Prepared By:

Russell Eckert Mealer & Kalb CPAs, Inc 2545 Farmers Dr Ste 180 Columbus, OH 43235-2791

Prepared For:

New Client

2014 Client Organizer

Russell Eckert Mealer & Kalb CPAs, Inc 2545 Farmers Dr Ste 180 Columbus, OH 43235-2791 614-336-3992

New Client

,

Dear New:

This Client Organizer and Questionnaire is designed to help you gather tax information needed to prepare your 2014 personal income tax return. We have preprinted certain information from your 2013 personal income tax return to help you complete the organizer with minimal time and effort. Enter 2014 information on the Client Organizer sheets provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The following deadlines are being implemented in our attempt to prepare your tax returns more efficiently:

- * Wednesday, April 1, 2015
 (Last day to submit tax package for timely filing on April 15, 2015)
- * Friday, April 10, 2015
 (last day to request an extension, must be accompanied by a signed work agreement)

In recent years there have been significant delays in our ability to begin work on tax returns due to last-minute tax law changes and late issuance of brokerage statements. The 2014 tax year will certainly have similar delays.

The above cut-off dates are being implemented in order to manage the final days of tax season. *Please make every effort to submit your tax package as soon as possible.*

If necessary, please submit your package timely, even if you are missing certain documents. Simply make a note of the omissions on your tax organizer. We will then be able to begin our work more timely.

Thank you for your assistance in making this tax season as smooth as possible and thank you for being part of our REMK family!

Sincerely,

The REMK Team

AFFORDABLE CARE ACT LETTER ON PAGE 2

WORK AGREEMENT ON PAGES 3 & 4

AFFORDABLE CARE ACT NOTICE

The purpose of this letter is to explain some of new tax provisions that start this tax season and the impact on you. Please read carefully.

Health Care Reform (also known as "Obamacare") has passed and the result will be additional tax due for many taxpayers. The IRS is the administrator of these new taxes and unfortunately the accountant has to do the calculations. There are two new taxes that apply at certain income levels. While these began with the 2013 tax year, we thought it would be valuable to explain the nature of these taxes here.

Insurance Mandate - New for 2014 Tax Year

This year will be the first year of the individual health insurance mandate and any related penalties that may be due with this year's filing. We are required to reconcile the months of health coverage, any subsidy received to offset your health premium on the exchange and determine if the subsidy was in excess of the allowable amount based on your income.

Additional Medicare Tax - Began in 2013 Tax Year

This is a tax of 0.9% of your earned income in excess of \$200,000 single or head of household, \$250,000 married and \$125,000 married filing separate. You should have had 0.9% withheld from a salary job once your income reaches \$200,000. Unfortunately, if you are married what is withheld will not be the correct amount. If you are self-employed nothing was withheld. Our job is to reconcile what was paid and what is owed on the tax return.

Net Investment Income Tax - Began in 2013 Tax Year

This will tax you 3.8% on the lesser of Modified Adjusted Gross Income exceeding \$200,000 single or head of household, \$250,000 married and \$125,000 married filing separate or your net investment income. The net investment income calculation is a whole new taxing system that taxes all kinds of non-earned income. The good news is they will let us deduct certain expenses and allocate a portion of our state tax against the income. This is a monster calculation.

We hope you will not kill the messenger! We can only report what your legislators do and plan every way possible to minimize the impact.

Considering the above items, please take a moment to review the enclosed tax organizer and address the questions that apply to your situation. Our staff will certainly follow-up with you to make sure that these new taxes and applied properly.

We look forward to serving you this year.

WORK AGREEMENT

Thank you for engaging us to prepare your 2014 federal and state income tax returns, as well as any other required income tax returns.

Here are the terms of our professional relationship:

- A. We will prepare our work product based only on information which you give us. You represent that you will provide us information which is complete, true and correct, disclosing all relevant facts.
- B. You have reviewed our tax organizer and completed it as best you can (we will review the tax organizer, and in some cases, we may assist in completing it by documenting things you tell us. This is to be construed as if you prepared it in your own handwriting). The IRS says it is your responsibility that all items of income and expenses are properly included and presented on your tax return. You promise to review the returns carefully before signing and submitting Form 8879.
- C. We will, if possible, e-file your returns upon receipt of a signed form 8879. It is possible your e-filing may be rejected, in which case we will prepare returns for paper filing. There will be an additional charge for re-compiling the returns for paper filing.
- D. You are aware of IRS record keeping and documentation requirements, and you represent that you have the necessary documentation. Upon IRS examination these may be necessary to prove the accuracy and completeness of summary information you provide to us. You understand we will not audit or verify your information, and cannot be relied upon to do so.
- E. It is possible you may receive a notice for additional tax, or for clarification of items. You promise you will contact us if you receive any communication from any taxing authority. Additional work requested or required, including responding to any inquires from tax authorities, tax planning, amended returns or audit work will be billed at our regular hourly rates.
- F. There may be elections and decisions in your return which could be challenged by tax authorities. If we believe we see a grey area, we will discuss it with you. We are required by law to disclose any position on a return for which there is a reasonable probability of challenge. Tax law is ever-changing. It is possible that you may be assessed additional tax, interest or penalties. While we try our best, we are human and occasionally make mistakes.
- G. Penalties on underpayment, late filing or failure to file on time, and interest on unpaid tax are your responsibility. However, if you receive a penalty imposed as the result of <u>our error</u>, we will reimburse you for the penalty or credit your account at our option.
- H. You understand what was involved in the preparation of your return and acknowledge that the return was prepared with your informed consent. You agree to the reasonableness of how we bill, and you agree to pay our bill upon presentation.
- I. We will return all the original source documents provided to us. We routinely scan and keep copies of some supporting documents, <u>but we are not the custodian of your records</u>, and you cannot rely upon us to maintain support for your tax return that is your responsibility. By accepting the return, you acknowledge the return of all original source documents.

