

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/TIN		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?		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/TIN		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?		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/TIN		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?		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/TIN		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?		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/TIN		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?		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					

Miscellaneous Information

Name: _____

SSN: _____

Yes No

General Information

		1. Were there any changes to your filing status or number of dependents during 2014?
		2. Can you or your spouse be claimed as a dependent by someone else?
		3. Did you incur any childcare expenses?
		4. Did you have a change in residence or job location during the year?
		5. Did you move during 2014? From where? _____ Date of move _____
		6. Did you reside in more than one state during 2014? If yes, which states? _____
		7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.

Yes No

Income Information

		1. Have you received all W-2s from all employers? How many W-2s are attached? _____
		2. Did you use your vehicle on the job other than for commuting to work?
		3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
		4. Did you work out of town at any time during the year?
		5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
		6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
		7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
		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?
		9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
		10. Did you have any income from, or pay taxes to, a foreign country?
		11. Did you engage in any bartering transactions during 2014?
		12. Did you surrender any U.S. Savings Bonds during 2014?
		13. Did you receive any state or local income tax refunds from prior years?
		14. Do you or your spouse have any IRA accounts?
		15. Did you recharacterize any IRAs this year?
		16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
		17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
		18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
		19. Did you receive any type of prize, award, or gambling winnings during 2014?
		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? _____
		21. Did you receive any income not shown in this organizer? If so, please list. _____
		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

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

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

Interest Income

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

Name:

SSN:

	Name of payer (If seller financed mortgage enter SSN and address of payer)	Interest Income	Federal Income Tax Withheld	Foreign Tax Paid	Tax Exempt Interest	Amount of Resident State Municipal Interest	Nominee Interest

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

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	

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 <input type="checkbox"/> State I.D. <input type="checkbox"/>		
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 <input type="checkbox"/> State I.D. <input type="checkbox"/>		
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

TS <input type="checkbox"/>	2014	2013	TS <input type="checkbox"/>	2014	2013
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				

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				JOB EXPENSES (list):		
State and local income taxes				Unreimbursed employee expenses		
Sales tax						
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

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 %