

# Pamela Price EA Inc.

*Pamela Price EA & Bill Frischman EA*

*Enrolled to practice before the Internal Revenue Service*

## 2014 TAX WORKSHEETS

### GENERAL INFORMATION

(Check what applies and tell us at the interview)

- I have a new address (Even if you told them at the front desk, tell us also as a double check)  
 My marital status has changed this year.  
 I have a new dependent. **MUST** HAVE SS# TO BE CLAIMED.

**Note:** Those who pay Estimated Tax Payments **MUST** pull checks to verify dates and amounts paid to Federal and State (See page 1 of Itemized deductions for more on this)!!!

### ITEMS OF INCOME

(Check the items that apply to you)

- WAGE INCOME** (Bring all copies of your W-2s. **Please do not separate** into the various copies. It makes it more difficult for us to deal with them.)

**Note:** Those who plan to e-file and have more than 4 W-2s should bring this to the attention of the front desk as soon as possible!

- INTEREST INCOME** (Bring all the Form 1099s sent to you) If you wish you may list them here:

<u>Payer</u>	<u>Amount</u>	<u>Payer</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____

- DIVIDEND INCOME** (Bring all the Form 1099s sent to you) If you wish you may list them here:

<u>Payer</u>	<u>Amount</u>	<u>Payer</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____

- STATE REFUND FROM 2013 RETURN** (If you received a card from the state refund from last year, bring it.) If you wish, enter the amount here: \_\_\_\_\_

- AMOUNT OF ALIMONY RECEIVED:** \_\_\_\_\_

- BUSINESS OR FEE INCOME** (This is income you received from performing a service, from which no taxes were withheld.) Bring any Form 1099s you receive for this type of income. **There are separate worksheets for any expenses you may have related to this income; one for Service Business Income and one for General Business Income, which you can also download from our website.**

Enter the total of this income here: \_\_\_\_\_

- CAPITAL GAINS** (You would have this if you sold securities, real estate, or equipment.) Bring with you **all papers** concerning both the **purchase and sale** of these properties.

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## 2014 ITEMS OF INCOME - page 2

\_\_\_ **PENSION INCOME** (Bring W-2 Please)

If you wish, you may enter the total here: \_\_\_\_\_

\_\_\_ **LUMP-SUM DISTRIBUTIONS** from IRAs, pension plans, KEOGHs. This would include distributions which were rolled over. If you leave a job, you would frequently have this.

If you wish, you may enter the total here: \_\_\_\_\_

\_\_\_ **INCOME FROM RENTAL PROPERTIES** (There is a separate worksheet for Rental Properties, which is available for download on our website.)

\_\_\_ **OTHER TYPES OF RENTS OR ROYALTIES** Amount: \_\_\_\_\_

\_\_\_ **PARTNERSHIP INCOME** (If you have partnership income, you will need a **K-1** from the partnership. Bring this form with you.)

\_\_\_ **UNEMPLOYMENT INSURANCE** (Bring Form 1099G sent to you by California or any other states from which you received unemployment during the year.) It is **100% taxable**.

If you wish, you may enter the total received here: \_\_\_\_\_

\_\_\_ **SOCIAL SECURITY BENEFITS** (Bring the slip with you.) It **may** be **partially** taxable.

If you wish, you may enter the total here: \_\_\_\_\_

\_\_\_ **OTHER INCOME** (Gambling winnings, the Lottery...don't you wish, prizes, tips, or anything else you think **might** be taxable) List below:

<u>Type of Income</u>	<u>Amount</u>	<u>Type of Income</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____

## ADJUSTMENTS TO INCOME

\_\_\_ **IRA, KEOGH, & SEP CONTRIBUTIONS** (These contributions can still be made for 2015 in most cases. IRA contributions may not be deductible. We can discuss it.)

If you have already contributed, enter amounts here:

Self \_\_\_\_\_

Spouse \_\_\_\_\_

\_\_\_ **PENALTY ON EARLY WITHDRAWAL** of savings: \_\_\_\_\_

\_\_\_ **ALIMONY PAID** (Bring X's social security number) Amount: \_\_\_\_\_

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## 2014 ITEMIZED DEDUCTIONS -Schedule "A"

### **MEDICAL & DENTAL EXPENSES:** (Do **not** include reimbursed amounts.)

Medicine	_____	Hearing aids, batteries	_____
Insurance premiums	_____	Lab fees, x-rays	_____
Doctors, dentists, etc.	_____	Miles for medical	_____
Hospital & clinics	_____	Parking for medical	_____
Glasses	_____	Other: _____	_____

### **TAXES YOU PAID:**

- **State & local income taxes** (We'll pick up these amounts from your W-2s.)
- **Property taxes paid on your home** (Use the checks you wrote in 2014 to determine this...not the bill) **Total amount:** \_\_\_\_\_
- **Property taxes paid on second home** (Ditto above) **Amount:** \_\_\_\_\_
- **Total amount paid to DMV on auto(s):** 1st car \_\_\_\_\_ 2nd car \_\_\_\_\_
- **Estimated tax payments:** Note: The majority of our correction notices are due to errors in this area. You **MUST** list these amounts from your canceled checks. Look it up before your appointment to avoid delay.

Quarter	Date Paid	Federal Amount	State Amount
1st (4/15/2014)	_____	_____	_____
2nd(6/15/2014)	_____	_____	_____
3rd (9/15/2014)	_____	_____	_____
4th (1/15/2015)	_____	_____	_____

### **INTEREST YOU PAID:**

- **Home mortgage:** (You will receive slip(s) from your lender(s). If you are confused, just bring them)
  - Paid to financial institutions:** **Amount of first:** \_\_\_\_\_  
**Amount of second:** \_\_\_\_\_
  - Paid on home equity loans:** **Amount:** \_\_\_\_\_
  - Paid to individuals:** **Amount:** \_\_\_\_\_
    - Individuals name: \_\_\_\_\_
    - Address: \_\_\_\_\_
    - SS#: \_\_\_\_\_
  - Interest on a second home:** \_\_\_\_\_
- **Investment Interest:**
  - Margin interest \_\_\_\_\_ **Interest on land** \_\_\_\_\_
  - Int. on 3rd home \_\_\_\_\_ **Other:** \_\_\_\_\_

Interest on credit cards, personal loans, or late tax payments, is still **not** deductible.

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## 2014 - ITEMIZED DEDUCTIONS - page 2

### CHARITABLE CONTRIBUTIONS YOU MADE:

- **Total of your cash ( includes checks) contributions:** \_\_\_\_\_  
(Any time you write a check of \$250 or more you must have an acknowledgment of your contribution from the organization.)
- **Contributions other than cash:** \_\_\_\_\_  
(Non cash contributions are usually goods donated to organizations such as Goodwill. You value them by what you would sell them for used, not what you paid for them)
- **Out-of-pocket expense for charitable work:** \_\_\_\_\_  
**Number of miles you traveled for charitable work:** \_\_\_\_\_

### CASUALTY & THEFT LOSSES:

- **These losses must be more than 10% of AGI to qualify.** (Bring any papers you have which would help establish your loss. Insurance estimates, police reports. Insurance reimbursements reduce your loss.)

### MOVING EXPENSE: (MUST put you 50 miles closer to your new job.)

- This deduction has gotten to be quite rare. Most qualified moves are reimbursed by employers, and you will be given a special form to use. Moves across country **may** be deductible, but there is a work requirement that is difficult to meet. If you think you have a deductible move, **bring** all your receipts, and put a check in this box so we'll know to discuss it: \_\_\_\_

### MISCELLANEOUS DEDUCTIONS: (NOTE: Before you fill this out, look to see if there is another worksheet applicable to you of similar expenses. DO NOT also enter below.)

Gambling losses \_\_\_\_\_ Union dues \_\_\_\_\_ Tax preparation \_\_\_\_\_ Investment exp. \_\_\_\_\_  
Safe deposit box \_\_\_\_\_ Job seeking exp. \_\_\_\_\_ Continuing Ed \_\_\_\_\_ Tools \_\_\_\_\_  
Job supplies \_\_\_\_\_ Licenses renewal \_\_\_\_\_ Publications \_\_\_\_\_ Uniform/cleaning \_\_\_\_\_

- If you have entries above, and you used your car for education or business, put a check here: \_\_\_\_
- **CHILD CARE:** Besides the individual amounts we also need  

<u>Provider's Name</u>	<u>Social Security or I.D. Number</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### • AFFORDABLE CARE ACT:

- \_\_\_ Did you and your family have health care coverage for the **ENTIRE** year through your employer? If so, stop here.
- \_\_\_ If you are not covered by work, did you buy coverage through the Marketplace? If so, you should receive **Form 1095-A** (probably not until mid-February) **YOU MUST PROVIDE US WITH THAT FORM BEFORE WE CAN FILE YOUR RETURN!**
- \_\_\_ If you **do not have health insurance**, did you receive an **Exemption Certificate**? If so, we need the certificate number.
- \_\_\_ If you **do not have coverage and did not apply** for an exemption this year we will need to ask you some more questions when you come in.