PERSONAL INFORMATION

Taxpayer's name _____ Social Security Number _____
Spouse's name _____ Social Security Number _____
Home Address _____ Apartment Number _____
City or town _____ State _____ Zip Code _____ County _____
Foreign country _____ Foreign province/state _____ Foreign postal code _____
E-mail Address(es) _____
Telephone #1 _____ Telephone #2 _____

	Date of Birth	Occupation	Blind	Disabled	Date of Death
Taxpayer	_____	_____	☐	☐	_____
Spouse	_____	_____	☐	☐	_____

FILING STATUS

Indicate your filing status to be used on your 2014 income tax return:

☐ Single ☐ Check if parent (or someone else) can claim you as a dependent on their return
☐ Married Filing Joint
☐ Married Filing Separate ☐ Check if you lived apart from your spouse for all of 2014
☐ Head of Household (May be used if unmarried and you paid over half the cost of keeping up a home for your dependent or qualifying child)
If the person is a child but not a dependent: Name _____ SSN _____
☐ Qualifying Widow(er) (May be used if your spouse died in 2012 or 2013 and you had a child living with you whom you can claim as a dependent)
Year spouse died _____

OTHER INFORMATION

Do you wish to contribute $3 to the Presidential Election campaign? (will not affect your refund or balance due)
Taxpayer - Yes ☐ No☐ Spouse - Yes ☐ No☐

Do you want to allow the paid preparer to discuss your return with the IRS? Yes ☐ No ☐

Do you wish to electronically file your return? Yes ☐ No ☐

Direct Deposit (refund) / Electronic Funds Withdrawal (balance due)
Name of Financial Institution _____ Checking Account ☐ Savings Account ☐
Routing Number _____ Account Number _____

DEPENDENTS

Enter the following dependent information for any qualifying child or qualifying relative:

First Name	Last Name	SSN	Relationship	Date of birth	# of months lived with you	Child care expenses paid in 2014

ACA Health Care Organizer

1 Does everyone in your tax household have qualified health insurance for all 12 months of 2014? ☐ Yes ☐ No

Tax household - Includes the taxpayer, spouse (if filing joint), and any individuals claimed as a dependent on your return. It also generally includes each individual you can, but do not claim as a dependent on your return.

1a If No above, please check which months your tax household had qualified health insurance in 2014.

NAME	ALL	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Taxpayer: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Spouse: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

2 Please indicate where you received your health insurance from for all members of your tax household.

☐ Employer ☐ Government-Sponsored Marketplace ☐ Private Exchange (Individual Insurance Company)

3 Do you qualify for any exemptions from the individual shared responsibility payment (penalty)? ☐ Yes ☐ No

3a If Yes above, have you filed for any exemptions through the government-sponsored marketplace? ☐ Yes ☐ No

Please indicate below who qualifies for an exemption from the health care mandate and for which months.

NAME	ALL	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Taxpayer: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Spouse: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

MISCELLANEOUS QUESTIONS

Complete the following questions. If your answer to any question below is Yes, enclose supporting documentation.

		Yes	No
1.	Have you received any notices or correspondences from the IRS or state in the past 3 tax years?	☐	☐
2.	Did you earn any foreign income or have any foreign taxes paid during 2014?	☐	☐
3.	Did you pay a household employee cash wages of $1,900 or more during 2014?	☐	☐
4.	If yes to #3, were total cash wages of $1,000 or more paid in a calendar quarter to the Household Employee?	☐	☐
5.	Did you refinance a mortgage during 2014?	☐	☐
6.	Did you pay any real estate taxes in 2014?	☐	☐
7.	Did you sell your home during 2014?	☐	☐
8.	Did you use any special fuels for farming purposes or other non-highway uses?	☐	☐
9.	Did you receive any unreported tip income during 2014?	☐	☐
10.	Do you have any children age 18 or under (or student under age 24) who had unearned income of more than $2,000?	☐	☐
11.	If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return?	☐	☐
12.	Did you pay any expenses related to the adoption of an eligible child?	☐	☐
13.	Did you purchase an item(s) during 2014 that you paid a large amount of sales tax on?	☐	☐
14.	Did you receive any distributions from a health savings account (HSA), Archer MSA, or Medicare Advantage (MA) MSA reported to you on Form 1099-SA?	☐	☐
15.	Are you currently repaying the First-Time Homebuyer Credit? If yes, provide details below.	☐	☐

ADDITIONAL COMMENTS OR QUESTIONS