- J. Should there be any disagreement of any sort between us, you agree to mediation. If mediation is unsuccessful, you agree to binding arbitration under the rules of the American Arbitration Association. You agree that the limit of time for making a claim arising from our services is one year after the services are rendered.
- K. Advice, suggestions and opinions which are given informally, orally or via email do not have the same force and effect of a formal written opinion and should not be relied upon to the same degree. The IRS says that any advice which you receive from us, either in writing or orally, cannot be used as a defense against the assessment of a penalty.
- L. In the case of work product covering more than one party, the undersigned enters into the agreement on behalf of all affected parties (i.e., husband signing for both spouses).
- M. If any provision herein is inoperative, the remainder of the agreement shall remain in full force and effect. This agreement is intended as the complete agreement and can only be modified in writing signed by both of us.

Read, understood and agreed to on _	/	/	
	date		signature (taxpayer)

WE WILL NOT RELEASE INCOME TAX RETURNS WITHOUT A SIGNED WORK AGREEMENT

1040 Information Checklist

 Signed Work Agreement
 New clients: copies of prior federal, state and local tax returns and depreciation schedules if applicable (at lease one year, preferably three).
 Completed client questionnaire.
 All return packets or mailing labels sent to you by various taxing agencies.
 All W-2's
 All 1099 forms received confirming income from interest, dividends, retirement, Social Security, disability, unemployment, gambling winnings, etc.
 All 1095 forms received for the individual health insurance mandate (NEW)
 All income information for children if you want us to prepare any required returns
 Year-end statement of mortgage interest (Form 1098), escrow activity and balance on mortgage or home equity loans and real estate taxes paid.
 Documentation to support charitable contributions, and details for any noncash contributions over \$500, including your original cost and estimated market value.
 Copies of all LLC, Partnership or S-Corporation K-1's that are currently available.
 Settlement statements for each transaction if you bought, sold or refinanced real estate.
 Cost basis information for all mutual fund, stocks, and any other asset sales.
 If you are claiming auto mileage as a deduction for business, rental properties or unreimbursed employee expenses, we need to know: total miles, and business miles driven for the year.
 If you lease your car or are deducting actual expenses, please also provide: original value of the car (what you could have bought it for) and date of lease, and all expenses for lease payments, gas, car washes, licenses, insurance, tires, repairs, etc.
 Copies of any federal, state or local correspondence during the year (including all payments made or refunds received).
 All legal documents for formation, sale or purchase of a business during the year.
 Copies of New Home purchase settlement statement (HUD1).
 All legal documents for divorce decrees and shared parenting plans (only if not previously provided).
 Bank routing number and account number for electronic filing and direct deposit of refunds (information can be provided by submitting a voided check)

Questions

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

	Yes	No
Personal Information		
Did your marital status change during the year?	р	р
If yes, explain:	•	•
Did you get married to a same-sex spouse in a state that legally recognizes		
same-sex marriage?	р	р
If yes, explain:		
Did your address change from last year?	р	р
Can you be claimed as a dependent by another taxpayer?	р	р
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?	р	р
Donardant Information		
Dependent Information		
Were there any changes in dependents from the prior year?	р	р
If yes, explain:		
unearned income in excess of \$2,000?	n	n
Do you have dependents who must file a tax return?	р	р
Did you provide over half the support for any other person(s) other than your	р	р
dependent children during the year?	р	р
Did you pay for child care while you worked or looked for work?	р	p
Did you pay any expenses related to the adoption of a child during the year?	р	р
If you are divorced or separated with child(ren), do you have a divorce decree	P	P
or other form of separation agreement which establishes custodial responsibilities?	р	р
	•	•
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	р	р
Did you acquire a new or additional interest in a partnership or S corporation?	р р	р
Did you sell, exchange, or purchase any real estate during the year?	р р	р
Did you purchase or sell a principal residence during the year?	p p	p
Did you foreclose or abandon a principal residence or real property during the year?	þ	p
Did you acquire or dispose of any stock during the year?	р	р
Did you take out a home equity loan this year?	р	р
Did you refinance a principal residence or second home this year?	р	р
Did you sell an existing business, rental, or other property this year?	р	р
Did you lend money with the understanding of repayment and this year and it		
became totally uncollectable?	р	р
Did you have any debts canceled or forgiven this year, such as home mortgage or		
student loans?	р	р
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell	-	_
vehicle this year?	р	р
Income Information		
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	n	n
Did you receive any income from property sold prior to this year?	p n	p
Did you receive any unemployment benefits during the year?	p n	p
Did you receive any disability income during the year?	р р	p n
Did you receive any disability income during the year? Did you receive tip income not reported to your employer this year?	р	p p
Did you receive up meome not reported to your employer this year:	~	Ρ

