



224 N Broadway Street
PO Box 200
Greensburg, IN 47240

2014 Client Organizer
Copy for your file

BLANK

TO: _____

_____, IN _____

Appointment Date:

Appointment Time:

Details:

Mail In:

If you normally drop off your information, you may drop off at any of our four office locations.

This information is complete and correct to the best of my (our) knowledge. I (we) understand and agree with the engagement terms attached.

Taxpayer signature: _____ Date: _____

Spouse signature: _____ Date: _____

Phone number: _____ (Day) _____ (Evening)

E-mail address: _____ @ _____ . _____

Note: Your e-mail address is required to take advantage of the 1040 portal and receive notification of your efile acceptance.

Batesville
Brookville
Phone 812.934.5548 / 800.745.5529
Toll Free 765.647.2566 / 800.676.2566

Greensburg
North Vernon
Phone 812.663.7567 / 800.676.7567
Toll Free 812.346.2066 / 800.676.7567

RBSK Partners PC
www.rbskpartners.com

_____, IN _____

Dear _____:

Appointment Information

Since we are beginning a new year, it is once again time to prepare for the filing of your individual income tax returns. For those of you who have had appointments in the past, we have scheduled a specific date and time for you. If it has been your custom to just mail or deliver your information to our office, we have scheduled a date by which we would like to receive your information. Listed below are various items regarding this and the preparation of your tax returns.

If you are unable to keep your appointment or cannot provide the information by the date selected and need to reschedule, please call our office as soon as possible. We will be happy to schedule a new date for you. Or, if we have not scheduled an actual appointment for you and you would prefer to have one, please call our office as soon as possible.

Your scheduled appointment or date by which we would like to receive your information is noted on the cover page.

Client Organizer Instructions

This Client Organizer is designed to help you gather tax information needed to prepare your 2014 personal income tax returns. To help you complete the organizer with minimal time and effort, when available, you will find certain information from your 2013 personal income tax returns.

If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections. The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

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

Completion of Returns

Our goal is to complete your returns within a reasonable period of time after receiving your information and by the due date or special filing date for your returns. The actual completion time for your returns may vary depending on the complexity and the date we receive your information.

Extensions

An extension for time to file your returns may be necessary if **all** your information is not received by **March 31**. Any extension filed for our convenience will be at no charge to you assuming **all** your information was in by **March 31**. For returns extended until **October 15**, all information must be received by **September 30** in order to ensure timely filing of your return.

Engagement Terms

This letter is to confirm and specify our understanding of the professional tax services our firm will provide. We will state the terms and objectives of our engagement and the nature and limitations of the services we will provide.

Services

Our engagement will be designed to perform the following services:

- 1) To prepare your 2014 Individual Federal and State income tax returns.
- 2) Perform any bookkeeping necessary for preparation of the income tax returns.
- 3) To be available to answer your inquiries on specific tax matters and to discuss tax planning matters as the need arises.

This engagement shall be considered complete when you receive your tax returns.

It is our understanding that we are responsible for only the Federal and State of residence returns for 2014 and that you will notify us in writing of any out of state activities or requests to prepare any other state returns. The law provides various penalties that may be imposed when taxpayers fail to file required returns as well as complete and accurate returns.

We will use our judgment to resolve questions in your favor where the tax law is unclear, or where there are conflicts between the taxing authorities' interpretation of the law and what seem to be other supportable positions.

Your returns may be selected for review by taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of an examination, we will be available to represent you. Fees for representation before a taxing authority will be billed separately from fees for income tax preparation.

We do not accept general responsibility for penalty and/or interest on returns that we prepare. However, if the penalty is due to our error, we will accept responsibility for the applicable portion of penalty. Any other statement with respect to our specific responsibility will be confirmed by a separate letter.

Certain communications involving tax advice may be privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to anyone, or by turning over information about those communications to the government, you (or others) may be waiving this privilege. To protect this right to privileged communication, please consult with us or your attorney prior to disclosing any information about our tax advice. Should you decide that it is appropriate for us to disclose any potentially privileged communication, you agree to provide us with written, advance authority to make that disclosure.

Your Records

We will prepare the tax returns from information you provide. We will not audit or verify the data you submit, although we may ask you for clarification. Our work in connection with the preparation of the tax return does not include any procedures designed to discover defalcations or other irregularities, should any exist.

If, during our work, we discover information that affects prior-year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior-year returns. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue. We will be happy to prepare appropriate amended returns as a separate engagement.

The Internal Revenue Code requires that you have documentation for travel and entertainment expense deductions, "listed property" deductions, as well as for charitable contributions. Your signature below

indicates your compliance with those requirements. Call us if you have any questions regarding these deductions.

