

December 04, 2014

To Our Valued Clients:

We appreciate the opportunity to work with you this year and to advise you regarding your income tax obligations for the tax year 2014. Enclosed is our abbreviated tax organizer to assist you in gathering information for your 2014 tax return. If you prefer a more detailed organizer, please contact the office and we will send one to you.

**Important Information About The Attached Health Care Questionnaire**

**Effective January 01, 2014, unless otherwise exempt, all U.S. citizens, their dependents, and other legal residents are required to have minimum essential health insurance coverage or pay a penalty. We have updated the questionnaire and documentation to help you provide us with the information we need to report your health insurance coverage status and complete the new tax forms. Please complete the Health Care Coverage Questionnaire on the last page.**

As more accuracy burdens are placed on tax preparers, it is essential that you, the taxpayer, provide us with as much documentation as you can that supports deductions you wish to claim. Please don't interpret this request as a means of auditing you; that is not our responsibility. As tax preparers, we are only concerned with making sure that we have an understanding of the deductions you will claim on your return. We will always work, to the best of our ability, to maximize all the deductions that are legally available to you.

Electronic filing is now mandated by the IRS. If you prefer not to have your return electronically filed, you will have to declare your reason for paper filing your return. You also have the option, as in the past, to have your refunds direct deposited to your checking or savings account. If you want direct deposit, please attach a voided check for the account you wish to have your deposits directed to.

If you owe the IRS or your resident state, you can also have your payment sent directly to the taxing authorities as an electronic funds withdrawal. If you're unable to make the filing deadline of April 15, 2015 please inform us one week prior to the filing deadline, that you want us to extend your tax return, on your behalf. An extension only allows you to extend the filing of the tax return until October 15, 2015, **NOT THE TAX YOU OWE**. If your tax debt isn't settled by April 15th, the taxing authorities will bill you for interest.

IRS regulations require us to obtain your signature on Form 8879, IRS e-file Signature Authorization, prior to remitting the return to the e-file center. If necessary we will email or fax the form to you for your signature. No returns will be electronically filed until Form 8879 is signed and your tax returns approved by you.

Our payment policy states that payment for our services is expected upon presentation, review and approval of your completed tax return. Our fees are much more reasonable than our "strip center" competitors and many other independents. Keeping our fees low depends on being paid for our services at the time of completion. For your convenience we accept all four major credit cards and personal checks. We will no longer electronically file tax returns until payment has been made on your account. If extended payment terms are requested, discounts and/or coupons will not apply to your invoice.

**If you have any questions please don't hesitate to contact us. Our tax season hours, beginning on Monday, January 5, 2015 are Monday through Thursday 9:00am - 6:00pm, Friday 9:00am - 4:30pm and alternate Saturdays by appointment between the hours of 9am - 1pm. Weekday evening appointments are also available by request. Please note that we are also available, for your convenience, by texting 678-696-0829.**

Thank you for the privilege of serving you.



Mark Bove



**PLEASE UPDATE YOUR PERSONAL AND  
CHILD CARE INFORMATION**

Bay Creek Business Ctr  
305 Cooper Rd, Ste 200  
Loganville, GA 30052

**TAX YEAR - 2014**

Non Extended Filing Deadline 04-15-2015

Ph: 678-696-0829

Fx: 866-442-8824

<b>Taxpayer's name</b> as it appears on your social security card		Social Security Number	
<b>Spouse's name</b> as it appears on your social security card		Social Security Number	
Address	City	State	Zip Code
Daytime Phone Num _____		Email Address _____	
Taxpayer Birthdate _____		Taxpayer Occupation _____	
Spouse Birthdate _____		Spouse Occupation _____	

**DEPENDENTS:**

**NOTE : Parents with children who are employed. If your child chooses to complete their own return, make sure they DON'T claim their own exemption.**

List name(s) as they appear on the social security card.	Social Security Number(s)	Relationship to You	Date of Birth	Childcare Amt Paid	College Student	Disabled
					Y N	Y N
					Y N	Y N
					Y N	Y N
					Y N	Y N
					Y N	Y N

**CHILDCARE EXPENSES:**

All of this information is required - No deduction is allowed by the IRS if any information is missing.

