POPKIN & ASSOCIATES, P.C.

Mark J. Popkin, J.D. Carey Grossman, CPA

PopkinandAssociates.com

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TAX FACTS 2014

| PLEA | SE COMPLETE T | THIS FORM PRIOR T | O YOUR APPOINT | MENT AT OUR OFFIC | ES! | | |
|-----------------|--------------------|------------------------------------|--|------------------------------------|---------|--|--|
| Your Name | | Spouse's Name | | Last Name | | | |
| Street Address | | | | City | | | |
| County | State | Zip Code | Email address | | | | |
| Home Phone | | Work/Cell Phon | ne e | Spouse's Work/Cell | Phone | | |
| | Self: | | | Spouse: | | | |
| Birth Date:/ | | | Birth Date:/ | | | | |
| Social Security | # | | Social Security # _ | | | | |
| Employer: | | | Employer: | | | | |
| Occupation: | | | Occupation: | | | | |
| Al | l dependents three | Children & Ot (3) months of age or | ther Dependents older must obtain a | social security number! | | | |
| Name | Relationship | Date of Birth | Social Security # | How long in home (# of months/yrs) | Support | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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MARK J. POPKIN Fax (678) 277-9118

To Our Clients:

Thank you for choosing Popkin & Associates to prepare your income tax returns for tax year 2014. This letter confirms the services we will be providing to you.

We will prepare your Federal and State returns for tax year 2014 based on the information you provide to us. Although our work will not include procedures to discover irregularities in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can properly prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information within the attached forms related to income and deduction for tax year 2014, and to respond to our inquiries or requests in a timely manner so that we are able to accurately complete your return by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for capital assets.

It is also your responsibility to review your returns carefully before they are filed to determine that all income and deductions have been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility unless we file them for you electronically.

If your returns are later selected for review or audit by the taxing authorities, we will be glad to assist or represent you if you desire. However, our fees for preparing the returns do not include the time that might be necessary to assist you during the review.

Our fees are based on our standard billing rates, plus out-of-pocket expenses. Our invoices are due and payable upon completion of the work described above.

If this letter accurately reflects and summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign below and in the space indicated. By signing below, you acknowledge that the information you have supplied herein is true and correct, to the best of your knowledge.

| Popkin & Ass | ociates, P.C. | |
|--------------|---------------|-------|
| Accepted by: | | |
| | | Date: |
| - | | Date: |

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CHECKING "YES" OR "NO"

| YES | N | O | |
|-----|---|---|--|
| () | (|) | Were you married as of December 31, 2014? If so, please supply spouse's personal information, including social security number and date of birth. |
| () | (|) | Were you in a registered domestic partnership, civil union or same-sex marriage during 2014? |
| () | (|) | Do you have a dependent(s) (other than your spouse/children) that you are claiming as an exemption? If so, please explain! |
| () | (|) | Did you provide over half of the support for any other person(s) during the year? |
| () | (|) | Can you () or any of your children () be claimed as a dependent by another person? If so, please explain! |
| () | (|) | Are you () or any of your dependents () NOT citizens or residents of the United States? If so, please explain! |
| () | (|) | Are you or your spouse in the military or National Guard? |
| () | (|) | Do you have any children under the age of 19 (24 if a full-time student) that received in excess of \$1000 in investment income (Int./Div./etc.) (Kiddie Tax)? |
| () | (|) | Have you () or your spouse () been declared legally blind or disabled? |
| () | (|) | Did you () your spouse () or any of your dependents () incur college tuition and/or fees during 2014? |
| () | (|) | Did you () or your spouse () receive a distribution from a Retirement Account or Fund (1099-R) in 2014? Ex. IRA / 401K / 403B / Pension. |
| () | (|) | Did you () your spouse () or any of your dependents () receive any Social Security benefits in 2014? |
| () | (|) | Did you () your spouse () or any of your dependents () receive Disability Income payments in 2014 ? |
| () | (|) | Are you () or your spouse () a participant in a retirement plan provided by your employer in 2014? (ie. 401K, 403(b), Pension/profit sharing, Def. Comp.) |
| () | (|) | Did you () or your spouse () receive () or pay () any Alimony in 2014? |
| () | (|) | Did you () or your spouse () make a deposit into your own IRA, Roth IRA or SEP/Keogh plan for your self-employed business, in 2014? If not, do you intend to do so prior to filing you return on or before April 15, 2015? |
| () | (|) | Did you () or your spouse () make a deposit into a Health Savings Account (HSA) in 2014? Is your plan employer sponsored? () yes () no |
| () | (|) | Did you () or your spouse () have a Roth IRA conversion or re-conversion in 2014? |

