

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____[1]
 Mark if you were married but living apart all year _____[2]
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____[3]

	Taxpayer	Spouse
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [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]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name ^[48]	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	***Dep * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent _____ [49]
 Social security number of qualifying person _____ [50]

Dependent Codes

- | | |
|--|---|
| <p>*Basic</p> <ul style="list-style-type: none"> 1 = Child who lived with you 2 = Child who did not live with you 3 = Other dependent 5 = Qualifying child for Earned Income Credit only 6 = Children who lived with you, but do not qualify for Earned Income Credit 7 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit <p>***Months</p> <ul style="list-style-type: none"> 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return | <p>**Other</p> <ul style="list-style-type: none"> 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled |
|--|---|

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

	Taxpayer	Spouse
Fax telephone number	_____ [11]	_____ [19]
Mobile telephone number	_____ [12]	_____ [20]
Mobile telephone #2 number	_____ [13]	_____ [21]
Pager number	_____ [14]	_____ [22]
Other:	_____ [15]	_____ [23]
Telephone number	_____ [16]	_____ [24]
Extension	_____ [17]	_____ [25]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	_____ [18]	_____ [26]

NOTES/QUESTIONS:

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) _____[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[7]

Spouse self-selected Personal Identification Number (PIN) _____[8]

NOTES/QUESTIONS:

If you have an overpayment of 2014 taxes, do you want the excess:

Refunded _____ [47]

Applied to 2015 estimated tax liability _____ [48]

Do you expect a considerable change in your 2015 income? (Y, N) _____ [49]

If yes, please explain any differences:

_____ [50]

_____ [51]

_____ [52]

_____ [53]

Do you expect a considerable change in your deductions for 2015? (Y, N) _____ [54]

If yes, please explain any differences:

_____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in the amount of your 2015 withholding? (Y, N) _____ [59]

If yes, please explain any differences:

_____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a change in the number 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]

2014 Federal Estimated Tax Payments

2013 overpayment applied to 2014 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/15/14	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/16/14	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/15/14	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/15/15	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 State postal code _____ [2]

Amount paid with 2013 return + _____ [3]
 2013 overpayment applied to '14 estimates + _____ [4]
 Treat calculated amounts as paid _____ [8]

	Date Paid		Amount Paid	Calculated Amount
1st quarter payment	_____ [9]	+	_____ [10]	_____ _____ _____ _____
2nd quarter payment	_____ [11]	+	_____ [12]	
3rd quarter payment	_____ [13]	+	_____ [14]	
4th quarter payment	_____ [15]	+	_____ [16]	
Additional payment	_____ [17]	+	_____ [18]	

2014 City Estimated Tax Payments

<p style="text-align: center;">City #1</p> <p>City name _____ [28]</p> <p>Amount paid with 2013 return + _____ [31]</p> <p>2013 overpayment applied to '14 estimates + _____ [32]</p> <p>Treat calculated amounts as paid _____ [36]</p>	<p style="text-align: center;">City #2</p> <p>City name _____ [50]</p> <p>Amount paid with 2013 return + _____ [53]</p> <p>2013 overpayment applied to '14 estimates + _____ [54]</p> <p>Treat calculated amounts as paid _____ [58]</p>
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Date Paid		Amount Paid	Date Paid		Amount Paid
1st quarter payment	_____ [37]	+ _____ [38]	1st quarter payment	_____ [59]	+ _____ [60]
2nd quarter payment	_____ [39]	+ _____ [40]	2nd quarter payment	_____ [61]	+ _____ [62]
3rd quarter payment	_____ [41]	+ _____ [42]	3rd quarter payment	_____ [63]	+ _____ [64]
4th quarter payment	_____ [43]	+ _____ [44]	4th quarter payment	_____ [65]	+ _____ [66]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

<p style="text-align: center;">City #3</p> <p>City name _____ [72]</p> <p>Amount paid with 2013 return + _____ [75]</p> <p>2013 overpayment applied to '14 estimates + _____ [76]</p> <p>Treat calculated amounts as paid _____ [80]</p>	<p style="text-align: center;">City #4</p> <p>City name _____ [94]</p> <p>Amount paid with 2013 return + _____ [97]</p> <p>2013 overpayment applied to '14 estimates + _____ [98]</p> <p>Treat calculated amounts as paid _____ [102]</p>
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Date Paid		Amount Paid	Date Paid		Amount Paid
1st quarter payment	_____ [81]	+ _____ [82]	1st quarter payment	_____ [103]	+ _____ [104]
2nd quarter payment	_____ [83]	+ _____ [84]	2nd quarter payment	_____ [105]	+ _____ [106]
3rd quarter payment	_____ [85]	+ _____ [86]	3rd quarter payment	_____ [107]	+ _____ [108]
4th quarter payment	_____ [87]	+ _____ [88]	4th quarter payment	_____ [109]	+ _____ [110]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Wages and Salaries #1

Please provide all copies of Form W-2.

