



QUESTIONNAIRE

Did your filing status change during 2014? Yes No

Will the address on your 2014 Federal return be different from the one shown on your 2013 return? Yes No

If yes, enter the new address:

Street _____

City _____

State _____ Zip Code _____

Were you notified by the Internal Revenue Service or any other taxing authority of Changes to a prior year tax return? Yes No

(If YES, please enclose report notifying you of the changes) Yes No

Did you receive any insurance or other reimbursement from a prior year medical, casualty, or theft loss deduction? Yes No

Do you have dependent children under 18 who received unearned income (interest, dividends, investment income) of over \$1,900? Yes No

Did you buy or sell any bonds during the year? Yes No
(If YES, please provide a copy of the brokers' report.)

Did you start a new business during 2014? Yes No

Did you receive payments from a pension or profit-sharing plan? Yes No

Did you surrender any U.S. savings bonds during 2014? Yes No

Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of distribution? Yes No

Did you rollover any amount from a Traditional IRA to a Roth IRA during 2012, 2013 or 2014? Yes No

Did you receive any disability payments this year? Yes No

Did you make gifts of more than \$13,000 to any individual? Yes No

Did you receive any income not included in the Tax Organizer? Yes No



CHILD AND DEPENDENT CARE EXPENSES

Complete this form only if:

You paid someone to care for a child under 13 or a disabled spouse or dependent so that you are able to go to or look for work, and/or you received dependent care benefits from an employer-paid dependent care assistance program.

Did you pay \$1400 or more in a calendar year to an individual for dependent care services performed in your home?

Yes No

PERSONS or ORGANIZATIONS WHO PROVIDED the CARE

NAME	ADDRESS	IDNUMBER SSN OR EIN	AMOUNT PAID

CHILD AND DEPENDENT CARE EXPENSES

Complete this form only if:

You paid qualified tuition and related expenses and fees required for enrollment or attendance at an eligible education institution.

Did you receive a reimbursement for educational expenses – 1098T from your employers?

Yes No

A) Received from your employer _____ School _____

B) Received from your spouse's employer _____ EIN _____

NAME OF STUDENT	SOCIAL SECURITY #	PREPAID EXPENSES	AMOUNT PAID