Did any of your life insurance policies mature, or did you surrender any policies? Did you receive any awards, prizes, hobby income, gambling or lottery winnings? Do you expect a large fluctuation in income, deductions, or withholding next year? Retirement Information	p p	p p
Are you an active participant in a pension or retirement plan?	р	р
Did you receive any Social Security benefits during the year?	þ	þ
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? Did you receive any lump-sum payments from a pension, profit sharing or	р	р
401(k) plan?	р	р
Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	р	р
Education Information		
Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	n	n
Did you have any educational expenses during the year on behalf of yourself,	р	р
your spouse, or a dependent?	p	р
Did anyone in your family receive a scholarship of any kind during the year? Did you make any withdrawals from an education savings or 529 Plan account?	р р	р р
Did you pay any student loan interest this year?	p	р
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	þ	þ
Did you make any contributions to an education savings or 529 Plan account?	þ	þ
Health Care Information Did you have qualifying health care coverage, such as 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 <u>CAN</u> claim as a dependent. Did anyone in your family qualify for an exemption from the health care coverage mandate? Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, <u>please provide any Form(s) 1095-A</u> you received. Did you make any contributions to a Health savings account (HSA) or Archer MSA? Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year? Did you pay long-term care premiums for yourself or your family?	р р р	6 6 6 6 6
If you are a business owner, did you pay health insurance premiums for your	n	-
employees this year? Itemized Deduction Information	р	р
Did you incur a casualty or theft loss or any condemnation awards during the year?	р	р
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	p	p
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made. Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C	þ	р
or other written acknowledgement from the donee organization.	p	р
Did you have an expense account or allowance during the year? Did you use your car on the job, for other than commuting?	p	р
Did you use your car on the job, for other than commuting? Did you work out of town for part of the year?	р р	р р
Did you have any expenses related to seeking a new job during the year?	p	р
Did you make any major purchases during the year (cars, boats, etc.)?	p p	p
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	р	р
	1-	•

Miscel	laneous	Inform	nation
MISCEL	ianeous	шии	паиоп

Did you make gifts of more than \$14,000 to any individual?	р	р
Did you utilize an area of your home for business purposes?	р	р
Did you engage in any bartering transactions?	р	р
Did you retire or change jobs this year?	р	р
Did you incur moving costs because of a job change?	р	р
Did you pay any individual as a household employee during the year?	р	р
Did you make energy efficient improvements to your main home this year?	p	р
Did you make online purchases where you were not charged resident state sales tax?		
(if so, how much)	р	р
Did you receive a distribution from, or were you a grantor or transferor for a foreign		
trust?	р	р
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?	р	р
Do you have any foreign financial accounts, foreign financial assets, or hold	-	-
interest in a foreign entity?	р	р
Did you receive correspondence from the State or the Internal Revenue Service?	р	р
If yes, explain:	-	-
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.	р	р
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you		
check yes, it will not change your tax or reduce your refund.	р	р

Form ID: 1040

Form ID: 1040	Persor	nal Information			1
Filing (Marital) status code (1 = Single, 2 = 1) Mark if you were married but living apa Mark if your nonresident alien spouse (rt all year does not have an Individual T	axpayer Identification Nun			1[1] [2] [3]
Social security number	+	Taxpayer ***_**_ _[4]		Spouse	
First name	New	[6]			[5] [7]
Last name	Client	[8]			[,,
Occupation		[10]			[11]
Designate \$3.00 to the presidential elec-	. •	= No, 3 = Blank) $2[12]$			[14]
Mark if dependent of another taxpayer		[15]			[16]
Taxpayer with income less than 1/2 sup	port age 18 or 19 - 23 full-tin				[24]
Mark if legally blind Date of birth		[20] [22]			[21] [24]
Date of death	_	[26]			[27]
Work/daytime telephone number/ext r	number	[28] [29]		[30]	[31]
Home/evening telephone number	_	[32]			[33]
Do you authorize us to discuss your retu	urn with the IRS? (Y, N)	<u>Y</u> [34]			
	Present	: Mailing Address			
Address		·			[38]
Apartment number					[39]
City, state postal code, zip code			[40]	[41]	[42]
Foreign country name					[44]
In care of addressee					[47]
	Depend	dent Information			
	(*Please refer to Deper	ndent Codes located at th	ne bottom)	Months***Dep	Care
First Name ^[48] Last Nam	ne Date of Birth	Social Security No.	Relationship	in Codes home * **	expenses paid for dependent
		-			
Name of child who lived with you but is					[49]
Social security number of qualifying per					[50]
40.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.		pendent Codes	1/4 10		
*Basic 1 = Child who lived wi	•		ent (Age 19 - 23)		
2 = Child who did not 3 = Other dependent	live with you		bled dependent endent who is both a	a student and disah	aled
	r Earned Income Credit only		SIGOIR WIND IS BOILL	a stadorit drid disak	,,,,,,
1	I with you, but do not qualif		dit		
	I with you, but do not qualif				
	I with you, but do not qualif	y for Child Tax Credit or I	Earned Income Credi	t	
***Months 77 = Reported on odd					
88 = Reported on ever 99 = Not reported on					
77 - Not reported on					
1					ı

Form ID: Info	Client Contact Information	2
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Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related question Taxpayer email address	ns) (Blank = Both, T = Taxpayer, S = Spouse)	[8]
Spouse email address		[9] [10
	Taxpayer	Spouse
Fax telephone number	[11]	[19
Mobile telephone number	 [12]	[20
Mobile telephone #2 number	 [13]	[21
Pager number	 [14]	[22
Other:		[23
Telephone number	[16]	
Extension	 [17]	[25
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	[18]	[26

NOTES/QUESTIONS:

Form ID: Bank

Direct Deposit/Electronic Funds Withdrawal Information

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If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the

fields below. Note that electronic funds will be withdrawn only from the primar Primary account: Financial institution routing transit number	ary account listed below.	[1]
Name of financial institution		[1] [2]
Your account number		[3]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)		[4]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse name	es are on the account)	_[5]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the	e United States)	_[6]
Enter the maximum dollar amount, or percentage of total refund	ar[7] or Percent (xxx.xx)	[8]
Secondary account #1:		
Financial institution routing transit number		[23]
Name of financial institution		[24]
Your account number		[25]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)		_[26]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse name		_[27]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the		_[28]
Enter the maximum dollar amount, or percentage of total refund	ar[9] or Percent (xxx.xx)	[10]
Secondary account #2:		
Financial institution routing transit number		[29]
Name of financial institution		[30]
Your account number		[31]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)		_[32]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse name		_[33]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the	e United States)	_[34]
Enter the maximum dollar amount, or percentage of total refund	ar[13] or Percent (xxx.xx)	[14]
*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.	
Refund - U.S. Series I Savings Bond	Purchases	
A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds an to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund Please note you may enter only one name per registration (with exception of r name, do not use nicknames.	d, if applicable, please complete the following infor	mation.
Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund		
The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bo To register the bonds separately, leave these fields blank and use the fields provided below.	onas will be registered in both names listed on the return.	
Enter either a dollar amount or percent, but not both	Dollar[11] or Percent (xxx.xx) _	[12]
Bond information for someone other than taxpayer and spouse, if married filing jo Maximum dollar amount (up to \$5,000), or percentage of refund used to purcha		[16]
Owner's name (First Last)	[36]	[37]
Co-owner or beneficiary (First Last)	[38]	[39]
Mark if the name listed above is a beneficiary		_[40]
Bond information for someone other than taxpayer and spouse, if married filing jo	intly	
Maximum dollar amount (up to \$5,000), or percentage of refund used to purcha	•	[20]
Owner's name (First Last)	[41]	
Co-owner or beneficiary (First Last)	[43]	[44]
Mark if the name listed above is a beneficiary		[45]

General Form	ı ID: Bank
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Form ID: Est	Estimated Taxes	5
If you have an overpayment of 2014 to	axes, do you want the excess:	[47]
Applied to 2015 estimated tax li	iability	[48]
Do you expect a considerable change i		[49]
If yes, please explain any differences:		
		[50]
		[51]
		[52]
Da vasa assarah a assarah asah asah asah a	in control deductions for 20152 and	[53]
Do you expect a considerable change i	in your deductions for 2015? (Y, N)	[54]
If yes, please explain any differences:		(CE)
		[55] [56]
		[50] [57]
		[58]
Do you expect a considerable change i	in the amount of your 2015 withholding? (Y, N)	[59]
If yes, please explain any differences:		
		[60]
		[61]
		[62]
		[63]
• •	er of dependents claimed for 2015? (Y, N)	[64]
If yes, please explain any differences:		
		[65]
		[66]
		[67] [68]
Mark if you use the Electronic Federal	Tax Payment System (EFTPS) to pay your estimated taxes	[69]
a.v yeu uee ine zieen eine veuera.	Tall Laymont of the pay your commuted talloc	
	2014 Federal Estimated Tax Payments	
2013 overpayment applied to 2014 es		[1]
Mark if you paid the calculated amoun	nts on the dates due indicated below. Skip the remaining fields.	[4]
If your estimated payments were not rethe actual date and amount paid.	made on the date due or were for an amount other than the calculated amount below, pleas	e enter
·		
	Date Due Date Paid if After Date Due Amount Paid Calculat	ted Amount
1st quarter payment	4/15/14[5] +[6]	
2nd quarter payment		
3rd quarter payment		
4th quarter payment		
Additional payment	[13] +[14]	
NOTES/QUESTIONS:		

Control Totals +	Pay	yments	Form ID: Est

Form ID: St Pmt	6		
Taxpayer/Spouse/Joint (T, S, J) State postal code			_[1] [2]
Amount paid with 2013 return 2013 overpayment applied to '14 estimates Treat calculated amounts as paid			+[3] +[4] [8]
Date Paid 1st quarter payment [9] 2nd quarter payment [11] 3rd quarter payment [13] 4th quarter payment [15] Additional payment [17]		Amount Paid +[10] +[12] +[14] +[16] +[18]	Calculated Amount
	2014 City Estima	ited Tax Payments	
City #1 City name Amount paid with 2013 return + _ 2013 overpayment applied to '14 estimates + _ Treat calculated amounts as paid	[28] [31] [32] [36]	City #2 City name Amount paid with 2013 return 2013 overpayment applied to '14 estimates Treat calculated amounts as paid	
1st quarter payment [37] + 2nd quarter payment [39] + 3rd quarter payment [41] +	Amount Paid [38] [40] [42] [44]	Date Paid 1st quarter payment 2nd quarter payment 3rd quarter payment 4th quarter payment [63]	Amount Paid +[60] +[62] +[64] +[66]
Calculated Amount 1st quarter payment 2nd quarter payment 3rd quarter payment 4th quarter payment		Calculated Amou 1st quarter payment 2nd quarter payment 3rd quarter payment 4th quarter payment	nt
City #3 City name Amount paid with 2013 return + 2013 overpayment applied to '14 estimates + Treat calculated amounts as paid		City #4 City name Amount paid with 2013 return 2013 overpayment applied to '14 estimates Treat calculated amounts as paid	
2nd quarter payment [83] +	Amount Paid [82] [84] [86] [88]	2nd quarter payment [105] 3rd quarter payment [107] 4th quarter payment [109]	Amount Paid +[104] +[106] +[110]
Calculated Amount 1st quarter payment 2nd quarter payment 3rd quarter payment 4th quarter payment		Calculated Amou 1st quarter payment 2nd quarter payment 3rd quarter payment 4th quarter payment	

Name of locality (Box 20)

Please provic	de all copies of Form W-2.	
	2014 Information	Prior Year Information
Taxpayer/Spouse (T, S)	\underline{T} [1]	
Employer name <u>JOB, INC</u>	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farmi	ng / Fishing, 4 = National Guard)[5]	
Mark if this is your current employer	[6]	
Federal wages and salaries (Box 1)	+[10]	
Federal tax withheld (Box 2)	+[12]	
Social security wages (Box 3) (If different than federal wages)	+[14]	
Social security tax withheld (Box 4)	+[16]	
Medicare wages (Box 5) (If different than federal wages)	+[18]	
Medicare tax withheld (Box 6)	+[21]	
SS tips (Box 7)	+[23]	
Allocated tips (Box 8)	+[25]	
Dependent care benefits (Box 10)	+[27]	
Box 13 -		
Statutory employee	[29]	
Retirement plan	[30]	
Third-party sick pay	[31]	
State postal code (Box 15)	<u>OH</u> [32]	
State wages (Box 16) (If different than federal wages)	+[34]	
State tax withheld (Box 17)	+[36]	
Local wages (Box 18)	+[38]	
Local tax withheld (Box 19)	+[40]	

Control Totals +	

[43]

Wages and Salaries #2

Please provi	de all copies of Form W-2.	
·	2014 Information	Prior Year Information
Taxpayer/Spouse (T, S)	<u>S</u> [1]	
Employer name <u>JOB_II, INC.</u>	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farm	ning / Fishing, 4 = National Guard)[5]	
Mark if this your current employer	[6]	
Federal wages and salaries (Box 1)	+[10]	
Federal tax withheld (Box 2)	+[12]	
Social security wages (Box 3) (If different than federal wages)	+[14]	
Social security tax withheld (Box 4)	+[16]	
Medicare wages (Box 5) (If different than federal wages)	+[18]	
Medicare tax withheld (Box 6)	+[21]	
SS tips (Box 7)	+[23]	
Allocated tips (Box 8)	+[25]	
Dependent care benefits (Box 10)	+[27]	
Box 13 -		
Statutory employee	[29]	
Retirement plan	[30]	
Third-party sick pay	[31]	
State postal code (Box 15)	[32]	
State wages (Box 16) (If different than federal wages)	+[34]	
State tax withheld (Box 17)	+[36]	
Local wages (Box 18)	+[38]	
Local tax withheld (Box 19)	+[40]	
Name of locality (Box 20)	[43]	

Control Totals +	

Income	Form ID: W2
111C:OHE	I FUITH HIJ VVZ

Form ID: B-1 Interest Income 10

Please provide copies of all Form 1099-INT or other statements reporting interest income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**	*See co	des below)	Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
		1 -	Payer							
		1	Amounts	+						
		2 -	Payer							
		_	Amounts	+						
		3 –	Payer							
			Amounts	+						
		4 -	Payer							
			Amounts	+						
		5 –	Payer	1			 		· · · · · · · · · · · · · · · · · · ·	
			Amounts	+						
		6	Payer	ı		Γ	T T		Г	
			Amounts	+						
		7	Payer			Γ				
			Amounts	+						
		8 -	Payer	ı		.				
			Amounts	+						
		9 -	Payer			<u></u>			<u> </u>	
			Amounts	+						
		10-	Payer	T		<u> </u>				
			Amounts	+						

	**Interest Codes	
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Control Totals +	Income	Form ID: B-1
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Form ID: B-2 Dividend Income 11

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S Ty J Co	pe de (**	See codes below)	Ordinary [2] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer											
	'	Amounts +											
	2	Payer											
		Amounts +											
	3	Payer											_
	J	Amounts +											
	4	Payer											_
		Amounts +											
	5	Payer											
	ļ,	Amounts +											
	6	Payer				1							
	ļ [°]	Amounts +											
	7	Payer											
	Ľ	Amounts +											
	8	Payer									,		
	L	Amounts +											
	9	Payer	<u> </u>			,							
	Ľ	Amounts +											
	10	Payer	,			,							
		Amounts +											

	**Dividend Codes
Blank = Other	3 = Nominee

Control Totals +	Income	Form ID: B-2
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FORM ID: D	Sales of Stock	cs, Securities, and Other	Investment P	roperty	14
5	Please p	provide copies of all Forms 109	99-B and 1099-S		
	any securities become worthless during 2				_[8]
	any debts become uncollectible during 20 any commodity sales, short sales, or strac				_[9]
	nge any securities or investments for son				[10] [12]
Dia you exeria	ingo any securities of investments for son	Tetring other than cash. (1, 14)			[12]
Г/Ѕ/Ј	Description of Property [1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
	1 7 3	'		+	+
				+	+
				+	+
				+	+
				+	+
_				+	+
				+	+
				+	+
				+	+
_				+	+
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	Control To	tals +	Income		Form ID: D
	1 3311131 10				1

Form ID: Income Other Income 15

	2014 Inf	ormation	Prior Year Information
State and local income tax refunds		+[1]	4,224
	Taxpayer	Spouse	
Alimony received	+[3]	+[4]	
Unemployment compensation	+[8]		
Unemployment compensation federal withholding	+[8]		
Unemployment compensation state withholding			
Unemployment compensation repaid	+[8]		
	+[11]		
Alaska Permanent Fund dividends	+[17]	+[18]	
Self- Employment Income ? T/S/J (Y, N) Other income, such as: Com	missions, Jury pay, Director fees		Prior Year Information
		+[14]	
<u> </u>		+	
		+	
		+	
		+	
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		+	

NOTES/QUESTIONS:

Control Totals +	Income	Form ID: Income

1 Preparer use only			
		2014 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		[2]	
Employer identification number		12-3456789 [3]	
Business name	SELF EMPLOYMENT	[5]	
Principal business/profession	SELF EMPLOYMENT	[6]	
Business code		[11]	
Business address, if different from home	e address on Organizer Form ID: 1040		
Address	e dudi ess on organizar romi ib. 1010	[14]	
City/State/Zip	[15]		
Accounting method (1 = Cash, 2 = Accrual, 3 =			
If other:	otner)	_[18]	_
		[20]	
Inventory method (1 = Cost, 2 = LCM, 3 = Othe	er)	_[21]	_
If other enter explanation:			
		[23]	
Enter an explanation if there was a char	nge in determining your inventory:		
		[24]	
Did you "materially participate" in this	business? (Y, N)	[25]	
If not, number of hours you did sign	nificantly participate	[27]	_
Mark if you began or acquired this busin	ness in 2014	[29]	
,	at require you to file Form(s) 1099? (Y, N)	[30]	
If "Yes", did you or will you file all re		_[32]	_
	ed to qualified services as a minister or reli		_
	nployee or as a minister? (1 = Statutory employee	-	_
Medical insurance premiums paid by th		e, 2 = Minister)[36] + [40]	_
Long-term care premiums paid by this a	-		
		+[42]	
Amount of wages received as a statutor	ry employee	+[45]	
	Business Incor	ne	
	Business Incor		Driar Voor Information
Construction and sales	Business Incon	ne 2014 Information	Prior Year Information
Gross receipts and sales	Business Incon	2014 Information	Prior Year Information
Gross receipts and sales	Business Incon	2014 Information +	
Gross receipts and sales	Business Incon	2014 Information +[50] +	
Gross receipts and sales	Business Incon	2014 Information +	
	Business Incon	2014 Information +[50] +	
Gross receipts and sales Returns and allowances	Business Incon	2014 Information +[50] +	
	Business Incon	2014 Information +	
Returns and allowances	Business Incon	2014 Information +	
Returns and allowances	Business Incon	2014 Information +[50] + + +[53]	
Returns and allowances	Business Incon	2014 Information +[50] + + +[53]	
Returns and allowances	Business Incon	2014 Information +[50] + + +[53]	
Returns and allowances		2014 Information +[50] + +[53] +[55] +	
Returns and allowances	Cost of Goods S	2014 Information +[50] + +[53] +[55] +	
Returns and allowances		2014 Information +[50] + +[53] +[55] +	
Returns and allowances Other income:		2014 Information +[50] + +[53] +[55] +[55] +[55] Cold 2014 Information	
Returns and allowances Other income: Beginning inventory		2014 Information +[50] + +[53] +[55] + cold 2014 Information +[57]	
Returns and allowances Other income: Beginning inventory Purchases		2014 Information +[50] + +[53] +[55] +[55] +[55] Cold 2014 Information	
Returns and allowances Other income: Beginning inventory		2014 Information +	
Returns and allowances Other income: Beginning inventory Purchases		2014 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor:		2014 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2014 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor:		2014 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2014 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2014 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2014 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials Other costs:		2014 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials	Cost of Goods S	2014 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials Other costs:		2014 Information +	

Form ID: C-2	Schedule C - Expen	ses	26
1 Preparer use only	_		
Principal business or profession <u>SELF</u>	EMPLOYMENT	2014 5 11	51 7 16 11
A ch continue		2014 Information	Prior Year Information
Advertising		+[6]	
Car and truck expenses		+[8]	
Commissions and fees		+[10]	
Contract labor		+[12]	
Depletion		+[14]	
Depreciation (1) I for the control of the control o		+[16]	
Employee benefit programs (Include Small Employer			
		+[18]	
		+	
Insurance (Other than health):			
		+[20]	
		+	
Interest:			
Mortgage (Paid to banks, etc.)			
		+[22]	
		+	
		+	
Other:			
		+[24]	
		+	
Legal and professional services		+[26]	
Office expense		+ [29]	
Pension and profit sharing:			
		+[31]	
		+[51]	
Rent or lease:		'	
Vehicles, machinery, and equipment		[22]	
Other business property		+[33]	
		+[35]	
Repairs and maintenance		+[37]	
Supplies		+[39]	
Taxes and licenses:			
		+[41]	
		+	
		+	
		+	
		+	
Travel, meals, and entertainment:			
Travel		+[43]	
Meals and entertainment		+[45]	
Meals (Enter 100% subject to DOT 80% limit)		+[47]	
Utilities		+[51]	
Wages (Less employment credit):			
		+[53]	
		+	
Other expenses:			
		+[55]	
		+	
		+	
		+	
		+	
		+	
-		+	
		+	
		'	
		т	

Form ID: Rent	Rent and Royalty Prope	erty - General Informati	on	28
1 Preparer use only		2014 Infor	mation	Prior Year Information
Description RENTAL PROPER	RTY		[2]	
Taxpayer/Spouse/Joint (T, S, J)[3]		State postal code		
Physical address: Street		•	[5]	
City, state, zip code		[6][7]	[8]	
Foreign country			[10]	
Foreign province/count	у		[11]	
Foreign postal code			[12]	
Type (1 = Single-family, 2 = Multi-family, 3 = Vacation	/short-term, 4 = Commercial, 5 = Land, 6 =	Royalties, 7 = Self-rental, 8 = Other)	_[13]	
Description of other type (Type code #8)			[14]	
Did you make any payments in 2014 that		? (Y,N)	_[16]	_
If "Yes", did you or will you file all requ			_[18]	_
Fair rental days (If not full year) (For types 1, 2, 4,	5, 7 and 8 only) (Use Rent-2 for type 3)		[20]	
Percentage of ownership if not 100%		_	[22]	
Business use percentage, if not 100% (No	t vacation nome percentage)	_	[24]	
Ponts and royalties	Rent and Ro	oyalty Income 2014 Information		Drior Voor Information
Rents and royalties :			Г	Prior Year Information
	+	[33]		
	Rent and Ro	yalty Expenses		
			nt if not 100%	Prior Year Information
Advertising	+	[35]	[36]	
Auto			[39]	
Travel			[42]	
Cleaning and maintenance		[44]	[45]	
Commissions:				
	+	[47]	[49]	
	+			
Insurance:				
	+	[50]	[52]	
	+			
Legal and professional fees	+	[54]	[55]	
Management fees:				
	+	[57]	[59]	
	+			
Mortgage interest paid to banks, etc (For	m 1098)			
-	+	[60]	[62]	
Other mortgage interest	+	*****		
Other mortgage interest Qualified mortgage insurance premiums	+	[63]	[65]	
Other interest:	+	[66]	[67]	
Other Interest.	, a	[04]	[71]	
	†	[69]	[71]	
Repairs	[†]		[73]	
Supplies	Ť —		[75] [76]	
Taxes:	т —	[/0]	[/0]	
	+	[78]	[80]	
_	+	[10]		
Utilities	+	[81]	[82]	
Depreciation	· <u> </u>	[84]	[85]	
Depletion	+	[87]	[88]	
Other expenses:	· -			
•	+	[90]		
	+			
	+			
	+			
	Control Totals +	Rent &	Royalty	Form ID: Rent

