

2014	1040	US	Tax Organizer
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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:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2014 Amount	2013 Amount
Attach Forms W-2	_____

INTEREST INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-INT	_____

DIVIDEND INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-DIV	_____

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-R & W-2G	_____

Winnings not reported on W-2G.....	_____
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)

Attach Forms 1099	
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- Form 1099-G - State tax refunds.....

Attach Forms 1099	
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Taxpayer:

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

Attach Forms 1099	
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Spouse:

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

Attach Forms 1099	
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MISCELLANEOUS INCOME

- Taxpayer: Alimony received.....
- Spouse: Alimony received.....
- Other: _____

_____	_____
_____	_____
_____	_____

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).....

2014 Amount	2013 Amount

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:

Alimony paid - Recipient name & SSN.....

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

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: _____

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.....

2014 | **1040** | **US** | **Tax Organizer**

TAXES PAID (continued)

City/local income taxes - 1/14 payment on 2013 city/local estimate
 City/local income taxes - paid with 2013 city/local extension.....
 City/local income taxes - paid with 2013 city/local return.....
 State and local sales taxes (except autos and special items).....
 Use taxes paid on 2014 purchases.....
 Use taxes paid on 2013 state return.....
 Sales tax on autos not included above.....
 Sales taxes paid on boats, aircraft, and other special items.....
 Real estate taxes - principal residence.....
 Real estate taxes - property held for investment.....
 Foreign income taxes.....
 Personal property taxes (including automobile fees in some states)...

2014 Amount	2013 Amount
Attach Tax Notice	

INTEREST PAID

Home mortgage interest and points paid:

Attach Forms 1098	
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Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):

Points not reported on Form 1098:

Mortgage insurance premiums on post 12/31/06 contracts.....

Investment interest (interest on margin accounts):

Passive interest.....

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Volunteer expenses (out-of-pocket).....

Number of charitable miles.....

NONCASH CONTRIBUTIONS

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

MISCELLANEOUS DEDUCTIONS

Union and professional dues.....

Tax return preparation fee.....

Safe deposit box rental.....

Investment expenses.....

Estate tax, section 691(c).....

Unreimbursed employee expenses:

Other:

2014

1040

US

Health Coverage Form

39.1

Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C.

GENERAL INFORMATION

1=entire household covered for all months, 2=no months 210

COVERED INDIVIDUAL (#1)

(a) First name ..	871.____	
(a) Last name ..	872.____	
(b) ID number (SSN or TIN)	873.____	
(c) Date of birth (m/d/y)	87.____	
(d) 1=covered all 12 months	251.____	
(e) Months of coverage:		
1=January	252.____	
1=February	253.____	
1=March	254.____	
1=April	255.____	
1=May	256.____	
1=June	257.____	
1=July	258.____	
1=August	259.____	
1=September	260.____	
1=October	261.____	
1=November	262.____	
1=December	263.____	

COVERED INDIVIDUAL (#2)

(a) First name ..	871.____	
(a) Last name ..	872.____	
(b) ID number (SSN or TIN)	873.____	
(c) Date of birth (m/d/y)	87.____	
(d) 1=covered all 12 months	251.____	
(e) Months of coverage:		
1=January	252.____	
1=February	253.____	
1=March	254.____	
1=April	255.____	
1=May	256.____	
1=June	257.____	
1=July	258.____	
1=August	259.____	
1=September	260.____	
1=October	261.____	
1=November	262.____	
1=December	263.____	

COVERED INDIVIDUAL (#3)

(a) First name ..	871.____	
(a) Last name ..	872.____	
(b) ID number (SSN or TIN)	873.____	
(c) Date of birth (m/d/y)	87.____	
(d) 1=covered all 12 months	251.____	
(e) Months of coverage:		
1=January	252.____	
1=February	253.____	
1=March	254.____	
1=April	255.____	
1=May	256.____	
1=June	257.____	
1=July	258.____	
1=August	259.____	
1=September	260.____	
1=October	261.____	
1=November	262.____	
1=December	263.____	

COVERED INDIVIDUAL (#4)

(a) First name ..	871.____	
(a) Last name ..	872.____	
(b) ID number (SSN or TIN)	873.____	
(c) Date of birth (m/d/y)	87.____	
(d) 1=covered all 12 months	251.____	
(e) Months of coverage:		
1=January	252.____	
1=February	253.____	
1=March	254.____	
1=April	255.____	
1=May	256.____	
1=June	257.____	
1=July	258.____	
1=August	259.____	
1=September	260.____	
1=October	261.____	
1=November	262.____	
1=December	263.____	

39.1