It is our understanding that you have mileage logs to support the total miles and business miles reported on the tax return.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. We do not keep any of your original records, so we will return those to you upon the completion of the engagement. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Electronic Mail and Remote Access

In the event that we use electronic mail at any time to communicate with each other, or with third parties, you acknowledge that we have advised you that electronic mail may be subject to a greater risk of interception or unauthorized access than wire-line telephone communication. If we access your computer system remotely via the internet, you acknowledge that we have advised you that remote web access may be subject to a greater risk of interception or unauthorized access than a secure VPN connection or on-site access. If at any time you desire that we not use electronic mail or remote web access, you will advise us of such desire and we will act in accordance with your instruction. If you do not so advise us, we will assume that you consent to the use of electronic mail for communications between our staff and you or other persons with respect to your matters and that you approve of our access to your system via remote web access.

Tax Return Disclosures and Consents

The Internal Revenue Code and regulations impose preparation and disclosure standards with noncompliance penalties on both the preparer of a tax return and on the taxpayer. To avoid exposure to these penalties, it may be necessary in some cases to make certain disclosures to you and/or in the tax return concerning positions taken on the return that do not meet these standards. Accordingly, we will advise you if we identify such a situation, and we will discuss those tax positions that may increase the risk of exposure to penalties and any recommended disclosures with you before completing the preparation of the return. If we conclude that we are obligated to disclose a position and you refuse to permit the disclosure, we reserve the right to withdraw from the engagement. Likewise, where we disagree about the obligation to disclose a position, you also have a right to choose another professional to prepare your return. In either event, you agree to compensate us for our services to the date of withdrawal. Our engagement with you will terminate upon our withdrawal.

The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS to discuss your return with us.

Should we receive any request for the disclosure of privileged information from any third party, including a subpoena or IRS summons, we will notify you. In the event you direct us not to make the disclosure, you agree to hold us harmless from any expenses incurred in defending the privilege, including, by way of illustration only, our attorney's fees, court costs, outside adviser's costs, or penalties or fines imposed as a result of your asserting the privilege or your direction to us to assert the privilege.

Fees

Fees for our services reflect the complexity of issues encountered, technology used, any research that may be required, efficiency generated by staff expertise, other resources required in rendering these services, etc. If unanticipated needs arise or more services are required due to unexpected circumstances, we will discuss it with you before additional fees are incurred.

We will bill you monthly for these fees plus out-of-pocket expenses as work progresses. Our invoices are due and payable on presentation. A finance charge of 1.5 percent per month will be assessed on any unpaid balance. This is an Annual Percentage Rate of 18 percent.

By approving this agreement you are agreeing and promising to pay any finance charge that may be assessed, as indicated above, for any invoice which remains unpaid for more than thirty (30) days. You

also promise to pay all court costs, expenses, and reasonable attorney fees incurred by RBSK Partners PC in collecting any amounts owed to them which are in default, and you promise to pay those sums of money, including reasonable attorney fees in addition to the amount of the invoice and in addition to the interest which is assessed.

In accordance with firm policies, work may be suspended if your account is overdue and will not be resumed until your account is paid in full or other payment arrangements are agreed upon. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed your tax returns. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket expenditures through the date of termination.

In the event of a dispute related in any way to our services, our firm and you agree to discuss the dispute and, if necessary, to promptly mediate in a good faith effort to resolve. We will agree on a mediator, but if we cannot, either of us may apply to a court having personal jurisdiction over the parties for appointment of a mediator. We will share the mediator's fees and expenses equally, but otherwise will bear our own attorneys' fees and mediation cost. Participation in such mediation shall be a condition to either of us initiating litigation. In order to allow time for the mediation, any applicable statute of limitations shall be tolled for a period not to exceed 120 days from the date either of us first requests in writing to mediate the dispute. The mediation shall be confidential in all respects, as allowed or required by law, except our final settlement positions at mediation shall be admissible in litigation solely to determine the prevailing party's identity for purposes of the award of attorneys' fees.

We have the right to withdraw from this engagement, in our discretion, if there are any conflicts of interest, you do not provide us with any information we request in a timely manner, refuse to cooperate with our reasonable requests, or misrepresent any facts. Our withdrawal will release us from any obligation to complete your return and will constitute completion of our engagement. You agree to compensate us for our time and out-of-pocket expenses through the date of our withdrawal.

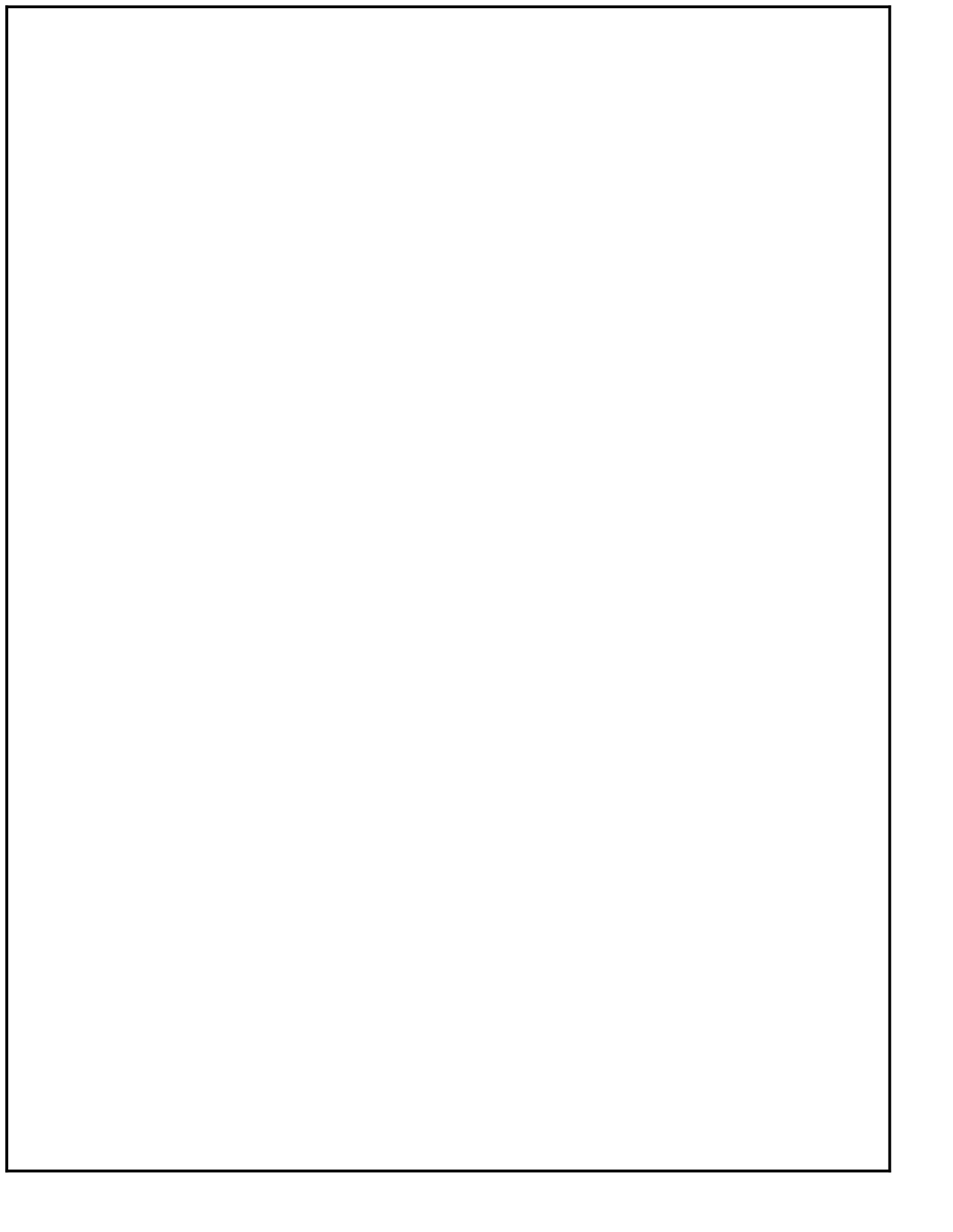
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We appreciate this opportunity to serve you.

Very truly yours,

RBSK Partners PC





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PO Box 200
Greensburg, IN 47240

2014 Client Organizer

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Please sign and either bring to your appointment
or send with all supporting documents

TO: _____

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E-mail address: _____ @ _____.

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	Phone	Toll Free		Phone	Toll Free
Batesville	812.934.5548	/ 800.745.5529	Greensburg	812.663.7567	/ 800.676.7567
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Tax Return Disclosures and Consents

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The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS to discuss your return with us.

Should we receive any request for the disclosure of privileged information from any third party, including a subpoena or IRS summons, we will notify you. In the event you direct us not to make the disclosure, you agree to hold us harmless from any expenses incurred in defending the privilege, including, by way of illustration only, our attorney's fees, court costs, outside adviser's costs, or penalties or fines imposed as a result of your asserting the privilege or your direction to us to assert the privilege.

Fees

Fees for our services reflect the complexity of issues encountered, technology used, any research that may be required, efficiency generated by staff expertise, other resources required in rendering these services, etc. If unanticipated needs arise or more services are required due to unexpected circumstances, we will discuss it with you before additional fees are incurred.

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also promise to pay all court costs, expenses, and reasonable attorney fees incurred by RBSK Partners PC in collecting any amounts owed to them which are in default, and you promise to pay those sums of money, including reasonable attorney fees in addition to the amount of the invoice and in addition to the interest which is assessed.

In accordance with firm policies, work may be suspended if your account is overdue and will not be resumed until your account is paid in full or other payment arrangements are agreed upon. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed your tax returns. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket expenditures through the date of termination.