2014 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Employer name	_____		[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / 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)		_____	[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 +
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Wages and Salaries #2

Please provide all copies of Form W-2.

2014 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Employer name	_____		[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / 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 +
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Interest Income

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 codes below)	Interest Income [1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

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

Dividend Income

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 J	Type Code	Ordinary 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											
	Amounts +											
4	Payer											
	Amounts +											
5	Payer											
	Amounts +											
6	Payer											
	Amounts +											
7	Payer											
	Amounts +											
8	Payer											
	Amounts +											
9	Payer											
	Amounts +											
10	Payer											
	Amounts +											

**Dividend Codes
 Blank = Other 3 = Nominee

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2014 Information	Prior Year Information
			+	[1]
Address				
			+	
Address				
			+	
Address				

	2014 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:			
	+	[3]	[4]
	+		
Self-employed health insurance premiums: (Not entered elsewhere)			
	+	[6]	[7]
	+		
Self-employed long-term care premiums: (Not entered elsewhere)			
	+	[9]	[10]
	+		
Other adjustments:			
	+	[14]	[15]
	+		
	+		
	+		
	+		
	+		
	+		
	+		
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	+		
	+		
	+		
	+		
	+		

NOTES/QUESTIONS:

Complete this section if you paid interest on a qualified student loan in 2014 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2014. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2014 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	<div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px;"> _____ _____ _____ </div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

NOTES/QUESTIONS:

T/S/J	2014 Information	Prior Year Information
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received		
__ [1] _____	+ _____ [2]	
____	+ _____	
____	+ _____	
____	+ _____	
____	+ _____	
____	+ _____	
Medical insurance premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.)		
__ [4] _____	+ _____ [5]	
____	+ _____	
____	+ _____	
Long-term care premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.))		
__ [7] _____	+ _____ [8]	
____	+ _____	
Prescription medicines and drugs:		
__ [10] _____	+ _____ [11]	
____	+ _____	
____	+ _____	
__ [13] Miles driven for medical items	_____ [14]	

Schedule A - Tax Expenses

T/S/J	2014 Information	Prior Year Information
State/local income taxes paid:		
__ [18] _____	+ _____ [19]	
____	+ _____	
____	+ _____	
____	+ _____	
____	+ _____	
2013 state and local income taxes paid in 2014:		
__ [21] _____	+ _____ [22]	
____	+ _____	
____	+ _____	
Real estate taxes paid:		
__ [24] _____	+ _____ [25]	
____	+ _____	
____	+ _____	
Personal property taxes:		
__ [27] _____	+ _____ [28]	
____	+ _____	
Other taxes, such as: foreign taxes and State disability taxes		
__ [30] _____	+ _____ [31]	
____	+ _____	
____	+ _____	
Sales tax paid on major purchases:		
__ [36] _____	+ _____ [37]	
____	+ _____	
Sales tax paid on actual expenses:		
__ [39] _____	+ _____ [40]	
____	+ _____	
____	+ _____	

Interest Expenses

T/S/J	Home mortgage interest: From Form 1098	2014 Interest Paid ^[2]	2014 Points Paid	Type*	2014 Mortgage Ins. Premiums Paid	Prior Year Information
[1]	_____	+	+	-	+	
-	_____	+	+	-	+	
-	_____	+	+	-	+	
-	_____	+	+	-	+	
-	_____	+	+	-	+	
-	_____	+	+	-	+	
-	_____	+	+	-	+	
-	_____	+	+	-	+	

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home	3 = Used to pay off previous mortgage, excess proceeds invested
1 = Not used to buy, build, improve home or investment	4 = Taken out before 7/1/82 and secured by home used by taxpayer
2 = Used to pay off previous mortgage	

T/S/J	Payee's Name Other, such as: Home mortgage interest paid to individuals	SSN or EIN	2014 Information	Prior Year Information
[4]	_____	_____	+	[5]
	Address _____			
	City, state and zip code _____			
	_____	+		
	Address _____			
	City, state and zip code _____			

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

— Payer's/Borrower's name _____ [7]

— Street Address _____

— City/State/Zip code _____

Refinancing Points paid in 2014 -

— Taxpayer/Spouse/Joint (T, S, J) _____ [11]

— Recipient/Lender name _____

— Total points paid at time of refinance _____

— Percentage of principal exceeding original mortgage (For AMT adjustment) _____

— Points deemed as paid in 2014 (Preparer use only) + _____ [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 _____

