



Franklin & Company, LLC  
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1040 - INDIVIDUAL TAX RETURN ENGAGEMENT LETTER  
*\*Please read as there are some changes to our engagement letter\**

Subject: Preparation of Your 2014 Individual Tax Return

Thank you for selecting Franklin & Company, LLC to assist you with your tax affairs. This letter confirms the terms of our engagement with you and the nature and extent of services we will provide.

We will prepare your 2014 Federal and all State income tax returns you request using information you provide to us. We may ask for clarification of some items, but we will not audit or otherwise verify the data you submit.

We have enclosed our "Tax Organizer" to help you gather information necessary for a complete return. Please use these forms to avoid overlooking important information. This helps keep the cost of our services as low as possible.

No work will commence until this engagement letter and the tax organizer are fully completed and returned.

We expect to perform the following services. Please check the appropriate boxes:

- ◆ Prepare the Federal Form 1040\_\_\_\_ and the Florida Tangible Tax Return\_\_\_\_

If at any time during 2014 you had a rental property, you may need to file a Tangible Tax Return with the county where the rental property is located. If you need us to prepare this return, please check the box and we will contact you for more information.

If at any time during 2014 you had an interest or signature in a financial account in a foreign country there may be a requirement to file additional forms with the IRS to report this information if certain thresholds are met. Our Tax Organizer explains this in more detail. It is your responsibility to make sure these tax returns are filed.

It is your responsibility to provide information required for preparation of complete and accurate returns. You should keep all documents, cancelled checks and other data that support your reported income and deductions. These may be necessary to prove accuracy and completeness of the returns to a taxing authority. You are responsible for your tax returns, so you should review them carefully before authorizing us to e-file.

Our work will not include any procedures to discover defalcations or other irregularities. The only accounting or analysis work we will do is that which is necessary for preparation of your income tax returns.

We will use our judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless you instruct us otherwise, we will apply the "realistic possibility of success" standard to resolve such issues in your favor where possible.

The law imposes penalties when taxpayers understate or underestimate their tax liability. It is your responsibility to understand the requirements for proper tax deposits. You acknowledge that any such understated tax and any imposed interest and penalties are your responsibility, and that we have no responsibility in that regard. If you would like information on the amount or circumstances of these penalties, please contact us.

Your returns may be selected for audit by a taxing authority. Any proposed adjustments are subject to appeal. In the event of a tax examination, we can arrange to be available to represent you upon request. For such representation, a separate engagement letter will be provided to you. Fees and expenses for defending the returns will be invoiced in accordance with terms we agree on for that engagement.

Our fee for preparation of your tax returns will be based on the amount of time required at standard billing rates plus out-of-pocket expenses and not based on prior years or agreements of fees. Our fees are not contingent on the outcome of the tax return. To the extent permitted by state law, an interest charge may be added to all accounts not paid upon completion of our work.

**Please be prepared to pay for services rendered for our work at the time of completion and when you are notified it is ready for pick up. There will be no exceptions.**

Your tax return will be electronically filed unless you request otherwise. You and if applicable, your spouse will be required to execute Federal Form 8879 authorizing Franklin & Company, LLC to electronically file your return. It is your responsibility to assure that Federal Form 8879 is returned to us on a timely basis with the appropriate signatures.

We provide you with a copy of your individual tax return each year. Due to the time involved and costs associated with copying, emailing or faxing of any additional copies after the fact we are giving you an option this year. If you would like additional copies of your tax return at time of pick up, please list the number of copies at the end of this letter. The nominal fee of 25 cents per page will be added to your invoice. If a copy of a tax return is requested after you have picked up your tax return, there is a cost of \$25.00 per additional copy per year. If you are requesting additional copies for someone other than yourself, an authorization form must be

signed prior to us sending any copies to a third party (ex: banks, mortgage companies, etc.) and the same fee of \$25.00 per return per year applies.

We retain certain, but not all, copies of the records you supplied to us along with our work papers for your engagement for a period of three years. After three years, our work papers and engagement files will be destroyed. Any original records will be returned to you at the end of this engagement period; you should store them in a secure location.

To indicate that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us.

We appreciate your confidence in us. Please call if you have questions.

Sincerely,  
FRANKLIN & COMPANY, LLC

\_\_\_\_\_  
John J. Franklin, Jr.

Accepted By:\*

\_\_\_\_\_  
Taxpayer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

**\*Both taxpayer *and* spouse must sign for a joint return.**

If requesting additional tax returns, please list number here: \_\_\_\_\_

# 2014 TAX ORGANIZER

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2014 personal income tax return Federal Form 1040. The attached worksheets cover income, deductions and credits, and will help in the preparation of your tax return and let us take advantage of any tax credits that are available.

Please enter your 2014 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

Please note that the General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **YES** to any of the questions, be sure to provide the applicable details.

Please make sure you provide the following information:

- A copy of your 2013 tax return (if we **did not** prepare it)
- Victims of identity theft we **CANNOT** e-file your return without the pin number you were provided.
- Original Form(s) W-2 (wages) and Form(s) W-2G (gambling winnings)
- Healthcare Questionnaire, 1095A or 1095B or 1095C, Exemption Letter
- Schedule K-1 showing income or loss from Partnerships, S Corporations or Estates and Trusts
- All Forms 1099
  - 1099-MISC for Miscellaneous Income
  - 1099-C for Cancellation of Debt
  - 1099-G for Unemployment Compensation
  - 1099-K for Payment Card Transactions
  - SSA-1099 for Social Security payments
  - 1099-B for Sale of Securities
  - 1099-DIV for Dividends
  - 1099-INT for Interest
  - 1099-R for Annuities and Pensions and other retirement plan withdrawals
- Brokerage statements showing transactions for stocks, bonds, etc.  
**PURCHASE PRICES FOR ALL STOCKS SOLD IN 2014 MUST BE PROVIDED**
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings
- Copies of closing statements regarding the sale or purchase of real property
- All other information notices you received, or any items you have questions about
- Form 5498 IRA Contribution Information

**All information must be received in our office before MARCH 6, 2015, to meet the April 15<sup>th</sup> tax filing deadline, to ensure advance notice to you of your tax liability for 2014, and to project your estimated taxes for 2015.**

**If you cannot meet our March 6, 2015 deadline, and you would like us to file an extension for you, please be aware that we are no longer allowed to file an extension with zeros. In order to file an extension, avoid IRS penalties, and properly estimate your income tax liability, we must receive as much information as possible from you by MARCH 28, 2015. If your information is not received by this date, we will not be able to file an extension for you or estimate any payment that may be needed to be sent with it. The IRS will deny an extension if the income tax liability is not properly estimated.**

**Please be aware that an extension of time to file your return does not grant you any extension of time to pay your tax liability.**

FRANKLIN & COMPANY, LLC  
4314 LAMSON AVENUE  
SPRING HILL, FL 34608

Sign below acknowledging receipt of this organizer

Date \_\_\_\_\_

# 2014 TAX ORGANIZER

## Taxpayer Information

## Spouse Information

Last name \_\_\_\_\_  
 First name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 E-mail address \_\_\_\_\_

Last name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 E-mail address \_\_\_\_\_

**Preferred Method of Contact**     Home phone     Work phone     Cell phone     Email

**Person to contact**     Taxpayer    **Best time to call** \_\_\_\_\_  
                                    Spouse        **Best time to call** \_\_\_\_\_

### Dependent Information – provided over 50% of their support during 2014

If you are the non-custodial parent, please provide Form 8332 (Release/Revocation of Release of Claim to Exemption for Child by Custodial Parent) that the custodial parent must complete and provide to you. IRS rules require that the noncustodial parent must have this Form attached to his or her tax return each year the exemption is claimed.

**PLEASE NOTE THAT IF YOUR TAX RETURN IS REJECTED BY THE IRS BECAUSE A DEPENDENT YOU ARE CLAIMING FILED THEIR OWN TAX RETURN AND INCORRECTLY CLAIMED THEIR OWN EXEMPTION, OR WAS CLAIMED BY ANOTHER PERSON, THERE WILL BE A \$125.00 CHARGE TO CORRECT THE RETURN. THIS MUST BE PAID BEFORE THE RETURN CAN BE RE-SUBMITTED TO THE IRS. THIS IS IN ADDITION TO THE COST TO AMEND YOUR DEPENDENT'S TAX RETURN (IF REQUIRED).**

First Name	MI	Social Security Number	Date of Birth	Full time Student	Months lived with taxpayer in 2014	Did dependent file own tax return for 2014	Did dependent claim own exemption for 2014
Last Name	Suffix	Relationship					
-----	-----	-----		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
-----	-----	-----		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
-----	-----	-----		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
-----	-----	-----		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Child and Dependent Care Provider Expenses**

Child Name	Provider Name	Address	ID Number	Amount Paid
				\$
				\$

**Higher Education Expenses**

Many of your higher education expenses qualify for special tax credits and deductions. Please provide information individually for each student enrolled in a qualified institution and provide paperwork to support the amounts entered. **If you received a Form 1098-T or 1099-Q, please provide them to us.**

Tuition <b>paid</b> during 2014 for at least half time enrollment	First Student	Second Student	Third Student
Name of Student			
Name of School Attended			
Post Secondary Year 1	\$	\$	\$
Post Secondary Year 2	\$	\$	\$
Post Secondary Year 3	\$	\$	\$
Post Secondary Year 4	\$	\$	\$
Fees <b>paid</b> in 2014	\$	\$	\$
Books and Supplies <b>paid</b> in 2014	\$	\$	\$
Room and Board <b>paid</b> in 2014	\$	\$	\$
Other expenses (give details)	\$	\$	\$
_____	\$	\$	\$
_____	\$	\$	\$
_____	\$	\$	\$
Amounts of any grants or scholarships received to pay these 2014 expenses	\$	\$	\$

**Job Related Education**

Enter amounts only if job/career related for you and/or your spouse which were **not** reimbursed by your employer.

Type of Expense	Description	Taxpayer	Spouse
Room and Board		\$	\$
Books and Supplies		\$	\$
Seminar Fees		\$	\$
Travel (number of miles)		\$	\$
Other – please specify		\$	\$

**Student Loan Interest Paid**

Enter total 2014 qualified student loan interest paid \$ \_\_\_\_\_

**Income**

Wages Received Please provide copies of all Forms W-2 received for 2014

Pensions/Annuity Distributions Please provide copies of all Forms 1099-R received for 2014

IRA distributions Please provide copies of all Forms 1099-R received for 2014

Social Security Payments Please provide copies of all Forms 1099-SA received in 2014

Gambling Winnings Please provide copies of all Forms W-2G received for 2014

Alimony Received \$ \_\_\_\_\_ From Whom \_\_\_\_\_

Jury Duty \$ \_\_\_\_\_  Taxpayer  Spouse

Unreported tips \$ \_\_\_\_\_  Taxpayer  Spouse

Disability Income \$ \_\_\_\_\_  Taxpayer  Spouse

Unemployment Compensation \$ \_\_\_\_\_  Taxpayer  Spouse

Other \$ \_\_\_\_\_  Taxpayer Description \_\_\_\_\_

Other \$ \_\_\_\_\_  Taxpayer Description \_\_\_\_\_

Other \$ \_\_\_\_\_  Spouse Description \_\_\_\_\_

Other \$ \_\_\_\_\_  Spouse Description \_\_\_\_\_

**Business Income** - **complete ORG-SCH C (if required)**

**Rental and Royalty Income** - **complete ORG-SCH E (if required)**

**Earned Income Credit Due Diligence** **read ORG-SCH EIC attached**

**Retirement Plan Contributions****Taxpayer****Spouse**

Traditional IRA contributions made for 2014 \$ \_\_\_\_\_ \$ \_\_\_\_\_

Roth IRA contributions made for 2014 \$ \_\_\_\_\_ \$ \_\_\_\_\_

**DO NOT INCLUDE ANY AMOUNTS REPORTED ON FORMS W-2**

**Form 5498, which reports IRA, SEP, and SIMPLE contributions and rollovers, will be mailed to you in May 2015 by the trustee of your account. Please provide us with a copy of it for our files.**

**Health Savings Account (HSA)****Taxpayer****Spouse**

Health Savings Account contributions made for 2014 \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Stock Sales**

Please provide copies of all brokerage statements **(INCLUDING DETAILS ON COST BASIS OF STOCK)**.

<b>Medical and Dental Expenses paid in 2014</b>	<b>Amount</b>
Prescription medications	\$ _____
Health insurance premiums <b>AFTER</b> tax dollars – <b>NOT</b> paid from pre-tax monies from wages, HSA plans or Section 125 Cafeteria Plans or reported on SSA-1099	\$ _____
Doctors, dentists, etc.	\$ _____
Hospitals, clinics, etc.	\$ _____
Eyeglasses and contact lenses	\$ _____
Miles driven for medical purposes _____	
Other medical and dental expenses _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

<b>Taxes</b>	<b>Amount</b>
Real estate taxes <b>paid</b> on principal home in 2014 (excluding special assessments)	\$ _____
Real estate taxes <b>paid</b> on additional home and land in 2014 (please attach copies of bills paid)	\$ _____
Other personal property taxes <b>paid</b> in 2014	\$ _____
<b>PLEASE PROVIDE COPIES OF TAX BILLS AND CANCELLED CHECKS</b>	

<b>Interest Expenses</b>		
<b>If you have EVER refinanced your primary residence or second home or have a home equity loan on your house, and there was a mortgage balance at 12/31/2014, please answer question #19 on the 2014 Questions page.</b>		
Home mortgage interest paid – Forms 1098		
<b>Lenders Name</b>	<b>Property Address</b>	<b>Amount</b>
_____	_____	\$ _____
_____	_____	\$ _____
Points paid on loan to buy, build or improve main home		
<b>Lenders Name</b>	<b>Property Address</b>	<b>Amount</b>
_____	_____	\$ _____
_____	_____	\$ _____
<b>Seller financed mortgage interest</b>		
Individual's name	_____	
Address	_____	
Identifying number	_____	\$ _____

## Cash Charitable Contributions

CASH charitable contributions to any Organization of ANY amount must have written substantiation from the Organization. A cancelled check is NOT sufficient to support the deduction.

Please check this box to verify that you have read this statement and provide receipts for all entries made below.   
 If this box is NOT checked, no deductions will be taken.

Charitable Organization	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

## Noncash Charitable Contributions

Donations of used furniture, appliances and clothing must be in good or better condition to be deductible. ALL information below MUST be completed or the deduction WILL NOT be taken on your 2014 income tax return.

A GOOD WEBSITE TO USE TO GET AN ACCURATE VALUE FOR YOUR DONATIONS IS [WWW.SATRUCK.ORG](http://WWW.SATRUCK.ORG)

Donee	Donee Address	Detailed Description of Donation	Date Acquired	Date Contributed	Your Cost	Value**	How Acquired
					\$	\$	
					\$	\$	
					\$	\$	
					\$	\$	
					\$	\$	
					\$	\$	

\*\* Maximum Allowed is not an answer.

<b>Miscellaneous Deductions</b>	<b>Amount</b>
Union and professional dues	\$ _____
Professional subscriptions, books, supplies	\$ _____
Uniforms and protective clothing (including cleaning)	\$ _____
Job search costs (please provide details)	\$ _____
Taxpayer educator expenses	\$ _____
Spouse educator expenses	\$ _____
Tax return preparation fees	\$ _____
Portfolio Management fees	\$ _____
Safe deposit box rental	\$ _____
Gambling losses (only deductible to the extent of gambling income)	\$ _____
Other expenses – provide details: _____	\$ _____

**Estimated Tax Payments Made**

Please note that estimated tax payments for 2014 were due on April 15, 2014, June 15, 2014, September 15, 2014 and January 15, 2015.

**PLEASE DO NOT INCLUDE PAYMENTS WHICH PERTAIN TO 2013**

**FEDERAL**

<b>Amount applied from 2013</b>	\$ _____		
<b>Date Paid</b>	<b>Amount</b>	<b>Date Paid</b>	<b>Amount</b>
	\$		\$
	\$		\$

**Refund**

If you are getting a refund, would you like to have it applied to your 2015 estimated tax?  YES  NO

**Direct Deposit of Refund or Balance Due**

The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit to your checking account?  YES  NO

If **YES**, please attach a voided check (**NOT** a deposit slip) **HERE**

**ATTACH COPY OF  
VOIDED CHECK  
HERE**

If you owe money on your tax return, would you like to have the money debited from your bank account, or would you prefer to mail in a check?

Debit from bank account on \_\_\_\_\_  Pay by check

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

# Health Insurance Coverage

If you received any of the following IRS documents and had coverage for the entire year for each member of the household, please attach the document and do not complete the table below.

- Form 1095-A (Health Insurance Marketplace Statement)
- Form 1095-B (Health Coverage)
- Form 1095-C (Employer Provided Health Insurance Offer and Coverage)

**Otherwise, use this worksheet to list the names of individuals listed on the income tax return and their health insurance coverage status. It will help us determine who has health insurance coverage, who may have an exemption, and who may be subject to the individual shared responsibility payment.**

Coverage																	
Enter the name, SSN/DOB and health insurance status for each person who you will claim on your return in the table below: (See the information below regarding the new health insurance reporting requirements beginning in 2014.)																	
	Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.	YOU																
2.	SPOUSE																
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form-1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to us. We cannot complete your tax return for filing until we have one of the above mentioned forms in our possession.

You can print a copy of your Form 1095-A

- Log in to [www.healthcare.gov](http://www.healthcare.gov) with your username and password
- 2) Click on the "Messages" Link underneath the header "Welcome" toward the left of your screen
- 3) If your 1095-A is ready it will appear here

## 2014 HEALTHCARE QUESTIONNAIRE

### 2014 Questions

**YES    NO**

- |     |   |                          |                          |
|-----|---|--------------------------|--------------------------|
| 1.  | Did you receive a Form 1095A – Health Insurance Marketplace Statement for 2014?   | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Did you receive Form 1095-B – Health Coverage for 2014?   | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Did you receive Form 1095-C - Employer-Provided Health Insurance Offer and Coverage for 2014?   | <input type="checkbox"/> | <input type="checkbox"/> |
|     | If YES, Please provide to our office  |                          |                          |
| 4.  | Who was your health insurance with for 2014? _____  |                          |                          |
| 5.  | How was your health insurance policy started?   |                          |                          |
|     | Employer Provided <input type="checkbox"/> Private Policy <input type="checkbox"/> Healthcare Marketplace <input type="checkbox"/>  |                          |                          |
|     | Provider: _____   | Policy Number _____      |                          |
| 6.  | What was your monthly premium amount?   | \$ _____                 |                          |
| 7.  | What was the total amount paid for premiums in 2014?  | \$ _____                 |                          |
| 8.  | How many people reside in your household that are listed as dependents on your tax return for 2014?   | _____                    |                          |
| 9.  | What is the total income for 2014 for the dependents that you are claiming?   |                          |                          |
|     | Spouse  | \$ _____                 |                          |
|     | Children  | \$ _____                 |                          |
|     | Parent  | \$ _____                 |                          |
|     | Other   | \$ _____                 |                          |
| 10. | Did you apply for an exemption on healthcare.gov? _____ If so what is your exemption number? _____  |                          |                          |
| 11. | Do any of the following hardships apply to you?   |                          |                          |
|     | ▪ You were homeless   | <input type="checkbox"/> | <input type="checkbox"/> |
|     | ▪ You were evicted in the past 6 months or facing foreclosure   | <input type="checkbox"/> | <input type="checkbox"/> |
|     | ▪ You received a shut-off notice from a utility company   | <input type="checkbox"/> | <input type="checkbox"/> |
|     | ▪ You recently experienced the death of a close family member   | <input type="checkbox"/> | <input type="checkbox"/> |
|     | ▪ You experienced a fire, flood, or other natural or human-caused disaster that substantially damaged your property   | <input type="checkbox"/> | <input type="checkbox"/> |
|     | ▪ You filed for bankruptcy in the last 6 months   | <input type="checkbox"/> | <input type="checkbox"/> |
|     | ▪ You had medical expenses you couldn't pay in the last 24 months that resulted in substantial debt   | <input type="checkbox"/> | <input type="checkbox"/> |
|     | ▪ You experienced unexpected increases in necessary expenses due to caring for an ill, disabled, or aging family member   | <input type="checkbox"/> | <input type="checkbox"/> |
|     | ▪ You expect to claim a child as a tax dependent who has been denied coverage in Medicaid and CHIP, and another person is required by court order to give medical support to the child. In this case, you don't have to pay the penalty for the child                               | <input type="checkbox"/> | <input type="checkbox"/> |
|     | ▪ As a result of an eligibility appeals decision, you are eligible for enrollment in a qualified health plan through the Marketplace, lower costs on your monthly premiums, or cost-sharing reductions for a time period when you weren't enrolled in a QHP through the Marketplace | <input type="checkbox"/> | <input type="checkbox"/> |
|     | ▪ You were determined ineligible for Medicaid because your state did not expand eligibility for Medicaid under the Affordable Care Act  | <input type="checkbox"/> | <input type="checkbox"/> |
|     | ▪ Your individual insurance plan was cancelled and you believe other Marketplace plans are unaffordable   | <input type="checkbox"/> | <input type="checkbox"/> |
|     | ▪ You experienced another hardship in obtaining health insurance  | <input type="checkbox"/> | <input type="checkbox"/> |

## 2014 Questions

- |  | YES  | NO   |
|--|--|--|
| 1. At any time during 2014, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?<br>If YES, enter the name of the foreign country _____   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| <b>Form 8938 Statement of Specified Foreign Financial Assets may need to be filed with your income tax return.</b><br>If you meet the reporting threshold and if you are unmarried then this threshold is satisfied if the total value of your specified foreign financial assets is more than \$50,000 on the last day of the tax year. If you are married and filing a joint tax return then the threshold is \$100,000. |  |  |
| <b>Do you believe that you meet the reporting requirements for Form 8938?</b>  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| If YES, we will contact you to obtain the detailed information that we will need to complete this form.  |  |  |
| <b>You may also need to file Form FinCEN 114 (formerly called TD F 90-22.1), Report of Foreign Bank and Financial Accounts. This form is filed separately from your income tax return and is due no later than June 30th each year. EFFECTIVE JULY 1, 2014 THIS Form HAS TO BE E-FILED.</b>  |  |  |
| 2. Did you purchase a motor vehicle, an aircraft, boat, home (including mobile or prefabricated) or make a substantial addition to or <u>major</u> renovation to your home in 2014?<br>If YES, what did you buy _____? Was it purchased new?<br>Please attach documentation showing amount of sales tax paid.  | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |
| 3. Did your marital status change during 2014?<br>If YES, please provide date of change _____<br>If YES, explain what changed _____  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 4. Were you or your spouse permanently and totally disabled in 2014?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 5. Do you have children under 18 with investment income greater than \$2,000?<br>Or under age 24, and a full-time student with investment income greater than \$2,000?   | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |
| 6. Do you provide over half the support for any other person during 2014?<br>If YES, please provide name, address, social security number and relationship<br>_____  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 7. Did you incur any adoption expenses in 2014?<br>If YES, we will let you know what additional information we will need.  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 8. Are you an eligible educator, who can deduct up to \$250 of your unreimbursed expenses for 2014?  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 9. Are you aged over 70 ½ and took a minimum distribution from a qualified retirement plan?<br>If YES, please provide details of the distribution _____  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 10. Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution in 2014?<br>If YES, please indicate if this was a transfer to a Roth IRA _____  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 11. Did you make a withdrawal from a qualified retirement plan or IRA before you reached age 59 ½ in 2014?<br>If YES, please explain what the money withdrawn was used for _____   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 12. Do you have a health insurance plan that has a high deductible?<br>(over \$1,250 for self only or \$2,500 for family coverage)<br>If YES, is the plan a single plan or a family plan? _____ and what is the deductible? \$ _____   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 13. Did you make a withdrawal from your Health Savings Account (HSA) in 2014?<br>If YES, was it used to pay medical expenses?<br>If NO, what was it used for _____   | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |
| 14. Did you receive Form 1099-C, cancellation of debt in 2014?<br>If YES, please provide a copy of the 1099-C and details of the debt that was forgiven.   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 15. Did you receive any disability payments in 2014?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 16. Did you make any payments to a long term care plan in 2014?<br>If YES, please provide details of who the payments were for, what was the total amount paid per person and a copy of the policy so we can see if it qualifies to be a tax deduction.  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |

	YES	NO
17. Did you receive any income <b>not</b> reported to your employer in 2014? If <b>YES</b> , please provide details _____	<input type="checkbox"/>	<input type="checkbox"/>
18. Did you incur any casualty or theft losses (including a sink hole claim) during 2014 or get paid in 2014 for a loss that occurred in a prior year? If <b>YES</b> , please provide details _____	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever refinanced your primary residence or second home? <b>If YES</b> , What was your mortgage as of the <b>original</b> purchase date? \$ _____  What was the mortgage balance as of 01/01/14? \$ _____ & as of 12/31/14? \$ _____  Did you have a home equity loan on your house in 2014? <b>If YES</b> , What was your home equity balance as of 01/01/14? \$ _____ & as of 12/31/14? \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
20. Did you purchase and install any energy efficient products in your primary residence, such as geothermal pumps, Small wind turbines, or solar energy systems 2014? If <b>YES</b> , please provide a copy of the manufacturer's certification and purchase receipt.	<input type="checkbox"/>	<input type="checkbox"/>
21. Did you incur any non-business bad debts in 2014? If <b>YES</b> , please provide details _____	<input type="checkbox"/>	<input type="checkbox"/>
22. Did you pay any individual for domestic services in 2014? If <b>YES</b> , please provide details _____	<input type="checkbox"/>	<input type="checkbox"/>
23. Did you use any proceeds from Series EE or I US savings bonds purchased after 1989 to pay higher education expenses in 2014? If <b>YES</b> , please provide details _____	<input type="checkbox"/>	<input type="checkbox"/>
24. Did you incur any moving expenses that were over 50 miles and for employment purposes in 2014? If <b>YES</b> , please provide details _____	<input type="checkbox"/>	<input type="checkbox"/>
25. Did you receive any income not included in this Tax Organizer in 2014? If <b>YES</b> , please provide details _____	<input type="checkbox"/>	<input type="checkbox"/>
26. Did you pay any alimony in 2014 If <b>YES</b> , please provide: Name of recipient _____  Social security number of recipient _____ Total amount paid \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
27. Electric vehicles (EVs) purchased in 2014 may be eligible for a federal income tax credit of up to \$7,500. The credit amount will vary based on the capacity of the battery used to fuel the vehicle. Did you purchase one in 2014? If <b>YES</b> , please provide details and provide a copy of the purchase papers.	<input type="checkbox"/>	<input type="checkbox"/>
28. During 2014, did you receive a distribution from, or were you the grantor of, or transferor to a foreign trust? If <b>YES</b> , please provide details. You may be required to file Form 3520 (Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts).	<input type="checkbox"/>	<input type="checkbox"/>
29. Are you (or your spouse) in arrears with the IRS for past due taxes, are past due on child support payments or delinquent on any student loans that would cause any income tax refund to be withheld by the IRS? If <b>YES</b> , please indicate whether it is the taxpayer <input type="checkbox"/> or spouse <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Enter your state of residence. If a part year resident, please provide dates of residency for each state. _____ _____		
31. Do you expect your dependents, income and deductions in 2014 to be the same as in 2013? If <b>NO</b> , please attach explanation. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

Schedule C  
Self Employed Business (not Corporation)

Due to increasingly stricter due diligence requirements by the IRS, please provide paperwork to support the amounts entered on the following pages for your business income and expenses.

We will not be able to use any of the amounts entered unless we are able to review the detailed records.

**\*NOTE: Complete this form if applicable.  
DO NOT complete this form if you are Incorporated  
or an LLC filing a separate return from your 1040\***

# Business Income and Expenses (Complete Only if Not Incorporated)

ORG-SCH C

## General Information:

DETAILED INFORMATION FROM YOUR ACCOUNTING RECORDS  
SUPPORTING ALL NUMBERS MUST ACCOMPANY THIS FORM!!

1. Check ownership  Taxpayer  Spouse  Joint
2. Business Name (d/b/a or fictitious name) \_\_\_\_\_
3. Business Address \_\_\_\_\_  
\_\_\_\_\_
4. Principal business/profession \_\_\_\_\_
5. Employer ID Number if applicable \_\_\_\_\_
6. Was the business fully disposed of to an unrelated person during the year?  YES  NO
7. Accounting method:  Cash  Accrual
8. Did you materially participate in the operation of this business in 2014?  YES  NO
9. Did you start or acquire this business during 2014?  YES  NO
10. Did you completely dispose of this business in 2014?  YES  NO
11. Did you make any payments in 2014 that would require you to file Form(s) 1099?  YES  NO
12. If the answer to number 11 above is Yes, did you or will you file all required Forms  YES  NO  
**If you would like Franklin & Company LLC to prepare these forms, please provide information necessary to prepare the forms (name, address, social security number, amount paid and type of payment) NO LATER THAN JANUARY 17, 2015.**

## Income

13. CASH gross receipts or sales \$ \_\_\_\_\_  
CREDIT CARD gross receipts or sales (please provide Form 1099-K received from merchants) \$ \_\_\_\_\_
14. Returns and allowances \$ \_\_\_\_\_
15. Other income \$ \_\_\_\_\_

## Cost of Goods Sold

16. Inventory at beginning of year \$ \_\_\_\_\_
17. Purchases less cost of items used personally \$ \_\_\_\_\_
18. Cost of labor (do not include your salary) \$ \_\_\_\_\_
19. Materials and supplies \$ \_\_\_\_\_
20. Other costs \$ \_\_\_\_\_
21. Inventory at end of year \$ \_\_\_\_\_

## Expenses

22. Advertising \$ \_\_\_\_\_
23. Car and Truck expenses (**complete separate worksheet enclosed**) \$ \_\_\_\_\_
24. Commissions and fees \$ \_\_\_\_\_
25. Contract labor (please provide copies of Form(s) 1099 issued) \$ \_\_\_\_\_
26. Insurance (**other than health and auto**) \$ \_\_\_\_\_
27. Self-employed health insurance attributable to the business \$ \_\_\_\_\_
28. Internet \$ \_\_\_\_\_
29. Interest (**excluding auto**) Type: \_\_\_\_\_ \$ \_\_\_\_\_
30. Legal and professional services \$ \_\_\_\_\_
31. Office expenses \$ \_\_\_\_\_
32. Pension and profit sharing plans \$ \_\_\_\_\_
33. Rent or lease (**excluding auto**) \$ \_\_\_\_\_  
Machinery and equipment \$ \_\_\_\_\_  
Building \$ \_\_\_\_\_  
Other business property \$ \_\_\_\_\_
34. Repairs and maintenance \$ \_\_\_\_\_
35. Supplies (not included in cost of goods sold) \$ \_\_\_\_\_
36. Taxes and licenses \$ \_\_\_\_\_
37. Travel, meals and entertainment  
Travel \$ \_\_\_\_\_  
Meals and entertainment subject to 50% limit \$ \_\_\_\_\_  
Meals and entertainment subject to 80% limit - long haul truckers only \$ \_\_\_\_\_  
Meals and entertainment **not** subject to 50% limit – food consumed at employer location \$ \_\_\_\_\_
38. Telephone (business) \$ \_\_\_\_\_  
Telephone (cell) Business percentage use \_\_\_\_\_% \$ \_\_\_\_\_
39. Utilities \$ \_\_\_\_\_
40. Wages \$ \_\_\_\_\_
41. Other expenses \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_
42. Expenses for business use of your home – **complete separate worksheet enclosed.**

## Schedule E Rental Properties

Due to increasingly stricter due diligence requirements by the IRS, please provide paperwork to support the amounts entered on the following pages for your rent and royalty income and expenses.

We will not be able to use any of the amounts entered unless we are able to review the detailed records.

**\*NOTE: Complete this form if applicable.  
DO NOT complete this form if you are Incorporated  
or an LLC filing a separate return from your 1040  
for your rental properties\***

## Rent and Royalty Income and Expenses

DETAILED INFORMATION FROM YOUR ACCOUNTING RECORDS  
SUPPORTING ALL NUMBERS MUST ACCOMPANY THIS FORM!!

ORG-SCH E

### Basic Property Information

1. Property Type: \_\_\_\_\_ Property Location: \_\_\_\_\_
2. Property Owner       Taxpayer       Spouse       Joint
3. Enter the ownership (if NOT 100%) \_\_\_\_\_  
If not 100%, are you reporting 100% of the income and expenses? \_\_\_\_\_
- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 4. Did you have <b>PERSONAL USE</b> of this rental property?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Enter number of days::    Rented _____    Personal Use _____    Owned _____  |                          |                          |
| 6. Is this rented to a related party?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are fair market rents being charged?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does this rental have multiple living units and you live in one of them?<br>If YES, enter percentage of rental use _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did you actively participate in this property's management during 2014?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did you use a management company during 2014?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you a real estate agent?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Did you fully dispose of this property during 2014?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Did you make any payments in 2014 that would require you to file Form(s) 1099?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. If the answer to number 11 above is Yes, did you or will you file all required Forms<br><b>If you would like Franklin &amp; Company LLC to prepare these forms, please provide information necessary to prepare the forms (name, address, social security number, amount paid and type of payment) <u>NO LATER THAN JANUARY 17, 2014.</u></b> | <input type="checkbox"/> | <input type="checkbox"/> |

### Income

15. Rents received      \$ \_\_\_\_\_
16. Royalties received      \$ \_\_\_\_\_

### Expenses

17. Advertising      \$ \_\_\_\_\_
18. Automobile expenses (**complete separate worksheet enclosed**)      \$ \_\_\_\_\_
19. Travel expenses      \$ \_\_\_\_\_
20. Cleaning and maintenance      \$ \_\_\_\_\_
21. Commissions      \$ \_\_\_\_\_
22. Insurance      \$ \_\_\_\_\_

23. Legal and professional fees	\$ _____
24. Management fees	\$ _____
25. Mortgage interest paid to banks – qualified	\$ _____
26. Mortgage interest paid to banks – other	\$ _____
27. Other interest paid – seller financed	\$ _____
Name _____	
Address _____	
Social Security Number _____	
28. Repairs	\$ _____
29. Supplies	\$ _____
30. Real estate taxes	\$ _____
31. Other taxes	\$ _____
32. Utilities	\$ _____
33. Other expenses _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Asset Acquisitions or Dispositions:**

34. Did you purchase any assets in 2014 (example: stove, refrigerator, computer etc.)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, provide the following:				
Description of asset: _____	_____	_____	_____	_____
Date placed in service: _____	_____	_____	_____	_____
Cost or Basis	\$ _____	\$ _____	\$ _____	\$ _____
35. Did you dispose of any assets in 2014 (example: stove, refrigerator etc.)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, provide the following:				
Description of asset: _____	_____	_____	_____	_____
Date disposed: _____	_____	_____	_____	_____
How disposed of (e.g. scrap, sold)? _____	_____	_____	_____	_____
Sales price	\$ _____	\$ _____	\$ _____	\$ _____

## Car and Truck Expenses

GENERAL INFORMATION	Vehicle 1	Vehicle 2	Vehicle 3
1. Description of vehicle			
2. Date placed in service			
3. Enter detail on lines 3a & 3b or totals on line 3c			
a. Ending mileage reading at 12/31/14			
b. Beginning mileage reading 01/01/14			
c. Total Miles for 2014*			
4. Total business miles *			
5. Total commuting miles **			
6. Total personal miles			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
7. Is this a leased vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8. Insurance			
9. Gasoline, oil, repairs, etc.			
10. Vehicle registration fee (excluding property tax)			
11. Vehicle lease payment or rental fee (if applicable)			
12. Parking fees, tolls and local transportation			
13. Interest on vehicle – you may need to call your financial institution to get this figure.			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
14. Cost or basis if placed in service in 2014			
15. Is this an electric vehicle?			
16. Date sold			
17. Date acquired, if different than Line 2			
18. Sales price			
19. Expense of sale			
VEHICLE QUESTIONS *	Vehicle 1	Vehicle 2	Vehicle 3
20. Is another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Was vehicle available during off duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Was vehicle used primarily by a greater than 5% owner or related person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do you have evidence to support the business use claimed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. If YES, is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**\* Must be completed. Same as last year is not an acceptable answer.**

**\*\* IRS definition of commuting miles is the travel between your home and work location.**

## Business Use of Home

ORG-SCH 8829

**NEW FOR 2014, TAXPAYERS MAY USE A SIMPLIFIED OPTION WHEN FIGURING THE DEDUCTION FOR BUSINESS USE OF A HOME OR USE THE REGULAR METHOD.**

**IF YOU WOULD LIKE TO CHOOSE THE SIMPLIFIED METHOD, PLEASE CHECK HERE**

**IF YOU WOULD LIKE TO USE THE METHOD THAT IS MOST BENEFICIAL TO YOU, PLEASE COMPLETE THIS FORM.**

**The IRS allows a home office deduction only for the business use of a part of your home. It qualifies as business use if you use it exclusively for business -- to do office work or meet customers, for example.**

**If you divide your office between business and non-business use, it DOES NOT qualify for a deduction.**

### General Information:

1. Area used regularly and exclusively for business, regularly and exclusively for daycare or regularly for inventory storage (square footage) \_\_\_\_\_
2. Area used only partly for daycare (square footage) \_\_\_\_\_
3. Total area of home (square footage) \_\_\_\_\_
4. Daycare hours:  
Number of weeks used for daycare, if less than full year \_\_\_\_\_  
Number of days used for day care each week \_\_\_\_\_  
Number of days closed for holidays, vacations, etc. \_\_\_\_\_  
Number of hours used for daycare each day \_\_\_\_\_  
Number of hours used for daycare each day \_\_\_\_\_
5. If part of your income is from a place of business other than this home, enter percentage of gross income from business use of this home \_\_\_\_\_

### Expenses

**Enter expenses that benefit only your business area in the DIRECT column and expenses that benefit your entire home in the INDIRECT column**

	DIRECT	INDIRECT
6. Deductible Mortgage Interest	\$ _____	\$ _____
7. Real Estate Taxes	\$ _____	\$ _____
8. Homeowners Insurance	\$ _____	\$ _____
9. Repairs and Maintenance	\$ _____	\$ _____
10. Utilities (electric, gas, water etc.)	\$ _____	\$ _____
11. Rent paid	\$ _____	\$ _____
12. Other expenses	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

## Earned Income Tax Credit

ORG-SCH EIC

The Internal Revenue Service has released new guidelines for tax preparers when the Earned Income Tax Credit (EITC) is claimed on a tax return. They are making surprise visits to the preparer's office to make sure that these guidelines are being followed.

Paid preparers failing to meet their due diligence requirements on EITC claims face higher penalties for returns required to be filed after December 31, 2012. The increased penalty is an incentive for due diligence compliance, ensuring more accurate EITC claims.

New regulations require tax return preparers to complete the Form 8867, Paid Preparer's Earned Income Credit Checklist and the IRS will require preparers to complete and submit the Form 8867 with all returns and refund claims for EITC. We are also required to keep other documents to support the EITC amount on the income tax return.

**In order to meet our due diligence requirements, if you qualify for the EITC, we will need to go through the Form 8867, Paid Preparer's Earned Income Credit Checklist with you and review the list of documents that we will require copies of **BEFORE** we finish your income tax return. We will contact you to do this.**

Please note that if the IRS examines your tax return and deny all or a part of EITC, you will be required to:

- pay back the amount in error with interest
- may need to file the Form 8862, Information to Claim Earned Income Credit after Disallowance
- cannot claim EITC for the next two years if we find the error is because of reckless or intentional disregard of the rules; or
- cannot claim EITC for the next ten years if we find the error is because of fraud