In the event of a dispute related in any way to our services, our firm and you agree to discuss the dispute and, if necessary, to promptly mediate in a good faith effort to resolve. We will agree on a mediator, but if we cannot, either of us may apply to a court having personal jurisdiction over the parties for appointment of a mediator. We will share the mediator's fees and expenses equally, but otherwise will bear our own attorneys' fees and mediation cost. Participation in such mediation shall be a condition to either of us initiating litigation. In order to allow time for the mediation, any applicable statute of limitations shall be tolled for a period not to exceed 120 days from the date either of us first requests in writing to mediate the dispute. The mediation shall be confidential in all respects, as allowed or required by law, except our final settlement positions at mediation shall be admissible in litigation solely to determine the prevailing party's identity for purposes of the award of attorneys' fees.

We have the right to withdraw from this engagement, in our discretion, if there are any conflicts of interest, you do not provide us with any information we request in a timely manner, refuse to cooperate with our reasonable requests, or misrepresent any facts. Our withdrawal will release us from any obligation to complete your return and will constitute completion of our engagement. You agree to compensate us for our time and out-of-pocket expenses through the date of our withdrawal.

Approval

If the above fairly sets forth your understanding, please sign the client organizer cover page and return it to us together with your tax information. If this engagement letter is not signed, providing us with your tax information is considered acceptance of the terms and conditions of this letter. If, however, we receive no response to this letter, then we will not provide you with any professional services, and will not prepare your income tax returns.

We appreciate this opportunity to serve you.

Very truly yours,

RBSK Partners pc

Client Questionnaire

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

Personal Information

- | | YES | NO |
|--|--|--|
| 1. Do all names and social security numbers match those in the social security system?
If no, call your nearest SSA office or 1-800-772-1213 to correct the information. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you want to allocate \$3 to the Presidential Election Campaign Fund?
Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? | <input type="checkbox"/>
<input type="checkbox"/> | <input type="checkbox"/>
<input type="checkbox"/> |
| 3. Did your marital status change during the year? If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Were you married to a same-sex spouse either in this year or in the past in a state that
legally recognizes same-sex marriage? If yes, when _____ and in what state? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did your address change from last year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Can you be claimed as a dependent by another taxpayer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. If you had estimates for 2014, did you pay them as scheduled and on time?
Did you pay your fourth quarter state estimate in December? (Mark "no"
if paid in January.) | <input type="checkbox"/>
<input type="checkbox"/> | <input type="checkbox"/>
<input type="checkbox"/> |
| 8. Did you and/or your spouse make gifts of more than \$14,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did you receive a distribution from, or were you a grantor/ transferor for a foreign trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did you have a financial interest in or signature authority over a financial account such
as a bank account, securities account, or brokerage account located in a foreign country? <input type="checkbox"/>
If yes, please provide the highest balance during the year. \$_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you have any foreign financial accounts, foreign financial assets, or hold interest
in a foreign entity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Were you audited or did you receive correspondence from the State or the Internal
Revenue Service? If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Did you receive an Identity Protection PIN from the Internal Revenue Service or have
you been a victim of identity theft? If yes, attach the IRS letter. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Would you like to direct deposit any refund?
Would you like to make any payments due by check?
or by automatic withdrawal? (provide date to withdrawal _____)
Please provide bank account information on appropriate organizer page. | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| 15. Did you change any bank accounts that have been used to direct deposit (or direct
debit) funds from (or to) the IRS or other taxing authority during the tax year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. All clients have online access to completed tax returns and will be notified via email when
available. If you wish to receive a paper copy of your tax returns, please select only
one option below: | | |
| Mail paper copies to me. | <input type="checkbox"/> | <input type="checkbox"/> |
| I will pick up copies at the Greensburg office. | <input type="checkbox"/> | <input type="checkbox"/> |
| I will access copies online (no paper copy needed). | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Please call me to schedule an appointment. Best number to call: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Dependent Information

- 1. Were there any changes in dependents from the prior year?
If yes, explain: _____ YES NO
- 2. Are any of your unmarried children who might be claimed as dependents 19 years of age or older? YES NO
If so, are they students? YES NO
If students, do you provide more than half of their support? YES NO
- 3. Do you have any children under age 19 or a full time student under age 24 with unearned income in excess of \$2,000? YES NO
- 4. Do you have any dependents who must file a tax return?
If yes, would you like RBSK to prepare the return? YES NO
- 5. Did you provide over half the support for any other person(s) during the year? YES NO
- 6. Are you divorced or separated with child(ren)? If so, please provide a signed copy of Form 8332 for the noncustodial parent. For settlements before 7/1/2008 a copy of the divorce decree may be used to determine dependent status if it includes the same information as Form 8332. YES NO

Affordable Care Act / Obamacare

- 1. Did you have qualifying health care coverage, such as individual coverage, employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of 2014 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. YES NO
- 2. Did anyone in your family qualify for an exemption from the health care coverage mandate? If so who _____ and for what reason? _____ YES NO
- 3. Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide Form(s) 1095-A you received. YES NO
- 4. Did your insurance company or employer send you a Form 1095-B or Form 1095-C?
If yes, please provide Form(s) 1095-B or 1095-C you received. YES NO

Please note we must report on your tax return, and calculate a penalty, if you, your spouse or any of your dependents did not have insurance for any full month in 2014. If you did NOT have insurance for each month of 2014, please provide details of insurance coverage for each family member by month. See the memorandum enclosed for additional information regarding the Affordable Care Act / Obamacare.

Income Information

- 1. Did you cash any Series EE or I U.S. savings bonds issued after 1989?
If so, were they used for education purposes? YES NO
- 2. Did you sell any stocks, bonds, or other investment property during the year?
If yes, please list the description, date acquired, date sold, sales price, cost or basis, and expenses of sale. YES NO
If you received a 1099-B for the sale, do you agree with the basis information provided? YES NO
- 3. Did you have any wash sales of stock or securities? (A wash sale is a loss on sale where within a period beginning 30 days before the sale date and ending 30 days after that date substantially identical stock or securities is acquired. Such losses are not allowed.) YES NO

Client Questionnaire (page 3)

YES NO

4. Have you personally loaned anyone money with the understanding of repayment which has become totally uncollectible this year? YES NO
If yes, please provide a description of the debt, including the amount and due date, the debtor's name and relationship, the collections efforts made and why the debt is wholly worthless.
5. Did you receive any distribution from a profit-sharing plan, retirement plan, or an individual retirement arrangement? YES NO
6. If you are over 70 1/2, did you receive your correct required minimum distribution? YES NO
If you are unsure, do you want us to confirm your required distribution is correct? YES NO
7. Did you have any debts cancelled or forgiven? If yes, explain: _____
This includes foreclosure or abandonment of residence or other real property. YES NO
8. Did you receive any disability income during the year? If so, who paid the premiums (you or your employer)? _____ YES NO
9. Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA this year? YES NO
10. Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as investment accounts or partnerships? YES NO
11. Did you receive any Social Security benefits during the year? YES NO
12. Did you receive any unemployment benefits during the year? YES NO
13. Did any of your life insurance policies mature, or did you surrender any policies? YES NO
If so, did you receive a 1099? YES NO
14. Did you receive any awards, prizes, hobby income, gambling or lottery winnings? YES NO
15. Did anyone in your family receive a scholarship of any kind during the year that paid for anything other than tuition? YES NO

Business Information

1. Did you start a new business or purchase rental property during the year? YES NO
2. Did you engage in any bartering transactions? YES NO
3. Do you have an auto that is used for business purposes (other than to and from work) for which you were not directly reimbursed? If yes: YES NO
- a. What was the total mileage _____
What was the business mileage _____
- b. Was the vehicle used for commuting? YES NO
If yes, what is the round trip distance normally commuted? _____.
- c. Was the vehicle available for use during off-duty hours? YES NO
- d. Do you have another vehicle for personal use? YES NO
- e. Do you have sufficient records to support this deduction? YES NO
If yes, are they documented or written? YES NO
- f. Do you prefer to use actual auto costs instead of the standard mileage rate? YES NO
If yes, please provide actual costs such as fuel, insurance, license plates, interest on auto loan, etc.

Client Questionnaire (page 4)

- | | YES | NO |
|---|--|--|
| 4. Did you utilize an area of your home for business purposes? If yes: | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Was it used regularly and exclusively for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Was it used for management or administrative purposes and there is no other fixed location where such activities are conducted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you purchase or dispose of (sell, trade, junk) any business assets (furniture, equipment, vehicles, real estate, etc.) or convert any assets to business use? If yes, provide the details of the transaction including description, date placed in service or sold, and cost/basis or proceeds on the Asset List included in the organizer. Please bring settlement papers for purchases of real estate. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you conforming to the new IRS repair vs. capitalization regulations, as outlined in our memorandum attached, which are effective for tax years beginning in 2014 and after? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you want RBSK to review your material and supplies, repairs and property accounts to assist in determining whether such costs should be expensed or capitalized? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did you acquire a new or additional interest in a partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did you receive a distribution from an estate or trust? Please provide any Schedules K-1 (Form 1041). | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has your business (Schedule C or Schedule F) sustained losses over the last several years? If so, is your business entered in to for a profit and will it stand up to the increased IRS scrutiny related to businesses and hobby losses? | <input type="checkbox"/>
<input type="checkbox"/> | <input type="checkbox"/>
<input type="checkbox"/> |
| 11. Are you a business owner and did you purchase health insurance for your employees through a Small Business Health Options Program (SHOP) Marketplace? If yes: Please provide the Marketplace Identifier _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay more than 50% of the premium? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were your average annual wages less than \$50,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have fewer than 25 full time employee equivalents (FTE's)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Did you make any payments during the year that would require you to file Form 1099? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, did you or will you file all required Forms 1099? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want RBSK to prepare the 1099's for you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. We have assumed that all property, payroll and sales are sourced in your home state. If not, please provide sales, payroll, property and rent by state. | | |