— Percentage of principal exceeding original mortgage (For AMT adjustment) _____

— Points deemed as paid in 2014 (Preparer use only) + _____

— Date of refinance _____

— Term of new loan (in months) _____

— Reported on Form 1098 in 2014 _____

T/S/J	Investment interest expense, other than on Schedule(s) K-1:	2014 Information	Prior Year Information
[15]	_____	+	[16]
-	_____	+	
-	_____	+	
-	_____	+	
-	_____	+	
-	_____	+	
-	_____	+	
-	_____	+	
-	_____	+	

Control Totals +

T/S/J	2014 Information	Prior Year Information
Contributions made by cash or check (including out-of-pocket expenses)		
[2] _____	+ _____ [3]	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
[5] Volunteer miles driven	_____ [6]	
Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		
[8] _____	+ _____ [9]	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	

Miscellaneous Deductions

T/S/J	2014 Information	Prior Year Information	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses			
[11] _____	+ _____ [12]		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
Union dues:			
[14] _____	+ _____ [15]		
— _____	+ _____		
[17] Tax preparation fees	+ _____ [18]		
Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees			
[20] _____	+ _____ [21]		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
[23] Safe deposit box rental	+ _____ [24]		
Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:			
[26] _____	+ _____ [27]		
— _____	+ _____		
— _____	+ _____		
Other expenses, not subject to the 2% AGI limit:			
[30] _____	+ _____ [31]		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
Gambling losses: (Enter only if you have gambling income)			
[33] _____	+ _____ [34]		
— _____	+ _____		

Preparer use only

2014 Information

Prior Year Information

Taxpayer/Spouse (T, S)		_[2]	<div style="border: 1px solid black; height: 100%;"></div>
Occupation in which expenses were incurred		_[3]	
State postal code		_[5]	
If the employee expenses were from an occupation listed below, enter the applicable code		_[6]	
1 = Qualified performing artist, 2 = Handicapped employee, 3 = Fee-basis official			
Mark if these employee expenses are related to qualified services as a minister or religious worker		_[10]	
Parking fees and tolls	+ _____	[17]	
Local transportation	+ _____	[19]	
Travel expenses	+ _____	[22]	
Other business expenses:	+ _____	[25]	
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
Nonvehicle depreciation	+ _____	[28]	
Meals and entertainment	+ _____	[31]	
Meals for individuals subject to DOT hours of service limitation	+ _____	[33]	

Employer Reimbursements

Enter Reimbursements not entered on Screen W2, Box 12, Code L

		2014 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2	+ _____	[60]	<div style="border: 1px solid black; height: 40px;"></div>
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]	

Preparer use only

Taxpayer/Spouse (T, S) _____ [2]

Occupation in which expenses were incurred _____ [3]

State postal code _____ [4]

Vehicle Questions

If you used your automobile for work purposes, please answer the following questions:

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable) _____ [5]

Was another vehicle available for personal use? (Y, N) _____ [7]

Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No) _____ [9]

2014 Information

Prior Year Information

	—
	—

Vehicle Information

Vehicle 1 -	Date placed in service	_____	[11]
	Description	_____	[12]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[62]
	Description	_____	[63]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[109]
	Description	_____	[110]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[156]
	Description	_____	[157]
	Comments	_____	

Vehicles Actual Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	_____ [20]		_____ [69]		_____ [116]		_____ [163]	
Business mileage	_____ [24]		_____ [71]		_____ [118]		_____ [165]	
Average daily round trip commuting mileage	_____ [26]		_____ [73]		_____ [120]		_____ [167]	
Total commuting mileage	_____ [28]		_____ [75]		_____ [122]		_____ [169]	
Gasoline	+ _____ [30]		+ _____ [77]		+ _____ [124]		+ _____ [171]	
Oil	+ _____ [32]		+ _____ [79]		+ _____ [126]		+ _____ [173]	
Repairs	+ _____ [34]		+ _____ [81]		+ _____ [128]		+ _____ [175]	
Maintenance	+ _____ [36]		+ _____ [83]		+ _____ [130]		+ _____ [177]	
Tires	+ _____ [38]		+ _____ [85]		+ _____ [132]		+ _____ [179]	
Car washes	+ _____ [40]		+ _____ [87]		+ _____ [134]		+ _____ [181]	
Insurance	+ _____ [42]		+ _____ [89]		+ _____ [136]		+ _____ [183]	
Interest	+ _____ [44]		+ _____ [91]		+ _____ [138]		+ _____ [185]	
Registration	+ _____ [46]		+ _____ [93]		+ _____ [140]		+ _____ [187]	
Licenses	+ _____ [48]		+ _____ [95]		+ _____ [142]		+ _____ [189]	
Property taxes (Plates, tags, etc)	_____ [50]		+ _____ [97]		+ _____ [144]		+ _____ [191]	
Vehicle rentals	+ _____ [52]		+ _____ [99]		+ _____ [146]		+ _____ [193]	
Inclusion amt (Preparer only)	_____ [54]		+ _____ [101]		+ _____ [148]		+ _____ [195]	
Other vehicle expenses	+ _____ [56]		+ _____ [103]		+ _____ [150]		+ _____ [197]	
Value of employer provided vehicle	+ _____ [58]		+ _____ [105]		+ _____ [152]		+ _____ [199]	
Depreciation	+ _____ [60]		+ _____ [107]		+ _____ [154]		+ _____ [201]	

Minnesota General Information

Mark if you or your spouse are disabled _____ [1]
 Welfare amounts received _____ [2]

Contributions

Amount of political and charitable contributions you wish to make to:
Political Contributions

State campaign fund (Enter the appropriate code for the \$5 political party contribution on Form M1 or Form M1PR from the list below) Taxpayer _____ [3] Spouse _____ [4]

Political Parties		
11 = Republican	13 = Independent	16 = Libertarian
12 = Democratic Farmer-Labor	14 = Grassroots	99 = General Campaign Fund

Charitable Contribution

Nongame Wildlife Fund _____ [5]

Credits and Subtractions

Long Term Care Insurance Credit

Name of insurance company (Taxpayer) _____ [6]
 Name of insurance company (Spouse) _____ [7]
 Policy Number (Taxpayer) _____ [8]
 Policy Number (Spouse) _____ [9]

K-12 Education Expenses

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
_____ [10]	_____ [11]	_____ [12]	_____ [13]	_____ [14]	_____ [15]	_____ [16]	_____ [17]
_____ [18]	_____ [19]	_____ [20]	_____ [21]	_____ [22]	_____ [23]	_____ [24]	_____ [25]
_____ [26]	_____ [27]	_____ [28]	_____ [29]	_____ [30]	_____ [31]	_____ [32]	_____ [33]

	Child One	Child Two	Child Three
Class name _____ [34]	_____ [35]	_____ [36]	_____ [37]
Class type _____ [38]	_____ [39]	_____ [40]	_____ [41]
Ind. instr name _____ [42]	_____ [43]	_____ [44]	_____ [45]
Ind. instr type _____ [46]	_____ [47]	_____ [48]	_____ [49]
Music ins type _____ [50]	_____ [51]	_____ [52]	_____ [53]
Musical ins cost _____ [54]	_____ [55]	_____ [56]	_____ [57]
Type of school attended _____ [58]	_____ [59]	_____ [60]	_____ [61]
Transp provider _____ [62]	_____ [63]	_____ [64]	_____ [65]

M1PR Property Tax Credit

Note: Please attach copies of your tax year CRP's and/or current year Property Tax Statements

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Minnesota

Part-year residency dates: Taxpayer _____ [58] Spouse _____ [60]
 From _____ [59] To _____ [61]
 Other state of residence (State/Foreign country required for other nonresidents) _____ [62] _____ [63]

NOTES/QUESTIONS:

Wisconsin General Information

City of residence _____ [1]
 Village of residence _____ [2]
 Town of residence _____ [3]
 County of residence _____ [4]
 School district _____ [5]
 Mark if divorce decree _____ [6]
 Enter rent paid:
 Heat included _____ [7]
 Heat not included _____ [8]

Use Tax

Mark if not subject to Use Tax _____ [9]
 County Purchases
 Sales and use tax on out-of-state purchases _____ [10]
 Sales and use tax on out-of-state purchases _____
 Sales and use tax on out-of-state purchases _____

Contributions

Amount of charitable contributions you wish to make to:

Cancer research _____ [11]	Packers football stadium _____ [16]
Endangered resources _____ [12]	Red Cross WI disaster relief _____ [17]
Fire fighters memorial _____ [13]	Second Harvest / Feeding America _____ [18]
Military family relief _____ [14]	Special Olympics Wisconsin _____ [19]
Multiple sclerosis _____ [15]	Veterans trust fund _____ [20]

Part-year Resident and Nonresident Information

Residency code _____ [21]

Residency code

Blank = Both spouses have the same residency status (Default)	4 = Taxpayer nonresident, spouse part-year
1 = Taxpayer nonresident, spouse resident	5 = Taxpayer resident, spouse part-year
2 = Taxpayer resident, spouse nonresident	6 = Taxpayer part-year, spouse resident
3 = Taxpayer part-year, spouse nonresident	

If you were a part-year resident during the tax year, enter the dates you lived in Wisconsin

	Taxpayer	Spouse
Part-year residency dates:		
From _____ [22]	_____ [22]	_____ [24]
To _____ [23]	_____ [23]	_____ [25]
State of residency (Nonresidents only) _____ [26]	_____ [26]	_____ [27]
Country of residency (Nonresidents only) _____ [28]	_____ [28]	_____ [29]
Nonresident aliens:		
Taxpayer or Spouse is a U.S. citizen or a resident alien _____ [30]		
Resident of: IL _____ [31] IN _____ [32] KY _____ [33] MI _____ [34]		

NOTES/QUESTIONS: