

<b>2014</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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**Rountree Consulting, Inc.**  
**300 S. El Camino Real Suite 206**  
**San Clemente, CA 92672**  
**Telephone number: (949) 366-3180**  
**Fax number: 949-366-3181**  
**E-mail address:**

**Tax Return Appointment**

**Date:**  
**Time:**  
**Location:**

**This tax organizer will assist you in gathering information necessary for the preparation of your 2014 tax return. Please enter all pertinent 2014 information.**

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

**CLIENT INFORMATION**

**Taxpayer**

**Spouse**

First name and initial . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Social security number . . . . .		
Occupation . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
1=blind . . . . .		
Home phone . . . . .		
Work phone . . . . .		
Work extension . . . . .		
Cell phone . . . . .		
E-mail address . . . . .		

Address

In care of . . . . .  
 Street address . . . . .  
 Apartment number . . . . .  
 City . . . . .  
 State . . . . .  
 ZIP code . . . . .

**DEPENDENTS**

**Dependent No.**

**Dependent No.**

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

**Dependent No.**

**Dependent No.**

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

2014 1040 US Tax Organizer

Please enter all pertinent 2014 information. If you have attached a government form for an item, check the box and do not enter a 2014 amount.

WAGES, SALARIES AND TIPS

Employer name:

Form with 4 rows for Employer name and checkboxes.

Table with 2 columns: 2014 Amount, 2013 Amount. Contains 'Attach Forms W-2'.

INTEREST INCOME

Payer name:

Form with 4 rows for Payer name and checkboxes.

Table with 2 columns: 2014 Amount, 2013 Amount. Contains 'Attach Forms 1099-INT'.

DIVIDEND INCOME

Payer name:

Form with 4 rows for Payer name and checkboxes.

Table with 2 columns: 2014 Amount, 2013 Amount. Contains 'Attach Forms 1099-DIV'.

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

Form with 4 rows for Payer name and checkboxes.

Table with 2 columns: 2014 Amount, 2013 Amount. Contains 'Attach Forms 1099-R & W-2G'. Includes rows for 'Winnings not reported on W-2G' and 'Total gambling losses'.

OTHER GOVERNMENT FORMS - INCOME

- Form 1099-B - Sales of stock (also include transaction history)
Form 1099-MISC - Miscellaneous income
Form 1099-K - Merchant card and third party network payments
Form 1099-S - Sales of real estate (also include closing statements)

Table with 2 columns: 2014 Amount, 2013 Amount. Contains 'Attach Forms 1099'.

- Form 1099-G - State tax refunds

Table with 2 columns: 2014 Amount, 2013 Amount. Contains 'Attach Forms 1099'.

Taxpayer:

- Form SSA-1099 - Social security benefits
Form 1099-G - Unemployment compensation

Table with 2 columns: 2014 Amount, 2013 Amount. Contains 'Attach Forms 1099'.

Spouse:

- Form SSA-1099 - Social security benefits
Form 1099-G - Unemployment compensation

Table with 2 columns: 2014 Amount, 2013 Amount. Contains 'Attach Forms 1099'.

MISCELLANEOUS INCOME

Form with rows for 'Taxpayer: Alimony received', 'Spouse: Alimony received', and 'Other:'.

Table with 2 columns: 2014 Amount, 2013 Amount.

2014 1040 US Tax Organizer

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum)
Roth IRA contributions (1=maximum)
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)
Spouse: Traditional IRA contributions (1=maximum)
Roth IRA contributions (1=maximum)
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

Table with 2 columns: 2014 Amount, 2013 Amount. Rows for each contribution type.

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest
Form 1098-T - Tuition and related expenses

Attach Forms 1098

ADJUSTMENTS TO INCOME

Taxpayer: Self-employed health insurance premiums
Educator expenses
Other adjustments to income:

Table with 2 columns for 2014 and 2013 amounts. Rows for self-employed health insurance, educator expenses, and other adjustments.

Alimony paid - Recipient name & SSN

Spouse: Self-employed health insurance premiums
Educator expenses
Other adjustments to income:

Table with 2 columns for 2014 and 2013 amounts. Rows for spouse's self-employed health insurance, educator expenses, and other adjustments.

Alimony paid - Recipient name & SSN

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs
Doctors, dentists and nurses
Hospitals and nursing homes
Insurance premiums
Long-term care premiums - taxpayer
Long-term care premiums - spouse
Insurance reimbursement
Out-of-pocket lodging and transportation expenses
Number of medical miles
Other:

Table with 2 columns for 2014 and 2013 amounts. Rows for various medical and dental expenses.

TAXES PAID

State income taxes - 1/14 payment on 2013 state estimate
State income taxes - paid with 2013 state extension
State income taxes - paid with 2013 state return
State income taxes - paid for prior years and/or to other states

Table with 2 columns for 2014 and 2013 amounts. Rows for state income taxes.



<b>2014</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Questions</b>
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**If any of the following items pertain to you or your spouse for 2014, please check the appropriate box and provide additional information if necessary.**

YES	NO	
<b>PERSONAL INFORMATION</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return for 2014?
<b>DEPENDENTS</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2014?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 19 or full-time students under age 24 at the end of 2014, with interest and dividend income in excess of \$1,000, or total investment income in excess of \$2,000?
<b>HEALTH CARE COVERAGE</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Did you and your dependents have health care coverage for the full-year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exemption non-citizen or economic hardship? If you received an exemption certificate, please attach.
<b>INCOME</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay any foreign taxes?
<b>PURCHASES, SALES AND DEBT</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property in 2014?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven?
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone owe you money which has become uncollectible?

2014

1040

US

**Miscellaneous Questions (continued)**

If any of the following items pertain to you or your spouse for 2014, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>RETIREMENT PLANS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
		<b>EDUCATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
		<b>ITEMIZED DEDUCTIONS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
		<b>ESTIMATED TAXES</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2013 taxes to your 2014 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2014 taxes, do you want the excess applied to your 2015 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2015 taxable income and withholdings to be different from 2014?
		<b>MISCELLANEOUS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

**2014**

**1040**

**US**

**Miscellaneous Questions (continued)**

**If any of the following items pertain to you or your spouse for 2014, please check the appropriate box and provide additional information if necessary.**

- | <b>YES</b>               | <b>NO</b>                | <b>MISCELLANEOUS (continued)</b>  |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change of employment?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2014?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your bank account information change within the last twelve months?   |