Sales Information

- | | | |
|--|--------------------------|--------------------------|
| 1. Did you purchase or sell a principal residence during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If sold, did you own and use your home as a principal residence for at least 2 of the 5 years before the sale? If not, specify the reason you sold your home. Please bring settlement papers and other relevant information. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were any collections made on installment sales contracts for property sold in a prior year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you sell an existing business, rental or interest in a partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |

Adjustments to Gross Income

- | | | |
|--|--------------------------|--------------------------|
| 1. Are you an active participant in a pension or retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you make contributions this year to an IRA, Roth IRA, Keogh, Simple or SEP that are not already reported on your W-2? If so, provide type of account and amount of contributions? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Client Questionnaire (page 5)

- | | YES | NO |
|--|--------------------------|--------------------------|
| 3. Did you convert existing traditional IRAs to ROTH IRAs this year? If so, list amounts converted for Taxpayer \$ _____ and Spouse \$ _____. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you incur moving costs because of a job change? (Note: There is a distance and time requirement.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you pay interest on a higher education student loan? If so: | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Are you a dependent on another taxpayer's return? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Was the student enrolled at least 1/2 time? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Was the debt incurred <u>solely</u> to pay for qualified education expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are you the individual legally obligated to make the loan payments under the terms of the loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. For each loan, list the following: <u>Loan 1</u> <u>Loan 2</u>
Student's name
Amount of interest | | |
| 6. If you are a kindergarten through grade 12 teacher, counselor, principal or aide, did you personally pay for supplies, books and/or equipment? If yes, list amount \$ _____. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did you travel more than 100 miles from home to perform services as a National Guard or Reserve member? If so, your travel expenses, including transportation, mileage, lodging, meals, etc., may be deductible. Please provide the detail of such amounts. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did you make contributions to a Health Savings Account (HSA) or Archer MSA? If so, what was the amount of your contributions? \$ _____.
Was the contribution made BEFORE tax as part of an employer plan? Please provide the annual deductible \$ _____ and the number of months in the plan during 2014 _____.
(This is not a cafeteria/flexible spending plan.) | <input type="checkbox"/> | <input type="checkbox"/> |

Itemized Deduction Information

- | | | |
|--|--------------------------|--------------------------|
| 1. Did you purchase or refinance your principal residence or your second home or take out a home equity loan during the year? If yes, please bring settlement papers and other relevant information. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If you have a home equity loan, were the proceeds used to acquire, build or improve your home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you incur a casualty or theft loss or condemnation awards during the year? If yes, was it related to a federally declared disaster? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you make any major purchases during the year (car, boat, etc.)? If yes, please provide the amount of sales tax paid. \$ _____. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have receipts and/or canceled checks for all charitable contributions, including the required receipt for donations of \$250 or more indicating that no goods or services were received in return? (Note: Cash contributions with no receipt from the charity are not deductible.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did you make any noncash charitable contributions (clothes, furniture, etc.)? Please note that no deduction is allowed for clothing or household items unless they are in good used condition or better and you can substantiate the condition. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did you have any expenses related to seeking a new job during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

Client Questionnaire (page 6)

YES NO

9. Did you pay long-term care premiums for yourself or your family this year?

Taxes Information

1. Did you receive tip income not reported to your employer this year?
If yes, list amount \$_____.

2. Did you pay any individual as a household employee during the year?

3. For 2015 estimated tax purposes, do you expect a large fluctuation in income, deductions or withholding next year?

Credits Information

1. Did you incur any expenses or receive any employer-provided benefits related to the adoption of a child this year?

2. Did you pay for childcare for your child under age 13 while you and your spouse worked or looked for work?

3. Did you make any withdrawals from an education savings or 529 Plan account?
If so: Was the distribution used for qualified higher education expenses?

Did you receive Form 1099-Q? (please provide it)

Total distributions \$_____

Earnings included \$_____

Was the account open for 12 months or will it be open for 12 months?

4. Did you make any contributions to an education savings or 529 Plan account?

Was it an Indiana College Choice 529 Education Savings Plan?

If so: Total contributions \$_____

Plan account number _____

Was the account open for 12 months or will it be open for 12 months?

5. Did you or your dependent (if dependent, it is treated as if it were the parent) pay tuition and fees (not room and board or other personal expenses) for any higher education or post-secondary education?

If yes, please complete the following for each student:

Student 1 Student 2

a. Student's name

b. Year in school (1st, 2nd, 3rd, etc.)

c. Name of educational institution

d. State and county of educational institution

e. Tuition, fees, books and other required course materials paid
(reduced by any scholarships or grants)

f. Date paid

g. Date education began (for which the payment was made)

h. Were tuition and fees paid to acquire or improve job skills?

i. Has the student ever been convicted of a felony consisting
of the possession or distribution of a controlled substance?

6. Did you make energy efficient improvements to your main home this year?

If so, provide a copy of the energy efficiency certification provided by the manufacturer.

7. Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year? If so, please provide the model, year, date purchased, cost and certification.