| YES | N | O | |
|-----|---|---|---|
| () | (|) | Did you () or your spouse () retire in 2014? |
| () | (|) | Did you () and/or your spouse () become 70½ years old during 2014? |
| () | (|) | Did you () and/or your spouse () and/or your dependents () have health insurance coverage in 2014, as mandated by the Affordable Care Act (ACA)? If yes, was your health insurance provided by your employer? () yes () no |
| () | (|) | Did you obtain health insurance coverage via the internet (Market Place)? |
| () | (|) | Are you exempt from the health insurance coverage requirements under ACA? If so, please explain reason for exemption: |
| () | (|) | Were you divorced or legally separated from your spouse as of December 31, 2014? If so, please bring your court documents (Settlement Agreement). |
| | | | Date:/_/_ Ex. Spouse's Name: Address: SS# |
| () | (|) | Do you have legal custody of children from a former marriage? Please provide written documentation. |
| () | (|) | Did you or your spouse buy () sell () or refinance () any Real Estate in 2014? |
| | | | If you sold your principle residence, rental property or land in 2014, please bring all related closing documents for the purchase of the property in question, as well as the sales documents provided to you at the closing. |
| () | (|) | Did you claim a first-time home buyers credit for a home purchased in 2008? |
| () | (|) | Did you sell or change the use of your main home for which you claimed first-time home buyer credit? |
| () | (|) | Did you purchase an Electric Vehicle in 2014? If so, please provide your dealer purchase info |
| () | (|) | Did you or your spouse sell any Stocks, Options, Bonds, US Saving Bonds or other financial securities during 2014? If so, please bring the year-end statements (1099-S forms) provided to you by your Brokerage Firm! |
| () | (|) | Did you or your spouse pay any investment interest in 2014? |
| () | (|) | Did you sell any personal assets at a gain? |
| () | (|) | Did you or your spouse receive () and/or exercise () any stock options received from your employer, during 2014? If so, please bring ALL documentation provided by your Employer regarding the options received and/or exercised! |

YES NO () () Do you have a Capital Loss carry-forward from prior years? (See last years' tax return, Sch. "D"/ page 2.) () () Do you have any securities (ex. stock, bonds) that became worthless in 2014? () () Do you have any debts that have become uncollectible in 2014? () () Did you make any Cash or Non-cash Charitable Contributions in 2014? () () Do you have a Charitable Contribution carry forward from prior years? Did you or your spouse receive any foreign income () or pay any foreign income taxes (), () () other than taxes withheld from dividends, in 2014? Please explain! Do you () or your spouse () have any interest in any funds held in a foreign bank account () () or foreign investment account with greater than a \$10,000 balance at any time during 2014? If so, please explain! () () Did you or your spouse own any asset(s), located outside the United States, with a value equal to or greater than \$50,000 at any time during 2014? If so, please explain! Did you have any gambling winnings in 2014? Please provide W2-G! () ()() () Do you have or did you place into service any Rental Real Estate or Rental Equipment in 2014? If so, complete the Rental Property section. () () If you own rental properties, do you qualify as a Real Estate Professional? Please explain! () () Did you trade-in or exchange (sec. 1031 transaction) any assets/land used for business or any other purpose in 2014? Did you pay () or receive () any interest on a Seller-financed Mortgage(s) in 2014? () () If so, please provide Payor/Payee's SS# and address! Did you make a loan to someone in 2014 or prior at an interest rate below market rate? () ()() () Did you pay any Educational (College) Loan Interest in 2014? (see page 14) () () Did you start a new business in 2014? If so, complete Business Schedule! () () Did you () or your spouse () operate a farm in 2014? Did you sell () or discontinue () any Business operations () or a Farm () in 2014? () () If so, please complete the Self-Employed Business Schedule! () () Did you sell any Business assets () or Rental Properties/assets () during 2014?

() () Did you () or your spouse () have an office in your home or use your home for any business purpose(s) in 2014? If so, please complete Office In Home section of the Business schedule! () () Did you () or your spouse () receive a distribution(s) from a Trust, Small Business Corp. ("Sub-S"), Partnership or Estate in 2014? If so, you must supply a K-1 form for each! () () Did you incur a Casualty Loss in 2014 greater than ten (10%) percent of your total income for the year, that was not covered by insurance reimbursement? If so, please explain! () () Did you () or your spouse () receive any "tips" at your job not reported as wages on your W2 form in 2014? () () Did you () or your spouse () work out of town for any part of 2014? If so, please explain! () () Did you use your personal auto for any business purposes in 2014? If so, please complete auto info section of the business schedule or employee expense schedule and provide mileage and expense records for each auto! () () Did you have any expenses exceeding employer reimbursements (paid out-of-pocket) in 2014? () () Did you have any employer reimbursements that exceeded your expenses in 2014? Did you participate in a Barter Transaction(s) in 2014? If so, please explain! () () Did you or your spouse sell anything on the internet (i.e. Ebay, etc.) in 2014? () () () () Did you incur any adoption expenses in 2014? If so, please explain! () () Did you and/or your spouse move to/from the State of Georgia during 2014? If so, please show date moved and where to/from! Date: ___/___ Move to/from:_____ () () Have you obtained a Social Security Number for each of your children born prior to November 1, 2014? () () Did your minor child (dependent) attend a Drivers Education course in 2014? If so, please provide the certificate of attendance, as well as proof of payment for the cost of the course: \$ () () Did you or your spouse make a gift to anyone (other than each other or a charitable org.) in excess of \$14,000.00 in 2014? If so, please explain! () () During this past year, did you receive any type of correspondence from either the IRS () or State Revenue Departments () regarding any prior year's tax return(s)? If so, please bring correspondence for review!

YES NO

| N | No |) | | | | | |
|---|----|------------------|--------------------------------|--|--|---|---|
| (| , |) | Have you ev | ver been audited b | by the IRS or State? | ? If so, when | ? |
| (| |) | Have your f | iled all prior year | s' tax returns? If no | ot, please explain! | |
| (| |) | Did you rec | eive any income | in 2014 which has I | NOT been reported | in this organizer? |
| (| |) | Do you wan | t your refund dire | ectly deposited into | your checking or s | saving acct.? |
| | | | Bank Routin | ng # | | | |
| | | | Acct # | | | () Che | ecking () Saving |
| (| |) | • | | • | eposits for 2014? | |
| | | | l | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
| | D | ates P | aid | | | | |
| | Fε | ederal | Payments | | | | |
| | St | ate Pa | ayments | | | | |
| | D | ates D | Due | 4 / 15 / 14 | 6/15/14 | 9 / 15 / 14 | 1 / 15 / 15 |
| | | | | | | | |
| | | | | \$ | applied from 201 | 3 Federal Refund | |
| | | | | | applied from 201 | | und |
| | | ((() D Fee St | Dates P Federal State Pa | () Have you even () Have your file () Did you recommoder () Do you wanted Bank Routing Acct # () Did you file | () Have you ever been audited by the second of the second | () Have you ever been audited by the IRS or State's () Have your filed all prior years' tax returns? If n () Did you receive any income in 2014 which has I () Do you want your refund directly deposited into Bank Routing # | () Have you ever been audited by the IRS or State? If so, when |

Notes & Comments:

| | | WAGES | / W-2'S / | 109 | 9'S IN 2014 | | | |
|----------------------------|---|--------------------|----------------|-----|---------------|-------------------|----------------------|-----------------|
| Employer | H W | Fed W / H Box 2 | Wages Box 1 | | FICA Box 4 | Medicare Box 6 | StateW / H Box 17 | Local Box 19 |
| Employer | '' | BOX 2 | BOX 1 | | Вол ч | BOX 0 | BOX 17 | BOX 19 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 1000_1 | R PENSION | & IDA D | ICT | | S IN 2014 | | |
| - | | LENSION | K IKA D | 151 | KIBUTION, | 111 2014 | - | - |
| | | | | | | | | |
| | | | | | | | | |
| | | OTHE | R COMI | PEN | SATION | | | |
| () IRA () ROTH | H IRA | Deposits: | | Se | elf \$ | Spouse | \$ | |
| () Self-Employed Pens | () Self-Employed Pension Deposit - 2014: Self \$ Spouse \$ | | | | | | | |
| - SE HSA Medical Saving | g Acco | unt Deposit: | | Se | elf \$ | _ Spouse | \$ | |
| - IRA or Pension Rollove | r in 20 | 14: | | Se | elf \$ | _ Spouse | \$ | |
| - Unemployment Comp. I | Receiv | ed in 2014: | | | elf \$ | | | |
| - Social Security Benef. r | eceive | d in 2014: | | Se | elf \$ | Spouse | \$ | |
| - Alimony Payments rece | ived in | 2014: \$ | | - A | Alimony Paymo | ents Paid in 20 | 014: \$ | |
| | | STATE I | NCOME | TA | X REFUND | | | |

For the Tax Year 2013 and prior years, how much State Tax refund did you receive in 2014? \$_____

UNUSUAL INCOME

Other than W-2/1099-R Income received during 2014, i.e. sale of residence, installment income, condemnation awards, gambling winnings, etc. Please explain full details within the comments/notes area!

INTEREST INCOME IN 2014

| Source (Bank/Institution) | |
|---|--|
| 1 | Form 1099-INT enclosed: () Y () N |
| 2 | Form 1099-INT enclosed: () Y () N |
| 3 | Form 1099-INT enclosed: () Y () N |
| 4 | Form 1099-INT enclosed: () Y () N |
| Note: Please provide a year-end 1099-INT | for each of your and your spouse's bank and/or brokerage statement! |
| Seller Financed Loans/Personal Loan | <u>us</u> |
| 1. Name: | Address: |
| Social Security/FEI # | Amount: \$ |
| 2. Name: | Address: |
| Social Security/FEI # | Amount: \$ |
| | |
| D | IVIDENDS INCOME IN 2014 |
| Source (Bank/Institution) | |
| 1 | Form 1099-B enclosed: () Y () N |
| 2 | Form 1099-B enclosed: () Y () N |
| 3 | Form 1099-B enclosed: () Y () N |
| 4 | Form 1099-B enclosed: () Y () N |
| 5 | Form 1099-B enclosed: () Y () N |
| 6 | Form 1099-B enclosed: () Y () N |
| Note: Please provide a year-end statement | t (1099-B) for each of your and your spouse's bank/brokerage accounts! |

SALE OF CAPITAL ASSETS

SALE OF STOCKS AND OTHER SECURITIES IN 2014

| Source (Brokerage Firm) | |
|--|---|
| 1 | Form 1099-B enclosed: () Y () N |
| 2 | Form 1099-B enclosed: () Y () N |
| 3 | Form 1099-B enclosed: () Y () N |
| 4 | Form 1099-B enclosed: () Y () N |
| 5 | Form 1099-B enclosed: () Y () N |
| Note: Please provide a year-end statement(1099-B | 3) for each of your and your spouse's brokerage accounts! |
| SAL | E OF REAL ESTATE |
| Date of Sale of Re | eal Estate// 2014 |
| Was the Real Estate sold your Princi If so, did you live there for 2 of the lateral Was the Real Estate sold part of a 10 Was the Real Estate sold ever used a Was the Real Estate sold ever used a | ast 5 years? () Y () N () 31 Exchange? () Y () N () Y () N () S rental property? () Y () N () Y () N () Y () N |
| | \$ |
| Other Costs of Sale | \$sto sale)\$s |
| Net Selling Price | \$ |
| Basis of Real Estate Sold in 2014: | |
| Date of Purchase of Real Estate | e Sold/ |
| Cost of Real Estate when Purchase Adjustments to Basis Improvements Depreciation (Rental Property) | \$ |
| Total Adjusted Basis of Real Es | state Sold\$ |

^{*}Note: You MUST supply Closing Statement(s) (HUD-1 Forms) and (1099-S) for each transaction!

"KIDDIE TAX"

PLEASE NOTE

If you have children under the age of 24, and they received unearned income (INTEREST, DIVIDENDS, CAPITAL GAINS or TRUST INCOME) in 2014, you should review the following:

- Kiddie Tax Rules
 - All children under age 18 may be subject to Kiddie tax.
 - All children under age 24 and full-time student are now also subject to the Kiddie Tax rules in 2011and beyond.
 - Child's unearned income exceeding \$2,000/yr. taxed at parent's tax rate if higher than child's.
 - Child's earned income taxed at child's normal tax rate.
 - Child must file own return if income other than Interest / Dividend.
 - Children 18 and older may not be subject to Kiddie Tax if their earned income exceeds half (1/2) their support.
 - Full-time student defined as "in school for 5 months of year."
 - Parent's returns must be completed prior to preparing children's returns.

* Note: Please bring all W/2's, Broker's 1099-S statements and interest income statements for each child's income, for our review and use in preparing their returns.

| Child's Name | Date of | | W-2 or Other Earned Income | |
|----------------------|---------|---------|-------------------------------|---------|
| (1) | | / \$ | | \$ |
| (2) | | / \$ | | \$ |
| (3) | | / \$ | | \$ |
| (4) | / | / \$ | | \$ |
| | CHILD 1 | CHILD 2 | CHILD 3 | CHILD 4 |
| Investment Expenses: | \$ | | | |
| State Income Taxes: | \$ | | | |
| Other Deductions: | \$ | | | |
| NOTES. | | | | |

NOTES:

| | RENTAL | PROPERTY | INFORMATION | | |
|--|-------------|------------|--------------------|--------------|---------------------------------------|
| Property Description | Purchased | Cost/Basis | Prior Depreciation | Method | Life |
| Property A: | | | | | |
| | | | | | |
| Property B: | | | | | |
| | | | | | |
| Property C: | | | | | |
| | | | | | |
| | | | (A) | (D) | (C) |
| | | | | (D) | (C) |
| Rents Received in 2014 | ••••• | | | | |
| 2014 Expenses: | | | | | |
| Advertising | | | | | |
| Auto & Travel | | | | | |
| Cleaning & Mainter | nance | | | | |
| Commissions | | | | | |
| | | | | | |
| Insurance | | | | | |
| Legal/Professional . | ••••• | | | | |
| Mortgage Interest | | | | | |
| | | | | | |
| Repairs | ••••• | ········· | | | · · · · · · · · · · · · · · · · · · · |
| Supplies | | | | | |
| Real Estate Taxes P | aid in 2014 | | | | |
| | | | | | |
| Utilities | ••••• | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | 1 | - | |
| - Was property listed above. | | | | | |
| If yes, how many days?Do you manage your ow | | | | | |

MEDICAL DEDUCTION INFORMATION

| Health Insurance*\$ | Prescription Drugs\$ |
|--|--|
| Long Term Care Insurance | Braces/Orthodontic |
| Emergency Room | Anesthesia |
| Lab Tests | Hearing Aids |
| Physical Exams | "PAP" Tests |
| Handicap Equipment | Parking |
| Transportation | Private Nursing |
| Doctors | Lodging/Food/Travel |
| Chiropractors | Caps/Dentures |
| Physical Therapy | Glasses/Contacts |
| Dentists | Medical Mileage |
| Other Expenses | Weight-loss Program |
| Other Expenses | (must be physician directed) |
| Entenths amount of mirely manner from Incomes as as | d to you in 2014 for any and all item(a) |
| Enter the amount of reimbursement from Insurance paid listed above | · · |
| * Self-Employed OnlyHealth Insurance Paid in 2014 | \$ |
| TAXES PAID DEDUCT STATE/LOCAL INCOME TAX DEDUCTION: | TION INFORMATION |
| If you owed additional tax on your 2013 State Tax return in 2014? | rn, how much of the balance did you actually pay |
| -Tax paid to Georgia for prior years\$\$ | |
| -Tax paid to another state ()\$ | |
| PROPERTY TAX DEDUCTION: (Paid in 2014!) | |
| - Personal Residence, County & City Taxes | \$ |
| - Other Real Estate Taxes | |
| - Ad Valorem Taxes (Auto Tags) | |
| - Intangible Taxes | |
| | |
| - Other Taxes (describe) | Φ |
| SALES TAX (PAID IN 2014) - List all sales tax paid in 2014 on the purchase of ar (i.e. automobiles, furniture, household items, etc.) | • |

MORTGAGE INTEREST DEDUCTION INFORMATION

| 1st Mortgage | \$ | 2 nd Mortgage \$* *Aquisition indebtedness (Y / N) |
|-----------------|--|---|
| | | - Inquisition indebtedness (1711) |
| OND RESIDENC | CE MORTGAGE IN | TEREST DEDUCTION (Paid in 2014) |
| 1st Mortgage | \$ | |
| | | *Aquisition indebtedness (Y / N) |
| Note: Have yo | ou re-financed an aqu | uisition mortgage on either your 1st or 2nd Home? (Y/N) |
| Note: If either | of the mortages abo | ve are held by an individual, you must complete the following: |
| Name: | | |
| Addres | s: | |
| Social | Security # | |
| | REST DEDUCTION erest: (i.e. stocks, bo | nds, etc.) |
| | \$ | |
| UCATIONAL (Sc | hool) LOAN INTER | EST |
| Student Loan | Interest: | |
| | | |
| | \$ | <u> </u> |
| | | |
| AN ORIGINATIO | N FEES / DISCOU | NT POINTS |
| | | |
| • • | | our principle residence, second home or rental property in 2014 g statement for review during your interview! |
| picase offing a | a copy of your closing | g statement for review during your interview: |

OTHER INTEREST DEDUCTIONS

- Interest paid on a loan for the purchase of business assets or the construction of your principle residence may be deductible under certain circumstances. Please discuss!

CHARITABLE CONTRIBUTIONS

| CASH CONTRIBUTIONS / DONATIONS: | (Paid in 2014) |
|---|---|
| \$ | |
| \$ | \$ |
| \$ | \$ |
| \$ | \$ |
| You must have verifiable re | eceipts for ALL contributions claimed over \$250. |
| NON-CASH CONTRIBUTIONS / DONATIONS | ONS: (Made in 2014) |
| information: a signed receipt, date the fair market value at the date of the con Note: If you donated appreciated asse | ets (real estate, stocks or other valuables), please bring records m the Donee Organization. Asset must be held for one (1) |
| Year, make and model of the vehicleCharitable organizationSource of valuation? | |
| CHARITABLE TRAVEL & MILEAGE (In Note: Travel expenses incurred on be services, away from home, are - Charitable travel expenses Auto mileage dedu | ehalf of a charitable organization in the performance of deductible. |
| | LANEOUS DEDUCTIONS ject to 2% AGI Limitation) |
| Professional Dues\$ | |
| Employment/Education Exp\$ | |
| Job Search\$ | |
| Professional Journals\$ | |
| Union Dues\$ | _ |
| IRA Custodial Fees\$ | · · |
| | |
| Uniforms / Job Tools\$ | |

INSTALLMENT SALE

If you received income from an installment sale in 2014 or prior years, attach all relevant documentation. Interest received from installment payments in 2014 should be shown on INTEREST INCOME area of TAX FACTS (see page 9), and not below.

| Description of Property: | | Was Buyer a Related Party? | Principal Amount Received in 2014 |
|--------------------------|-------------------|-------------------------------|-----------------------------------|
| | | (Yes) - (No) | \$ |
| | | (Yes) - (No) | \$ |
| Notes: | | | |
| | | | |
| | | | |
| | | | |
| | | MOVING EXPENSE | |
| Date of move:/_ | / | From: | To: |
| | | esidence to new work place _ | |
| Di | stance from old r | residence to old work place _ | miles. |
| *Continue only if t | the distance betw | een above is 50 miles or mo | re! |
| DESCRIPTION OF EXPI | ENSE: | | Amount |
| Moving Househole | d Goods & Perso | nal Items | \$ |
| Transportation of I | • | | |
| | | new | \$ |
| | deduction for me | | Ψ |
| - Have you or you | r spouse claimed | moving expenses on your in | come tax return |
| in the past year? | | | (Yes) / (No) |
| | | burse you for any of the mo | ving expenses(Yes) / (No) |
| | | aid for or reimbursed you for | • |
| ple | ase provide all o | f the documentation you rec | eived from your employer. |
| Other expenses no | t reimbursed: | | |
| | | | \$ |
| | | | \$ |
| | | | \$ |

CASUALTY, THEFT, & FLOOD LOSS

| Did yo | ou receive F | EMA or Gove | ernment Assi | istance? (Yes) | (No) Explain: | have occured in 2014! |
|--------|--------------------------|--------------------------|--------------|------------------|---------------------|-----------------------|
| | _ | | | | | |
| | | | | | | |
| | | | | | (2) (2) | |
| J | Dusiliess use | ·················· (1) _ | | % | (2) | 90 |
| - | Date aquired | Date of loss | Cost | Insurance paid | Value before loss | Value after loss loss |
| 1) | / / | / /14 | \$ | \$ | \$ | \$ |
| 2) | / / | / /14 | \$ | \$ | \$ | \$ |
| Notes: | | | | | | |
| | | | | | | |
| | | REI | MBURSEI | D BUSINESS 1 | EXPENSES (210 | 6) |
| - | y those businin your W-2 | - | for which y | our employer has | s reimbursed you, a | nd were included as |

Business Meals & Entertainment.....\$_____

Travel related expenses.....\$_____

All other expenses.....\$_____

CHILD CARE AND DEPENDENT EXPENSES

| Name / Child Care Center | Address | Social Security # Federal EIN # | Dates from/to | Amount Paid |
|-----------------------------|---------|---------------------------------|---------------|----------------|
| | | | /14 - /14 | \$ |
| | | | /14 - /14 | \$ |
| | | | /14 - /14 | \$ |

^{**}Note** You must supply Social Security # or Employer FEI # or no credit will be allowed!

COLLEGE / HIGHER EDUCATION EXPENSES

If you paid College tuition and related expenses for either you and/or your dependent(s), you may be eligible to claim a tax CREDIT against your income taxes. Please take a moment to review this information and answer the questions below in order for us to determine if you are eligible for tax relief from the government for these expenses.

*Note: To determine if you qualify for the Educational Credits (American Opportunity Credit or Lifetime Learning Credit) review the following information:

- The taxpayer and spouse must both be U.S. Citizens.
- Must file a Single or Married Filing Joint Return
- Credits effected by Scholarship/Grant money used for tuition
- Qualified Tuition (Tuition/Fees) from College/University/Vocational School
- Covers tuition, including supplies, books, materials, and equipment.
- Student must be your dependent in most cases (AOC)
- AGI limits...Single (\$80,000 \$90,000) / MFJ (\$160,000 \$180,000) phase out
- No credit for year when using Educational IRA Distribution or EE Bonds
- No credit if Student has a prior felony drug conviction
- Credits for AOC & LLC for all 4 (four) years of college / LLC okay anytime
- Student must be enrolled in minimum course requirements (AOC) / LLC no minimum requirement
- AOC Credit...100% of first \$2,000 / 25% of second \$2,000. Maximum \$2,500.
- Up to \$1,000 is a refundable credit, subject to "Kiddie Tax" rules.
- Lifetime LC...20% of Qualified Expenses Maximum \$2,000 credit per family

Questions / Information:

| (Ye | es) (| No) | |
|-----|-------|-----|--|
| (|) (|) | Are you and your spouse U.S. Citizens? |
| (|) (|) | Is your filing status other than Single or MFJ? |
| (|) (|) | Did you take Distribution from an Educational IRA or EE Bonds? |
| (|) (|) | Does your Student receive any form of Financial Aid? |
| (|) (|) | Has your Student been convicted of a drug charge? |
| (|) (|) | Has your Student completed more than two (2) years of college? |
| (|) (|) | Has your Student been enrolled less than full time? |

| Name of Student | Enrollment Status | Dates Attended | Tuition Expense |
|-----------------|-------------------|----------------|-----------------|
| (T) | (FT) (PT) | / /14 - / /14 | \$ |
| (S) | (FT) (PT) | / /14 - / /14 | \$ |
| (D) | (FT) (PT) | / /14 - / /14 | \$ |

^{*} Must supply form 1098-T for each child/taxpayer!

BUSINESS EXPENSES

Schedule "C"

| Business Name: | Address: |
|--|-------------------------------|
| Type Business: | FEI # State Tax # |
| In Operation:/2014 to | //2014 |
| INCOME: | AUTOMOBILE INFORMATION: |
| Sales\$ | Purchase Price\$ |
| Commissions | |
| Begin Inventory | |
| Material Cost | |
| Ending Inventory | |
| Ending inventory | AUTOMOBILE EXPENSES: |
| EXPENSES: | Lease Payments\$ |
| Ad Valorem Tax\$ | |
| Advertising | |
| Bank Charges | |
| Bad Debts | |
| Cards/Printing | |
| Casual Labor | |
| Contract Labor | |
| Conventions | |
| Commissions | |
| Dues | |
| Entertainment | |
| Gifts | |
| | |
| Gross Wages(Bring 941 & ESA Forms) | Bus/Taxi Fares |
| Insurance | |
| Janitorial | |
| | |
| Legal/Accounting Miscellaneous Expense | PURCHASES FOR IN-HOME OFFICE: |
| Office Supplies | |
| = = | |
| Postage | |
| Rental Equipment | |
| Rent/Lease | Copier/Printer//14 |
| Sales Promotionals | |
| Stationary | |
| Telephone, Mobile | |
| Telephone, Business | |
| Long Distance Services | IN-HOME OFFICE EXPENSES: |
| Answering Service / Beeper | |
| UtilitiesTaxes: | Total Square Feet |
| | |
| Payroll | |
| Real Estate | |
| Sales & Use | Maintenance |
| Other Evenences | |
| Other Expenses: | |
| S-E Health Insurance\$ | |
| | |

LIST ALL REAL PROPERTY, EQUIPMENT, OR FURNITURE/FIXTURES PURCHASED OR SOLD IN 2014 USED IN YOUR TRADE OR BUSINESS

| Description | Date Aquired | Cost | Date sold | Sales Price |
|-------------|--------------|------|-----------|-------------|
| | // | \$ | /14 | \$ |
| | // | \$ | /14 | \$ |
| | / / | \$ | / /14 | \$ |

ESTATE TAXATION

If executed prior to 2010, your Will may not be current with present law?

- Do you have a Last Will & Testament? (Yes) (No)
- Do you want to discuss preparation of a Will? (Yes) (No)

(Note* Death Tax Exclusion has been adjusted to \$5.35 million as of January 1, 2014 for estates in 2014.