Madical and double supposes and as Doubles Doublet Heavital/a	2014 Information	
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nu Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insura		
The distribution of the supplies, fred ing distribution of the supplies of	+[2]	
	+	
Medical insurance premiums you paid: (Do not include pre-tax amounts paid be elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.		
on Form SSA-1099.)		
	+	
. 	+	
Long-term care premiums you paid: (Do not include pre-tax amounts paid by ar elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc	.))	
-		
Drosseintian modiaines and drugs	+	
Prescription medicines and drugs:	,	
Miles driven for medical items		
Miles driven for medical items	[14]	
State/local income taxes paid:	2014 Information	Prior Year Informa
	+	
	+	
	+ + +	
	+	
2013 state and local income taxes paid in 2014:	+ + + + +	
	+ + +	
2013 state and local income taxes paid in 2014:	+ + + + +	
2013 state and local income taxes paid in 2014:	+ + + + +	
2013 state and local income taxes paid in 2014: Real estate taxes paid:	+	
2013 state and local income taxes paid in 2014: Real estate taxes paid:	+ + + + + + + + + + + + + + + + + + +	
2013 state and local income taxes paid in 2014: Real estate taxes paid:	+	
2013 state and local income taxes paid in 2014: Real estate taxes paid:	+	
2013 state and local income taxes paid in 2014: Real estate taxes paid: Personal property taxes:	+	
2013 state and local income taxes paid in 2014: Real estate taxes paid:	+	
2013 state and local income taxes paid in 2014: Real estate taxes paid: Personal property taxes:	+	
2013 state and local income taxes paid in 2014: Real estate taxes paid: Personal property taxes: Other taxes, such as: foreign taxes and State disability taxes	+	
2013 state and local income taxes paid in 2014: Real estate taxes paid: Personal property taxes: Other taxes, such as: foreign taxes and State disability taxes	+	
2013 state and local income taxes paid in 2014: Real estate taxes paid: Personal property taxes: Other taxes, such as: foreign taxes and State disability taxes	+	
2013 state and local income taxes paid in 2014: Real estate taxes paid: Personal property taxes: Other taxes, such as: foreign taxes and State disability taxes	+	
2013 state and local income taxes paid in 2014: Real estate taxes paid: Personal property taxes: Other taxes, such as: foreign taxes and State disability taxes	+	
2013 state and local income taxes paid in 2014: Real estate taxes paid: Personal property taxes: Other taxes, such as: foreign taxes and State disability taxes Sales tax paid on major purchases:	+	
2013 state and local income taxes paid in 2014: Real estate taxes paid: Personal property taxes: Other taxes, such as: foreign taxes and State disability taxes Sales tax paid on major purchases:	+	
2013 state and local income taxes paid in 2014: Real estate taxes paid: Personal property taxes: Other taxes, such as: foreign taxes and State disability taxes Sales tax paid on major purchases:	+	
2013 state and local income taxes paid in 2014: Real estate taxes paid: Personal property taxes: Other taxes, such as: foreign taxes and State disability taxes Sales tax paid on major purchases: Sales tax paid on actual expenses:	+	

Form ID: A-2	Interest E	xpenses						53
T/S/J Home mortgage interest: From Form 1098	201 Interest	4 : Paid[2]	2014 Points Paid	Type*	2014 Mortgage Premiums	Ins. Paid	Prior Y	ear Information
[1]								
_	+	+		+				
_								_
_								
Blank = Used to buy, build or improve main/qualifie 1 = Not used to buy, build, improve home or investrum 2 = Used to pay off previous mortgage	d second home nent	age Types 3 = Used to 4 = Taken	to pay off prevout before 7/	vious mo 1/82 and	ortgage, ex d secured l	cess oy ho	oroceed: me used	s invested d by taxpayer
T/S/J Payee's Name Other, such as: Home mortgage interest paid to		SSN or EIN	2014	1 Inform	nation	Pı	rior Yea	r Information
[4] Address			+		[5]			
City, state and zip code								
Address			+					
Address City, state and zip code								
	F 1000 f !-	:						
T/S/J Name and address of other person who received Payer's/Borrower's name	Form 1098 for Jo	-		-	-			
Stroot Addross								
Refinancing Points paid in 2014 - Taxpayer/Spouse/Joint (T, S, J)					[11]			
Recipient/Lender name					[11]			
Total points paid at time of refinance Percentage of principal exceeding original mort	rago (Eor AMT ad	iustmont)						
Points deemed as paid in 2014 (Preparer use o		justinent)	+		[12]			
Date of refinance								_
Term of new loan (in months) Reported on Form 1098 in 2014								
Taxpayer/Spouse/Joint (T, S, J)					_			
Recipient/Lender name	-							
Total points paid at time of refinance	/F A.S. 4.T							
Percentage of principal exceeding original mortory Points deemed as paid in 2014 (Preparer use o		justment)	-					
Date of refinance			+			_		_
Term of new loan (in months)			·					
Reported on Form 1098 in 2014					_			
T/S/J			2014	Inform	nation			
Investment interest expense, other than on Scheo	lule(s) K-1:							
[15]		_	+			_		
-		_	+					
		_						
		-						
<u> </u>		_						_
_		<u> </u>	+			_		
Control Totals	S +		Itemiz	ed D	educti	Lon	S Fo	rm ID: A-2

Form ID: A-3 Charitable Contributions

54

Contributions made by cash or check (including out-of-pocket expenses)	2014 Information	Prior Year Info
]	3]
+		
Volunteer miles driven		6]
Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		
	[
+		
+_		
Miscellaneous Deductions	.	
Unraimburged evenences such as Uniforms Professional dues	2014 Information	Prior Year Info
	[12]
Business publications, Job seeking expenses, Educational expenses + - + -	[12]
Business publications, Job seeking expenses, Educational expenses + + + + + + + + + + + + + + + + + + +	[12]
Business publications, Job seeking expenses, Educational expenses + + + + + + + + + + + + + + + + + + +	[12]
Business publications, Job seeking expenses, Educational expenses + + + + + + + + + + + + + + + + + + +	[12]
Business publications, Job seeking expenses, Educational expenses + + + + + + + + + + + + + + + + + + +	[12]
Business publications, Job seeking expenses, Educational expenses + + + + + + + + + + + + + + + + + + +		12]
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Business publications, Job seeking expenses, Educational expenses + + + + + + + + + + + + + + + + + + +		12]
Business publications, Job seeking expenses, Educational expenses + + + + + + + + + + + + + + + + + + +		12]
Business publications, Job seeking expenses, Educational expenses + + + + + + + + + + + + + + + + + + +		12]
Business publications, Job seeking expenses, Educational expenses		12]

Form ID: 2106 Employee Busine	ess Expenses	i	56
1 Preparer use only			
Treparer use only	20	14 Information	Prior Year Information
Taxpayer/Spouse (T, s)		[2]	
Occupation in which expenses were incurred		[3]	
State postal code		[5]	
If the employee expenses were from an occupation listed below, enter the ap	plicable code	[6]	
1 = Qualified performing artist, 2 = Handicapped employee, 3 = Fee-basis		_[O]	_
Mark if these employee expenses are related to qualified services as a minister		orker[10]	
Parking fees and tolls	•	[17]	
Local transportation		[19]	
Travel expenses		[22]	-
Other business expenses:	·		
Street business expenses.	+	[25]	
			-
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
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	+		
	+		
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	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
Nonvehicle depreciation	+	[28]	
Weals and entertainment		[31]	
Meals for individuals subject to DOT hours of service limitation	·	[33]	
Todas for marriadas subject to bot hours of solvice illilitation	·	[30]	
Employer Reim	bursements		
Enter Reimbursements not entered of			

Reimbursements for other expenses not included on Form W-2 $\,$ [60] Reimbursements for meals and entertainment not included on Form W-2 [62] Reimbursements for meals for DOT service limitation not included on Form W-2 [64]

Itemized Form ID: 2106 Deductions Control Totals +

Form ID: 2106-2		Employee Bu	ısiness Exp	enses			57
Preparer use only Taxpayer/Spouse (T, s) Occupation in which expenses State postal code					[2] [3]		
State postal code					[4]		
		Vehicle	Questions				
If you used your automobile for Was the vehicle available for Was another vehicle availance to see the work of the	for off-duty personal use able for personal use? (Y,	e? (Y, N, Blank = Not app N)	blicable)	X:	[5] [7] [9]	Prior Year In	nformation — — —
		Vehicle	Informatio	n			
Vehicle 1 - Date Descrip Comme		VEH > 6	5000 LB				1/01/12 _{[17}
Vehicle 2 - Date Descrip Comme						_	[62 [63
Vehicle 3 - Date Descrip Comme							[10 [11
	placed in service					_	
		Vehicles A	ctual Exper	nses			
Vehi	Prior Year cle 1 Information	Vehicle 2	Prior Year Information		Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year Business mileage Average daily round trip	[20]	[69] [71]		[116] [118]		[163] [165]	
commuting mileage Total commuting mileage Gasoline + Oil +	[26] [28] [30]	[73] [75] +[77]		[120] [122] - [124] - [126]	+	[167] [169] [171] [173]	
Repairs + Maintenance + Tires +	[32] [34] [36] [38]	+[79] +[81] +[83] +[85]		[120] - [128] - [130] - [132]	+++++++++++++++++++++++++++++++++++++++	[173] [175] [177] [179]	
Car washes + Insurance +	[40] [42] [44]	+[87] +[89]		[134] - [136] - [138]	++++	[181] [183] [185]	
Registration + Licenses + Property taxes (Plates, tags, tetc)	[46]	+[91] +[93] +[95]		[140] - [142]	+++	[187]	
Vehicle rentals + Inclusion amt (Preparer only) Other vehicle expenses +	[50] [52] [54]	+[97] +[99] +[101]		[144] - [146] - [148]	+++++++++++++++++++++++++++++++++++++++	[191] [193] [195]	
Value of employer provided vehicle +	[56] [58] 140 [60]	+[103]		[150]	+	[197]	
Depreciation + 1,	<u> </u>	+[107]		+[154]	+	·[201] [

Form ID: OrgDp Depreciation - Asset List

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2106
Activity name

Preparer use only Form 2106

HOW TO REPORT DISPOSALS: Use the blank line directly below the asset information to indicate any asset disposals. Enter the date of the disposal and/or sale proceeds, if applicable. Enter additional information regarding the asset disposal in the comments section, such as if the asset was sold on installment, traded for other asset(s), disposed of due to casualty, or sold to a related party. See the EXAMPLE asset below.

Asset No.	Description of Property	Date in Service	Cost or Basis
	Comments	Date Sold/Disposed	Sales Price
Example	Machinery and equipment (EXAMPLE ASSET)	11/21/09	42,500
	Collected in 5 equal payments over 2 yrs VEH > 6000 LB	03/09/14 12/01/12	20,000 35,000
1	VEH > 6000 LB	12/01/12	<u>35,000</u>
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			_
		 	
_			_
			Form ID: OrgDp