name:

SSN:

TS Occupation

Part I - Employee Business Expense and Reimbursements

2014

2013

Rural mail carrier

Parking fees, tolls, and local transportation, including train, bus, etc.

Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do Not** include meals and entertainment

Other business expenses

Meals and entertainment expenses

DOT meals

Enter reimbursements received from your employer that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for

Other business expenses

Meals and entertainment expenses

Portion of total expenses that is for impairment-related work expenses of disabled employee

Portion of total expenses that is for Armed Forces reservist

Qualifying performing artist Fee-based state or local government official Pastor

Business Vehicle Expenses

Vehicle Description

Vehicle 1

Vehicle 2

2014

2013

2014

2013

Enter the date vehicle was placed in service

Total miles vehicle was driven during 2014

Business miles

Average daily roundtrip commuting distance

Commuting miles included in total miles above

Taxes

Gasoline, oil, repairs, vehicle insurance, etc.

Vehicle rentals

Inclusion amount

Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)

Enter cost or other basis

Enter section 179 deduction

Enter depreciation method and percentage

If an employer provided vehicle, was personal use during off duty hours permitted? Yes No

Do you or your spouse have another vehicle available for personal use? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes", is the evidence written? Yes No

Education Credits and Deduction

Name:	SSN:
Student's first and last name: _____ SSN: _____	
Yes <input type="checkbox"/>	
Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of "four times" in any prior years? <input type="checkbox"/>	
Was the student enrolled at least half time for at least one academic period that began in 2014 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential? <input type="checkbox"/>	
Did the student complete the first four year of post-secondary education before 2014? <input type="checkbox"/>	
Was the student convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/>	
2014 2013	
Adjusted qualified expenses for American Opportunity Credit (qualified expenses include tuition and required enrollment fees. Course related books, supplies, and equipment need not be purchased from the institution in order to qualify.	
Adjusted qualified expenses for Lifetime Learning Credit (qualified expenses include tuition and required enrollment fees, including amounts required to be paid to the institution for course - related books, supplies, and equipment.	
Current year qualifying expenses for tuition and fees deduction.	
Educational Institution Name: _____	
Bring Form 1098-T from this institution for 2014	
Bring Form 1098-T from this institution for 2013 with box 2 completed and box 7 marked	
Educational Institution Name: _____	
Bring Form 1098-T from this institution for 2014	
Bring Form 1098-T from this institution for 2013 with box 2 completed and box 7 marked	
Student's first and last name: _____ SSN: _____	
Yes <input type="checkbox"/>	
Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of "four times" in any prior years? <input type="checkbox"/>	
Was the student enrolled at least half time for at least one academic period that began in 2014 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential? <input type="checkbox"/>	
Did the student complete the first four year of post-secondary education before 2014? <input type="checkbox"/>	
Was the student convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/>	
2014 2013	
Adjusted qualified expenses for American Opportunity Credit (qualified expenses include tuition and required enrollment fees. Course related books, supplies, and equipment need not be purchased from the institution in order to qualify.	
Adjusted qualified expenses for Lifetime Learning Credit (qualified expenses include tuition and required enrollment fees, including amounts required to be paid to the institution for course - related books, supplies, and equipment.	
Current year qualifying expenses for tuition and fees deduction.	
Educational Institution Name: _____	
Bring Form 1098-T from this institution for 2014	
Bring Form 1098-T from this institution for 2013 with box 2 completed and box 7 marked	
Educational Institution Name: _____	
Bring Form 1098-T from this institution for 2014	
Bring Form 1098-T from this institution for 2013 with box 2 completed and box 7 marked	

Energy Credits

Name:

SSN:

8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

TSJ	Vehicle 1	Vehicle 2
Year of vehicle		
Make of vehicle		
Model of vehicle		
How many wheels does the vehicle have		
Vehicle Identification Number		
Date vehicle was placed in service		
Tentative Credit		
Business/Investment use percentage		
Section 179 expense deduction		

Form 8910 - Alternative Motor Vehicle Credit

TSJ	Vehicle 1	Vehicle 2
Year of vehicle		
Make of vehicle		
Model of vehicle		
Vehicle Identification Number		
Date vehicle was placed in service		
Maximum credit allowable		
Business/investment use percentage		

Auto Expense Worksheet

Name: _____ **SSN:** _____

For _____

Business name and Profession/Product _____

Description _____

Date placed in service _____

Do you or your spouse have another vehicle available for personal use? Yes No

Was your vehicle available for use during off-duty hours? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes," is the evidence written? Yes No

Enter the number of miles your vehicle was used for:	2014	2013
a Business miles		
b Commuting		
c Other		

Expenses:	2014	2013
Garage rent		
Gas		
Insurance		
Licenses		
Oil		
Parking fees		
Lease payments		
Interest		
Property tax		
Repairs		
Tires		
Tolls		

Other expenses (list):	Apply Business %	2014	2013
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		