State Information

1. Are you an Indiana resident? YES NO
 If yes, please complete the Indiana General Information page attached and answer the following:
- a. Did you pay real estate taxes during the year on your personal residence? YES NO
 If yes, # of months lived in the home during 2014 _____.
 Amount of real estate taxes paid during 2014 \$ _____.
 - b. Did you pay unreimbursed private school or home school K-12 education expenses for a dependent child during the year? If yes, how many children were enrolled for at least 180 days during the calendar year? _____ YES NO
 - c. Did you make a donation to a Scholarship Granting Organization (SGO) through the Educational CHOICE Charitable Trust? If so, please provide the details. YES NO
 - d. Did you make any out of state purchases (by telephone, internet, mail or in person) that the seller did not collect sales taxes or use taxes? YES NO
 If so, summarize the cost of 2014 purchases.
 - e. Did you install new (upgrade and not a replacement) insulation, weather stripping, double pane windows, storm doors or windows in your principal residence during 2014? YES NO
 If so, was that part of your residence built before Jan. 1, 2011? YES NO
 If yes, please provide information regarding the item purchased, the purchase price, the place of purchase, the date of purchase, the date of installation and the amount paid for labor.
 - f. Did you pay premiums during 2014 for Indiana Partnership long-term care insurance? If yes, enter premiums paid \$ _____ YES NO

Note: The following information must be included in the policy in order to qualify for this Indiana deduction:

"This policy qualifies under the Indiana Long-term Care program for Medicaid Asset Protection. This policy may provide benefits in excess of the asset protection provided in the Indiana Long-term Care Program."

Form ID: IN **Indiana General Information**

School corporation name (as of January 1 of tax year) _____ [1]
 School corporation code (as of January 1 of tax year) _____ [2]

	Taxpayer	Spouse
County of residence (as of January 1 of tax year)	_____ [3]	_____ [4]
County of employment (as of January 1 of tax year)	_____ [5]	_____ [6]

Household employment taxes:

Employee Name _____	Employee SSN _____ [7]
Income _____	State Tax Withheld _____
County Tax Withheld _____	County Code _____

Contribution
 Amount of contribution you wish to make to:

Nongame and Endangered Wildlife Fund _____ [8]

Renter's Information

Taxpayer, Spouse, Joint (T,S,J) _____	Principal address _____ [10]
	City, state, zip code _____
Number of months rented _____	Total rent paid _____
Landlord name _____	_____ [11]
Landlord address _____	_____
Landlord city, state, zip code _____	_____

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Indiana

	Taxpayer	Spouse
Part-year residency dates:		
From _____	_____ [12]	_____ [14]
To _____	_____ [13]	_____ [15]

Other state(s) lived in during the tax year (Part-year resident or full-year nonresident)			
Taxpayer, Spouse(T,S)	State Postal Code	From Date	To Date
_____	_____	_____	_____ [16]
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	Taxpayer	Spouse
State of residence (Nonresidents only)	_____ [17]	_____ [18]

NOTES/QUESTIONS:

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____

Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

Taxpayer **Spouse**

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) 2 _____

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y, N) Y _____

General: 1040, Contact **Present Mailing Address**

Address _____

Apartment number _____

City/State postal code/Zip code _____ **IN** _____

Foreign country name _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040 **Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441 **Child and Dependent Care Expenses**

Provider information:

Business name _____

First and Last name _____

Street address _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____

Amount paid to care provider in 2014 _____

Taxpayer **Spouse**

Employer-provided dependent care benefits that were forfeited _____

General: Info **Direct Deposit/Electronic Funds Withdrawal Information**

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:

Financial institution: Routing transit number _____ Name _____

Your account number _____ Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

If you would like to use a refund to purchase U.S. Series I Savings bonds (in increments of \$50), enter a maximum amount (up to \$5,000).** _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

**To purchase U.S. Series I Savings bonds in someone else's name, please contact our office.

INTEREST/DIVIDENDS/CAPITAL GAINS/OTHER INCOME

Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J _____ Payer's name _____ Payer's social security number _____
 Payer's address, city, state, zip code _____
 Amount received in 2014 _____ Amount received in 2013 _____

Income: B2 **Dividend Income**

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

	2014 Information		Prior Year Information
	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds	_____	_____	_____
Alimony received	_____	_____	_____
Unemployment compensation	_____	_____	_____
Unemployment compensation repaid	_____	_____	_____
Social security benefits	_____	_____	_____
Medicare premiums to be reported on Schedule A	_____	_____	_____
Railroad retirement benefits	_____	_____	_____

T/S/J	2014 Information	Prior Year Information
Other Income:	_____	_____
_____	_____	_____
_____	_____	_____

1040 Adj: IRA **Adjustments to Income - IRA Contributions**

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer Spouse

Traditional IRA Contributions for 2014 -

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2014

Roth IRA Contributions for 2014 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2014

Educate: Educate2 **Higher Education Deductions and/or Credits**

Complete this section if you paid interest on a qualified student loan in 2014 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S Qualified student loan interest paid 2014 Information Prior Year Information

Complete this section if you paid qualified education expenses for higher education costs in 2014.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S Ed Exp Code* Student's SSN Student's First Name Student's Last Name Qualified Expenses Prior Year Information

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903 **Job Related Moving Expenses**

Complete this section if you moved to a new home because of a new principal work place.