Provider(s) Name	Social Security or Federal ID Number	Street Address of Individual or Company Providing Care	Amount Paid

# INCOME & DEDUCTION FORMS YOU MAY RECEIVE

Check Off When  
You've Gathered The  
Forms That Apply

- W-2            Wage and tax statement
  - W-2G           Gambling winnings
  - SSA-1099      Social Security benefit statement
  - 1099-R         Distributions from pensions, IRA's, annuities, etc
  - 1099-G         Certain government payments such as unemployment and state tax refunds
  - 1099-INT      Interest income
  - 1099-DIV      Dividend distributions
  - 1099-MISC     Miscellaneous income from self-employment, side jobs, independent contractors
  - 1099-OID      Original issue discount
  - 1099-A         Acquisition or abandonment of secured property
  - 1099-B         Proceeds from broker & barter exchange transactions - MUST INCLUDE BASIS INFO
  - 1099-C         Cancellation of debt
  - 1099-H         Health care tax credit (HCTC) advance payments
  - 1099-LTC      Long-term care & accelerated death benefits
  - 1099-Q         Payments from qualified educational programs (529 accounts)
  - 1099-S         Proceeds from real estate transactions
  - 1099-SA        Distributions from HAS or MSA (Health savings accounts)
  - K-1             Share of income from S-corporations, partnerships & trusts
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- 1098            Mortgage interest statement. If you refinanced, please include your closing statement
  - 1098-C         Contributions of motor vehicles, boats & aircraft
  - 1098-E         Student loan interest
  - 1098-MA      Mortgage assistance payments
  - 1098-T         Tuition statement
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- 5498            IRA contribution information


● **Alimony Received**

Name of Former Spouse	Soc Sec # of Former Spouse	Amount Received

● **SOLE PROPRIETORS & RENTAL INCOME:**  
Please Use The Separate Schedules Attached To The Organizer.

## ITEMIZED DEDUCTIONS:

### UNREIMBURSED MEDICAL & DENTAL EXPENSES. . .

	Taxpayer Amount Paid	Spouse Amount Paid
Doctors, Dentists, Hospitals, Labs, Mental Health Providers, Co-pays		
Prescriptions, Medical Supplies (Glasses, Hearing Aids, Prosthetics, etc.)		
Health & Dental Insurance Premiums		
Long Term Care Premiums		
Total Number Of Medical Miles Driven		
	Miles	Miles

## UNREIMBURSED EMPLOYEE BUSINESS EXPENSES

	Taxpayer Amount Paid	Spouse Amount Paid
Number of Business Miles Driven During The Year For Your Employer		
Total Miles Driven For Any Purpose		
Parking & Tolls Paid Related To Your Employment		
Business Meals & Entertainment Not Paid For By Your Employer		
Transportation While Traveling (Rental Car, Airline) & Lodging (Away From Home)		
Services (Fax, Postage, cleaning, Etc) Used While Traveling On Business		
Business Publications Needed For Work Purposes		
Seminars, Training, Continuing Education Not Paid For By Employer		
Uniforms & Dry Cleaning Expenses		
Tools For Work Not Reimbursed By Your Employer		
Professional Licenses or Association Dues and Union Dues		
Teachers Expenses Only (Classroom Supplies, Books, Etc)		

## OTHER DEDUCTIONS

	Amount Paid
Safe Deposit Box Fees	
Fees For IRA Accounts, Other Investment Accounts Or Investment Advice	
Tax Preparation, Tax Advice, Tax Related Estate Planning	

## TAXES PAID

	Amount Paid
Real Estate Taxes Paid On Personal Residence	
Real Estate Taxes Paid On Vacation Or Second Home (Not Rental)	
Real Estate Taxes Paid On Time Share	
Real Estate Taxes Paid On Lots/Land	
Ad Valorem Taxes On Autos, RV's, Boats, Mobile Homes, Planes	
Past & Current State/Local Income Taxes Paid During The Year	
Sales & Use Tax Paid On Purchases (Such As Vehicles)	

**MORTGAGE INTEREST**

Please Attach Forms 1098-Mortgage Interest. If You Refinanced Your Home During The Tax Year, Please Enclose A Copy Of Your Settlement Statement Or Hud-1, Received At Closing.

	Amount Paid
Primary Mortgage Interest Paid For Residence	
Second Mortgage Interest Paid For Residence	
Home Equity Line Of Credit Interest (Secured By Residence)	
Time Share Mortgage Interest	
Vacation Or Second Home Mortgage Interest (Not Rental)	
Mortgage Interest Paid To An Individual, Not A Bank Or Loan Company. Include Name & Social Security Number Of Individual Receiving Interest.	

**CASH CHARITABLE CONTRIBUTIONS**

Contributions To Qualified Organizations. Not Individuals.

*Include Detail of Each Cash/Check Donation*

	Amount Paid
Money Donated To Charities Only By Cash Or Check	

**NON-CASH CHARITABLE CONTRIBUTIONS**

The IRS Requires The Address Of The Organization. You May Attach Your Original Receipts If You Prefer. Giving To Individuals Is Not Deductible.

Name Of Organization	Address of Organization	Items Donated	How Acquired	Amt Orig Paid	Fair Mkt Value	Date Donated

**CHARITABLE MILEAGE EXPENSES**

Total Mileage Driven For Charity Work in Relation To Religious, Charity, Scouts, Etc	Miles
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# ADJUSTMENTS TO INCOME

➔ IRA Contributions Made By April 15th  
Include Statements From Bank or Brokerage Firm

	Taxpayer		Spouse	
Did You Or Your Spouse Make An IRA Contribution For The Current Year?	Yes	No	Yes	No

If Yes For Either, Please Enter The Following Information

	Taxpayer Amount	Spouse Amount	Date Of	Applicable Year
Non-Deductible IRA				
Deductible IRA				
Roth IRA				

Did You Make A Roth Conversion Or Re-characterization? If Yes, What Was The Amount? \_\_\_\_\_

● **Alimony Paid?**

Name of Former Spouse	Social Sec # of Former Spouse	Amount Received

● INTEREST PENALTY - On Early Withdrawals From CD's? \$ \_\_\_\_\_

● STUDENT LOAN INTEREST - Please Attach Form 1098-E or 1098-T From Financial Institutions

**Tuition Tax Credits - Please Attach Form 1098-T**

	Student One	Student Two
Name Of Student		
Tuition, Fees, Books For The First Two Years Of College		
Tuition, Fees, Books For The 3rd and Later Years Of College Including Graduate School		
Tuition & Books For Non-Degree Courses		

**Moving Expenses - Employment Related, Must Move More Than 50 Miles From Old Home**

Amount Paid For Moving Household Goods Only	Date Of Move	Number Of Miles Moved	Travel Amount Paid For Lodging Of Employee & Family To New Location For One Trip

## OTHER RELEVANT INFORMATION

- **In-Home Office- For Employees Who Are Required To Have A Home Office But Not Reimbursed By Their Employer**

Total Heated Square Footage Of Home

Square Feet

Total Square Feet Of Area Used Exclusively For Business

Square Feet

	Amount
Second Telephone Line (First Line Is Never Deductible)	
Mobile Phone (Never 100% For Business Use)	
Total Utilities Paid (Gas, Water, Electric, Trash)	
Total Rent Paid (Only For Renters)	
Homeowners Or Renters Insurance	
Maintenance & Repairs	
Lawn Care	
Pest Control	
Improvements (New Roof, Carpeting, HVAC, Etc)	
Homeowners Or Condo Association Fees	
Special County/City Assessments	
Office Supplies	

- **IMPORTANT** ● **Do You Have Any Savings, Checking, Or Other Types Of Financial Accounts Held In Foreign Countries? If So, This Must Be Reported To The IRS.**

Name Of Institution	Country	Amount In Account By Type Of Account Ownership		
		Taxpayer	Spouse	Joint



**Do You Wish To Direct Deposit Your Refunds?**

YES

NO

*If So, Please Attach A Voided Check Or Refunds Will Be Mailed*



**Do You Wish To Have Your Tax Return E-mailed To You?**

YES

NO

If So, What Is The Email Address \_\_\_\_\_

### \*\*\*\*Estimated Tax Payments - Federal 1040ES / Georgia 500ES\*\*\*\*

	Federal Amount	State Amount	Date Due	Date Paid Federal	Date Paid State
1st Qtr			Apr 15th		
2nd Qtr			Jun 15th		
3rd Qtr			Sep 15th		
4th Qtr			Jan 15th		

**\*NOTE\*** State Payment For 4th Quarter Must Be Made By Dec 15th To Be Deductible In The Current Year

# INCOME & EXPENSES FROM A SOLE PROPRIETOR'S BUSINESS

Taxpayers Business?      YES      NO      Year Business Was Established   
 Spouses Business?      YES      NO  
 Jointly Owned Business?      YES      NO

**Attach Any Form 1099-K You Received for Merchant Card & Third Party Payments**

1. Name of Business \_\_\_\_\_ Fed ID # \_\_\_\_\_  
 2. Business Address \_\_\_\_\_  
 3. Type of Business \_\_\_\_\_  
 4. Date Business Established \_\_\_\_\_ Did you participate in Business    Y    N  
 5. Type of Accounting Method      Cash       Accrual       Hybrid

Total Income From Business Activity \$  **Please attach all 1099's**

**Expenses Related to Business Activity:**

Advertising		Rent	
Bank Fees		Repairs & Maintenance	
Vehicle Expenses		Equipment Lease	
Commissions		Vehicle Lease	
Contract Labor		Supplies	
Cost of Goods Sold		Taxes	
Publications		Licenses	
Shipping & Postage		Utilities	
Insurance Non-Health		Communications	
Insurance Health		Travel & Meal Expenses	
Legal & Professional Fees		Lodging Expenses	
Office Expenses		Entertainment	
Pension & Profit Sharing Plans			
Dues & Subscriptions	Other		
Website Expense	Other		
Internet Expense	Other		
Wages Paid To Employees	Other		
Owners Draw	Other		

Number of Miles Driven for This Business Activity \_\_\_\_\_  
 Vehicle Make & Model: \_\_\_\_\_ Date Placed In Service: \_\_\_\_\_

**Major Equipment / Property / Improvements purchased or disposed of & date**

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# INCOME & EXPENSES FROM RENTAL PROPERTY

1. Type of Property \_\_\_\_\_  
 Property Address \_\_\_\_\_

2. Type of Property \_\_\_\_\_  
 Property Address \_\_\_\_\_

3. Type of Property \_\_\_\_\_  
 Property Address \_\_\_\_\_

Did you or your family member use any of the properties for 14 days or 10% of the total days the property was rented? Y N.....If yes indicate which of the properties: 1 2 3

### PROPERTIES

1	2	3
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**Rents Received:**

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**Expenses Related to Rental Activity:**

Advertising			
Auto & Travel Expenses			
Cleaning & Maintenance			
Commissions			
Property Insurance			
Legal / Professional Fees			
Condo / Common Dues			
Management Fees			
Mortgage Interest			
Other Interest			
Repairs			
Property Taxes			
Property Maintenance			
Pest Control			
Service Contracts			
Supplies			
Utilities			
Minor Equipment			
Other _____			
Other _____			

**Capital Improvements - Appliances, Structural Changes, Flooring, Fencing, Etc  
 Must Be Itemized With The Item Purchased, Date Purchased & Amount**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## OTHER INFORMATION

If You Have Any Special Tax Situation That You Believe Is Important Such As You Expect A large Increase Of Income In The Future, Or Any Other Circumstance, Please Explain Below. . .

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● Date And Time Of Appointment You Would Like To Schedule: DAY \_\_\_\_\_  
TIME \_\_\_\_\_

● If you're a NEW CLIENT please bring your prior year tax return when you come in to have your tax return prepared.

● Do you prefer to receive an abbreviated organizer mailed to you, or would you prefer to print your organizer from our website?



Mailed \_\_\_\_\_  
Website Print \_\_\_\_\_

● **Would you like to DIRECT DEPOSIT your refunds?**

*Please attach a voided check copy of the account you want your deposit directed to.*

No \_\_\_\_\_  
Yes \_\_\_\_\_

## TAX PREPARER NOTES

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## HEALTH CARE COVERAGE QUESTIONNAIRE

MUST List Each Person On Your Tax Return	Indicate For Each Person If They Had Health Care & Which Applies		
	For Entire Year	Less Than 12 Months	None At All


<p><b>YES [ ] NO [ ] Did anyone besides taxpayer or spouse pay for health care coverage for anyone listed above?</b></p> <p><b>YES [ ] NO [ ] Did you pay for health care coverage for anyone not listed above?</b></p>
<p><b>If you had coverage for any part of the year:</b></p> <p style="padding-left: 40px;"><b>Where was the policy obtained? Please select one below...</b></p> <p style="padding-left: 80px;"><i>Employer / Medicare / Medicaid / Marketplace (Exchange) / Other</i></p>
<p><b>If you didn't have coverage for any part, or all of the year:</b>          Answer <b>YES</b> if it applies to <b>ANY</b> member of the household. Please answer each question.</p>
<p><b>YES [ ] NO [ ]</b> Was your previous insurance policy cancelled in 2014?</p>
<p><b>YES [ ] NO [ ]</b> Do you have an Exemption from the Marketplace (also called the Exchange)?</p>
<p><b>YES [ ] NO [ ]</b> Was coverage offered by taxpayer's or spouse's employer?</p>
<p><b>YES [ ] NO [ ]</b> Are you a member of a federally-recognized Indian tribe?</p>
<p><b>YES [ ] NO [ ]</b> Are you eligible for services through an Indian health care provider?</p>
<p><b>YES [ ] NO [ ]</b> Are you a member of a health care sharing ministry?</p>
<p><b>YES [ ] NO [ ]</b> Did you live in the United States the entire year?</p>
<p><b>YES [ ] NO [ ]</b> Are you enrolled in TRICARE?</p>
<p><b>YES [ ] NO [ ]</b> Did you apply for CHIP coverage?</p>
<p><b>YES [ ] NO [ ]</b> <b>Do any of the following apply to you? Do NOT indicate which one.</b></p> <ol style="list-style-type: none"> <li>1. Became homeless</li> <li>2. Evicted in the past six months, or facing eviction or foreclosure</li> <li>3. Received a shut-off notice from a utility company</li> <li>4. Recently experienced domestic violence</li> <li>5. Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property</li> <li>6. Filed for bankruptcy in the last six months</li> <li>7. Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt</li> <li>8. Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member</li> </ol>