

BLUM & TRIPP
Certified Public Accountants
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January 15, 2015

Dear Client,

Enclosed is your 2014 Income Tax Data Organizer. We have designed this organizer to assist you in compiling the information necessary for us to prepare your 2014 Income Tax Returns. Please complete the organizer in pencil, attaching additional schedules if necessary. If a section of the organizer does not apply to you, please write "N/A" across the non-applicable pages.

New for 2014 are pages 1A and 1B. These deal with reporting for the Affordable Care Act, and foreign bank account reporting requirements. You should review these pages carefully, and return the completed pages to our office with the rest of your tax return organizer. If you have questions regarding these pages, contact Tracy Tripp.

Pages 16 and 17 of the organizer contain a detailed checklist of major items of income, expense, and tax credits. Please determine if any of these items apply to you. Attach a separate sheet of paper describing the applicable items. If you anticipate significant changes to your 2015 income or deductions, please complete page 18.

When you have assembled the necessary information for your 2014 Income Tax Returns, call to make an appointment and/or mail us the following information (if making an appointment, bring the following information with you):

- The completed Income Tax Data Organizer
- All W-2 wage statements
- All forms 1095-A, 1095-B and 1095-C reporting medical insurance (new for 2014)
- All forms 1099 and other statements of interest, dividends, and other income received
- All documentation indicating payments of interest, taxes, charitable contributions, and other deductions
- All escrow statements and instructions for any property purchased or sold during the year
- All confirmation statements from brokers reflecting purchases and sales of securities
- Any notices received from the Internal Revenue Service or Franchise Tax Board during the last year
- Any other items that you feel may affect your Income Tax Return.

Careful preparation of the enclosed Income Tax Data Organizer will assist us in preparing your income tax returns as quickly and efficiently as possible. For clients bringing in their tax information after March 10, it may be necessary to request an Automatic Extension of Time to File.

If you have any questions, please do not hesitate to call.

Very truly yours,

Blum & Tripp
Certified Public Accountants

There have been many federal and state tax law changes over the past few years. Some of the more important ones are noted below.

- If you have any interest or signature authority over a foreign financial account, you may be required to file a special form (FinCEN Form 114) with the U.S. Treasury by June 30, 2015. This form is filed separately from your federal income tax return. There are major penalties for failure to comply. Also, significant additional reporting in your income tax return may be required if foreign financial assets exceed \$50,000. Please contact us if you have any financial accounts or investments held outside the U.S.
- The State of California has made changes with respect to tax payments. If you make any payments to the Franchise Tax Board of \$20,000 or more, or have filed a state return with a tax liability exceeding \$80,000, you will have to begin making all subsequent tax payments electronically. There is a 1 % penalty for failure to comply.
- Tax changes associated with the 2010 health care reform legislation came into effect in 2013. Higher income earners will have to pay an additional 0.9% medicare tax on their wages (total earnings exceeding \$200,000 for single or \$250,000 for married filing jointly). In addition, a 3.8% medicare tax is imposed on net investment income over \$200,000 for single or \$250,000 for married taxpayers. Finally, the top tax bracket increased to 39.6% and the top capital gain rate increases 20% for higher income taxpayers while the itemized deductions phase out is reinstated for all taxpayers.
- Starting in 2014, the majority of Americans are required to have health insurance. Assuming you have health insurance, you will be receiving a Form 1095-A, 1095-B or 1095-C reporting your insurance. Please provide a copy of these forms with your tax information. The penalties for not having insurance are \$95 per adult and \$47.50 per child, or 1% of family income, whichever is greater. These penalties are scheduled to increase for 2015 and future years.

The following represents suggested record retention guidelines for income tax and other financial records.

- **Income tax returns** should be kept indefinitely. Supporting documents such as cancelled checks, receipts and expense diaries should be kept for 5 years and then shredded. This would include all correspondence from the IRS and state tax agencies.
- **Confirmations** of stock, bond and mutual fund trades should be kept until 5 years after the asset is sold. Please keep all stock option and employer stock purchase plan reports.
- **Closing escrow statements** for all purchased real estate as well as receipts for all improvements should also be kept for 5 years after sale of the property. In the case of rental property, please keep all depreciation schedules for the same length of time.
- **Deposit records** for IRA and self employed retirement plan contributions should be kept until 5 years after all accounts have been depleted.

- Due to potential identity theft, it is generally recommended that any financial documents for disposal be shredded.
- If you receive a check from the IRS or FTB, we suggest that you make a copy of the check for your records prior to deposit.
- Always safeguard **personal documents** such as birth certificates, divorce and property settlement agreements, military discharge papers, bonds, estate tax returns, partnership agreements, deeds, insurance policies, wills and trust documents.

**Income Tax Data Organizer
2014**

The following questions are new for 2014, and relate to changes in the law from the Affordable Care Act (ACA).

Please review the following questions carefully and mark the questions Yes or No.

- | Yes | No | |
|-----|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | _____ | _____ Did you have healthcare coverage (health insurance) for you, your spouse, and any dependents?
If yes, please provide all Forms 1095-A, 1095-B, and 1095-C. |
| 2 | _____ | _____ Are you and/or your spouse covered by Medicare? |
| 3 | _____ | _____ Are you and/or your spouse covered by an employer provided medical plan? |
| 4 | _____ | _____ Did you and/or your spouse have any transactions pertaining to a health savings account (H.S.A.)?
If you received distributions from an H.S.A., please provide all Forms 1099-SA. |
| 5 | _____ | _____ If you and/or your spouse are self-employed, are you and/or your spouse eligible to be covered under an employer's health care plan at another job?
If yes, how many months were you covered? |
| 6 | _____ | _____ If you and/or your spouse are self-employed, are you and/or your spouse eligible to be covered under an employer's long-term care plan at another job?
If yes, how many months were you covered? |

Date: _____ Taxpayer: _____ Spouse: _____

Foreign Asset Disclosure

My (Our) 2014 federal & California income tax returns have been prepared by Blum & Tripp, CPAs (B&T).

B&T has made me/us aware that U.S. taxpayers are required to report their worldwide income, that is, income from both U.S. and foreign sources. In addition, taxpayers who own, have an interest in, or have signature or authority over assets in a foreign country may be required to report the existence of the assets. Also, additional reporting may be required for taxpayers who own 10% or more of a foreign corporation's stock, or are an officer or director of a foreign corporation.

I (We) have reported to B&T any and all foreign assets in which we have either ownership or signature authority. This includes, but is not limited to, funds in foreign financial institutions, real estate, rights to foreign pension plans, rights to distributions from foreign estates or trusts, life insurance with cash surrender values, or any other foreign assets. It does not include stocks in foreign companies held in U.S. brokerage accounts.

Date: _____

Taxpayer: _____

Spouse: _____

Income Tax Data Organizer 2014

Name _____
 Address _____

		Taxpayer	Spouse
Phone number:	Home	_____	_____
	Work	_____	_____
	Cell	_____	_____
E-Mail Address	_____		
Social Security #	_____		
Date of Birth	_____		
Occupation	_____		

Do you want \$3 of your taxes allocated to the Presidential Election Campaign Fund?

Yes No
 Yes No

	Name	Soc. Sec. #	Date of Birth	(d) daughter (s) son	Months in your home
Dependent children	_____				

	Name	Soc. Sec. #	Date of Birth	Relationship	Months in your home
Other Dependents	_____				

Please check the appropriate space

Mail completed returns
 Call for pick up of returns
 Send .pdf copy of completed returns in additon to / instead of printed copy

Income Tax Data Organizer 2014

Income Tax Payments

	Federal			State		
	Date Paid	Check #	Amount Paid	Date Paid	Check #	Amount Paid
2014 Estimated Payments						
Applied from 2013						
1st Quarter (4/15/14)						
2nd Quarter (6/16/14)						
3rd Quarter (9/15/14)						
4th Quarter (1/15/15)						
Miscellaneous Payments						
Other payments						
Other payments						

Wages received (please bring W-2 forms)

T/S	Employer name	Gross Salary	Federal Income Tax w/h	Soc. Sec. w/h	Medicare w/h	State Income Tax w/h	SDI

Total Federal Payments & W/H _____

Total State Payments & W/H _____

Income Tax Data Organizer 2014

Sale or exchange of stocks, bonds, or other property

Please bring to your tax appointment all year-end tax statements received from brokerage firms and other financial institutions.

No. of shares & description of property	Date Acquired	Date Sold	Sales Price	Cost	Gain (Loss)
Totals (we will compute)					

Income Tax Data Organizer 2014

Interest Income

Bring all 1099 forms with you to your tax appointment. If you received interest from a seller-financed mortgage, please list the name, address, and Social Security number of the payer. Attach additional schedules if necessary.

Taxable Interest Income

Name of Payer	
Total Taxable Interest (we will compute)	

Tax-Exempt Interest Income

Name of Payer	Amount
Total Tax-Exempt Interest (we will compute)	

Did you have any interest or signature authority over a foreign bank, securities or other financial account during the year? If so, a separate form may have to be filed to the U.S. Treasury by June 30, 2015.

YES	NO
<input style="width: 40px; height: 15px;" type="checkbox"/>	<input style="width: 40px; height: 15px;" type="checkbox"/>

Income Tax Data Organizer 2014

Dividend Income

Name of Payer	Total Ordinary Dividends Box 1a	Qualified Dividends Box 1b	Total Capital Gain Distributions Box 2a	Nondividend distributions Box 3	Federal Income Tax Withheld Box 4	Foreign Tax Paid Box 6
Total (we will compute)						

Income Tax Data Organizer 2014

Business Auto & Employee Business Expenses

Note: You must maintain records to show the amount, date, place, business purpose, and business relationship of all travel and entertainment expenses to be deducted. List employee business expenses in the sections below and on page 8. Also list any employer reimbursements on page 8.

	Taxpayer	Spouse
Employer's name		
Do you have evidence to support your deductions (auto & business)?		
If so, is the evidence written? _____		
Automobile Questions		
Year, make and model _____		
Date acquired _____		
Amount paid _____		
Date placed in service for business usage _____		
Total miles driven during the year _____		
Average round trip commute (in miles) _____		
Total commuting miles driven during the year _____		
Total other personal miles driven during the year _____		
Was another vehicle available for personal usage?		

Automobile Expenses

Parking fees & tolls _____		
Gas & oil _____		
Repairs & maintenance _____		
Tires, battery _____		
Insurance _____		
License _____		
Auto leasing _____		
Other _____		
Other _____		
Other _____		
Total Auto Expenses		

Income Tax Data Organizer 2014

Business Auto & Employee Business Expenses Continued

Employee Business Expenses

		Taxpayer	Spouse
Number of nights spent away from home on business			
Lodging (you must have receipts)	_____		
Transportation away from home	_____		
Meals & entertainment	Total _____		
	less 50% _____	-	-
Union dues	_____		
Business supplies	_____		
Professional dues	_____		
Journals & subscriptions	_____		
Professional education	_____		

Business telephone	_____		
Other	_____		
Other	_____		
Other	_____		
Total Business Expenses			

Reimbursement of Auto & Business Expenses by an Employer

Total employer reimbursements	_____		
Amount of reimbursement included in W-2, 1099, or etc.			

Income Tax Data Organizer 2014

Business or Professional Income/Expenses (Schedule C)

Business name _____

Address _____

ID Number _____

Nature of business _____

Did you materially participate in this business in 2014? _____

Were payments made to any individual for \$600 or more, for services? _____

If so, did you file forms 1099 reporting the payments to the payees? _____

Were expenses incurred for a home office? _____

Was this business started or acquired during 2014? _____

If your gross receipts exceed \$100,000 and you do not have a seller's permit,
have you registered your business with the Board of Equalization? _____

If not, this is required by April 15, 2015.

Inventory

Beginning of year _____

End of year _____

Details of Equipment acquired for use in this business

Description	Date Acquired	Business Use %	Cost	Approximate Useful life

Income Tax Data Organizer 2014

Business or Professional Income/Expenses (Schedule C) Continued

Income

Gross receipts or sales		
Other income		
Total Income		

Expenses

Advertising		
Auto expenses (complete page 7)		
Commissions		
Contract labor		
Insurance		
Interest on business loans (name of lender _____)		
Legal & accounting fees		
Meals & entertainment	Total less 50%	
Office supplies & postage		
Rent		
Repairs & maintenance		
Telephone		
Travel (complete page 8)		
Utilities		
Wages		
Other expenses		
Subtotal of Expenses		
Depreciation (we will compute)		
Total Expenses		
Net Income (Loss)		

Income Tax Data Organizer 2014

Rental Income/Expenses

Type of property _____

Address _____

 Percentage owned by others _____

 Number of days occupied by owner _____

 Total Days rented if less than full year _____

Income

Rental income received _____

Other income received _____

Total Income _____

Expenses

Advertising _____

Auto miles related to rental _____

Cleaning _____

Insurance _____

Legal & professional _____

Management/commission fees _____

Mortgage interest _____

Property owner's association dues _____

Property taxes _____

Repairs & Maintenance _____

Supplies _____

Travel _____

Utilities _____

Other expenses _____

Improvements (please include receipts) _____

Subtotal of Expenses _____

Depreciation (we will compute) _____

Total Expenses _____

Net Income (Loss) _____

**Income Tax Data Organizer
2014**

Itemized Deductions

Medical Expenses

Medical insurance premiums paid	_____	_____
Prescription drugs	_____	_____
Doctors, dentists, nurses, hospitals, etc.	_____	_____
Auto mileage for medical	_____ *.235	_____
	_____	_____
Glasses, contact lenses, etc.	_____	_____
Other medical expenses	_____	_____
	_____	_____
Medical insurance reimbursements	_____	_____
	Subtotal of Medical	_____
	10% of AGI (we will compute)	_____
	Net Medical Expenses	=====

Taxes

Please bring DMV and real estate tax bills to your tax appointment.

Personal property taxes	_____	_____
	_____	_____
Real estate taxes	_____	_____
	_____	_____
	_____	_____
Other taxes	_____	_____
	_____	_____
	_____	_____

Income Tax Data Organizer 2014

Itemized Deductions Continued

Interest Expense

Note: If paid to individuals, you must list their name and address. If the interest is on a seller-financed mortgage, you must also list the individual's social security number. Please bring forms 1098 and other statements received in regards to the interest paid.

	<i>Lender</i>	
Home mortgage - principal residence - 1st mortgage	_____	_____
Home mortgage - principal residence - 2nd mortgage	_____	_____
Home mortgage - second home	_____	_____
Points	_____	_____
Investment interest	_____	_____
	_____	_____

	Total Interest Expense	_____

Charitable Contributions

Written substantiation from the charitable organization for all contributions is now required.

Written substantiation consists of a cancelled check, credit card receipt or letter from the charities acknowledging the contribution. You must have received the statement by the final due date to file your tax return (including extensions).

Contributions in cash, including by check, debit or credit cards:

Contributions other than cash. Please list the charity's name and estimated value of the contribution. If non-cash contributions were over \$500, also provide a description of the property donated, the date given, and the original cost. Clothing and household items donated must be in good condition or better.

Auto mileage for general charitable work	_____ (total miles) *.14	
	Total Contributions	

Income Tax Data Organizer 2014

Itemized Deductions Continued

Miscellaneous

Note: Do not enter employee business expenses here. Enter them on pages 7 and 8.

Safe deposit box		
Tax return preparation and/or advice fees		
Investment fees		
Investment telephone expense		
Investment publications		
Other miscellaneous expense		
Total Miscellaneous Expenses		
2% of AGI (we will compute)		
Net Miscellaneous Expenses		

Income Tax Data Organizer 2014

Other Deductions

Contributions to a Keogh, IRA or SEP

Note: If you have not already made the 2014 contribution to your IRA, the final day for doing so is April 15, 2015.

T/S	Payee	Amount	Date paid

Are you or your spouse covered by an employer provided retirement plan (401(k), pension plan, etc.)? If so, your IRA deduction may not be allowable. Please indicate if one or both of you are covered by an employer provided plan.

Taxpayer _____
Spouse _____

Child Care Expenses

Note: Both spouses must have been working during the year in order to claim child care expenses. You must provide the name, address, social security number or organization identification number, and the amount paid for each child care provider in order to claim the credit.

Name	Address	Organization ID # or Social Security #	Amount Paid

Income Tax Data Organizer 2014

Please review the following questions carefully and mark any of the items that are applicable. Include the details on page 19 or a separate sheet of paper.

- 1 _____ Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?
- 2 _____ Did any of your children have income in excess of \$1,000?
- 3 _____ Can you be claimed as a dependant on someone else's return?
- 4 _____ Did you have anyone, other than your children, living with you during the year?
- 5 _____ Is anyone in your household 65 years of age or older?
- 6 _____ Did you contribute to the support of anyone not living with you?
- 7 _____ Were you a non-resident of California at any time during the year?
- 8 _____ Did you receive any unemployment compensation during the year?
- 9 _____ Did you pay for any child or dependant care expenses (child must be under the age of 13) during the year?
If so, complete page 15.
- 10 _____ Did you have any household employees during the year? If so, contact Amanda Warner EA of our office.
- 11 _____ Did you use your car on the job (other than commuting to and from work)? If so, complete page 7.
Please provide copies of the contract for any purchases or sales of automobiles used for your job.
- 12 _____ Did you receive any distributions or make any contributions to/from your IRA, Keogh, or SEP plan?
If so, list distributions on page 3 and contributions on page 15.
- 13 _____ Did you pay or receive any alimony during the year? If paid, please list your former spouse's last name
and social security #.
- 14 _____ Did you receive or have investments that paid any tax-exempt income? If so, fill out page 5.
- 15 _____ Did you receive income from any government sponsored retirement plans (for social security, list on page 3)?
- 16 _____ Does anyone owe you money which has become a "bad debt" or is potentially uncollectable?
- 17 _____ If self-employed, did you pay anything for medical insurance for yourself, your dependants, and/or employees?
_____ If so, are you or your spouse covered by any employer provided medical plans?
- 18 _____ Did you make a job related move at anytime during the year?
- 19 _____ Did you receive a distribution from an employer sponsored annuity, profit sharing or pension plan?
- 20 _____ Did you pay for any tax and/or investment advice to an attorney, investment advisor, or CPA (other
than Blum & Tripp, CPAs)?
- 21 _____ Do you belong to a professional society or organization (such as a union, management club, engineering
society, etc)?
- 22 _____ Did you incur any unreimbursed educational expenses relating to your employment?
- 23 _____ Have you made or received any loans that are interest free or carry a below-market interest rate?
- 24 _____ Did you purchase any special clothing, tools, or equipment required for your job?

Income Tax Data Organizer 2014

- 25 _____ Do you use part of your home regularly and exclusively as a principal place of business?
- 26 _____ Did you incur a theft or loss greater than \$500 as a result of fire, storm, or other casualty or receive a payment from insurance related to any of the above? Unless business related, a casualty loss must exceed 10% of your income to be deductible (unless relates to a federally declared disaster).
- 27 _____ Did you make a gift of more than \$14,000 to any person during the year?
- 28 _____ Did you receive gifts of more than \$14,000 from a foreign person or other foreign source during the year?
- 29 _____ During 2014 did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
- 30 _____ Did you receive any prizes, awards, or gambling winnings?
- 31 _____ Did you pay any fees or incur expenses in seeking new employment?
- 32 _____ Did you buy or sell your personal residence or any other real estate during the year? If so please bring the final closing statements to your tax appointment. Also, indicate if you are a first time home buyer.
- 33 _____ Did you pay a penalty to a bank or other financial institution for premature withdrawal of funds on deposit?
- 34 _____ Were you granted or did you exercise employee stock options during the year?
- 35 _____ Have you amended or been notified by the IRS or FTB of an adjustment to any tax return filed in the past three years? If so, please bring the notices to your tax appointment.
- 36 _____ Did you purchase or sell any bonds during the year? If so, bring the purchase/sales confirmations to your tax appointment.
- 37 _____ Did you or your spouse receive any disability income during the year?
- 38 _____ Did you receive an IRS letter warning you not to claim any tax shelter related deductions, losses, or credits?
- 39 _____ Did you cash any U.S. Savings Bonds during 2014?
- 40 _____ Did you receive or pay interest with respect to a seller financed mortgage? If so, list name, address, and social security numbers of all people involved. Show on page 5 if interest was received; show on page 13 if interest was paid.
- 41 _____ Did you or your spouse pay any higher educational expenses during 2014?
- 42 _____ Have you engaged in any barter transactions or have any other income not reported elsewhere in this organizer?
- 43 _____ Did you purchase an electric or other clean fuel vehicle during the year?
- 44 _____ If you purchased any products over the internet or from an out of state vendor and did not pay California sales taxes, you can elect to pay the sales or use taxes with your return. Please indicate if you would like to do so and provide a list of the products purchased and their cost.
- 45 _____ Did you make any large purchases such as motor vehicles or boats? If so list sales tax on page 12.
- 46 _____ Are you an officer or director of a foreign corporation, or do you own 10% or more of a foreign corporation's stock?
- 47 _____ Did you make contributions or receive distributions from a health savings account (HSA)?
- 48 _____ Did you make a Roth IRA conversion during the year?

Income Tax Data Organizer
2014

Schedule of changes for 2015 tax estimate

If you anticipate significant changes to your income or deductions for 2015, as compared with 2014, please indicate the changes below. This will enable us to calculate whether your withholding and/or estimated tax payments should be adjusted for 2015. We will assume anything not noted will be approximately the same as it was in 2014.

If you feel your income, deductions, and tax withholding will be approximately the same for 2015, there is no need to complete this schedule.

Changes to Income	Increase (Decrease)
Salaries	_____
Interest & dividends	_____
Capital gains/losses	_____
Net business income/loss	_____
Net rental income/loss	_____

Net partnership income/loss	_____
Other income/loss	_____

Total increase/decrease in income	_____ -
Changes to Deductions	
Medical expenses	_____
Real estate taxes	_____
Mortgage interest	_____
Contributions	_____
Other deductions	_____

Total increase/decrease in deductions	_____ -
Change in number of exemptions	_____
2015 income tax withholding, estimated increase/decrease	
Federal	_____
California	_____