Description of move _____

Taxpayer/Spouse/Joint (T, S, J) _____

Mark if the move was due to service in the armed forces _____

Number of miles from old home to new workplace _____

Number of miles from old home to old workplace _____

Mark if move is outside United States or its possessions _____

Transportation and storage expenses _____

Travel and lodging (not including meals) _____

Total amount reimbursed for moving expenses _____

1040 Adj: OtherAdj **Other Adjustments to Income**

Alimony Paid:

T/S Recipient name Recipient SSN 2014 Information Prior Year Information

Street address _____

City, State and Zip code _____

Taxpayer Spouse Prior Year Information

Educator expenses:

Other adjustments:

ITEMIZED DEDUCTIONS

Itemized: A1 **Medical and Dental Expenses**

T/S/J		2014 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid***	_____	_____
—	Long-term care premiums you paid***	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items	_____	_____

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1 **Tax Expenses**

T/S/J		2014 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2013 state and local income taxes paid in 2014	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2 **Interest Expenses**

T/S/J		2014 Information	Prior Year Information
—	Home mortgage interest From Form 1098	_____	_____
T/S/J	Other home mortgage interest paid to individuals:		
	Payee's Name	SSN or EIN	2014 Information
—	_____	_____	_____
	Address	City	State Zip Code
—	_____	_____	_____

T/S/J		2014 Information	Prior Year Information
—	Investment interest expense, other than on Sch K-1s:	_____	_____
	Refinance #1		Refinance #2
	Refinancing Information:		
T/S/J	Recipient/Lender name	_____	_____
	Total points paid at time of refinance	_____	_____
	Date of refinance	_____	_____
	Term of new loan (in months)	_____	_____
	Reported on Form 1098 in 2014	_____	_____

Itemized: A3 **Charitable Contributions**

T/S/J		2014 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3 **Miscellaneous Deductions**

T/S/J		2014 Information	Prior Year Information
—	Unreimbursed expenses	_____	_____
—	Union dues	_____	_____
—	Tax preparation fees	_____	_____
	Other expenses, subject to 2% AGI limitation:		
—	_____	_____	_____
—	_____	_____	_____
—	Safe deposit box rental	_____	_____
—	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT	_____	_____
	Other expenses, not subject to the 2% AGI limitation:		
—	_____	_____	_____
—	Gambling losses (enter only if you have gambling income)	_____	_____

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

Mark if you want to file a paper return even if you qualify for electronic filing

____[1]

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

1[2]

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

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

____[9]

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

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

Taxpayer self-selected Personal Identification Number (PIN)

_____[7]

Spouse self-selected Personal Identification Number (PIN)

_____[8]

NOTES/QUESTIONS:

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

Part III Household Information -

	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit
January	+ _____ [12]	+ _____ [25]	+ _____ [38]
February	+ _____ [13]	+ _____ [26]	+ _____ [39]
March	+ _____ [14]	+ _____ [27]	+ _____ [40]
April	+ _____ [15]	+ _____ [28]	+ _____ [41]
May	+ _____ [16]	+ _____ [29]	+ _____ [42]
June	+ _____ [17]	+ _____ [30]	+ _____ [43]
July	+ _____ [18]	+ _____ [31]	+ _____ [44]
August	+ _____ [19]	+ _____ [32]	+ _____ [45]
September	+ _____ [20]	+ _____ [33]	+ _____ [46]
October	+ _____ [21]	+ _____ [34]	+ _____ [47]
November	+ _____ [22]	+ _____ [35]	+ _____ [48]
December	+ _____ [23]	+ _____ [36]	+ _____ [49]
Annual total	+ _____ [24]	+ _____ [37]	+ _____ [50]

Control Totals+

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

Part III Household Information -

	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit
January	+ _____ [12]	+ _____ [25]	+ _____ [38]
February	+ _____ [13]	+ _____ [26]	+ _____ [39]
March	+ _____ [14]	+ _____ [27]	+ _____ [40]
April	+ _____ [15]	+ _____ [28]	+ _____ [41]
May	+ _____ [16]	+ _____ [29]	+ _____ [42]
June	+ _____ [17]	+ _____ [30]	+ _____ [43]
July	+ _____ [18]	+ _____ [31]	+ _____ [44]
August	+ _____ [19]	+ _____ [32]	+ _____ [45]
September	+ _____ [20]	+ _____ [33]	+ _____ [46]
October	+ _____ [21]	+ _____ [34]	+ _____ [47]
November	+ _____ [22]	+ _____ [35]	+ _____ [48]
December	+ _____ [23]	+ _____ [36]	+ _____ [49]
Annual total	+ _____ [24]	+ _____ [37]	+ _____ [50]

Control Totals+

NOTES/QUESTIONS: