



# 2014 Taxpayer Check-In

*Please complete all Applicable Sections*

**Taxpayer:** Name: \_\_\_\_\_  
 Social Sec. # \_\_\_\_\_ DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Spouse:** Name: \_\_\_\_\_  
 Social Sec. # \_\_\_\_\_ DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
 City/Village/Township \_\_\_\_\_ School District \_\_\_\_\_

**Contact Info:** Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Filing Status:** Single \_\_\_\_\_ Head of Household \_\_\_\_\_  
 Married Filing Jointly \_\_\_\_\_ Married Filing Separately \_\_\_\_\_

**Dependents you have the legal right to claim in 2014:**

Name	Date of Birth	Social Sec. #	Relationship	Months in Home in 2014
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

➤ **NEW IN 2014:** Did you and your dependents have health care coverage for the full year? \_\_\_\_\_ (Y/N)  
 Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach.

➤ Did you, your spouse or any of your dependents attend college in 2014? \_\_\_\_\_ (Y/N)  
**If yes, please complete the college tuition credit worksheet**

➤ Dependent Care Expenses:

Provider Name	EIN/SS#	Address	Amount
_____	_____	_____	\$ _____

➤ Are you able to claim Educator Expenses?  
 If so, what is the total qualified expenses in 2014? **Amount**  
\$ \_\_\_\_\_

➤ Real Estate Taxes **paid in 2014** (for any year)  
 Home-----> \$ \_\_\_\_\_  
 Other: Explain \_\_\_\_\_> \$ \_\_\_\_\_

➤ Rent paid for living quarters **in 2014:** \$ \_\_\_\_\_ X \_\_\_\_\_ Months = \$ \_\_\_\_\_  
 ○ Was heat included? \_\_\_\_\_ (Y/N)

- Alimony Received/Paid? \_\_\_\_\_ (Y/N)
  - If yes, what is the name and Social Sec. number of the person whom you received/paid the Alimony. **Name:** \_\_\_\_\_ **Soc. Sec:** \_\_\_\_\_

- Medical and Related Expenses: Amount
  - Health Insurance Premiums \_\_\_\_\_
  - Long-Term Care Insurance Premiums \_\_\_\_\_

- Charitable Cash Contributions: Please include any receipts for single contributions over \$250.
 

Organization	Amount
_____	_____
_____	_____

- Charitable **NON-CASH** Contributions: Please include receipts.

- Miscellaneous Expenses: Amount
  - Un-reimbursed Business Expenses (Provide Detail) \_\_\_\_\_
  - Tax Preparations Fees paid in 2014 \_\_\_\_\_
  - Other (Provide Detail) \_\_\_\_\_

- Education Expenses: Amount
  - Student Loan Interest (include form 1098-E) \_\_\_\_\_
  - Tuition Expense (include form 1098-T) \_\_\_\_\_
  - Books, Supplies, Etc. \_\_\_\_\_

- Do you own or partially own a business or rental property \_\_\_\_\_ (Y/N). If yes, please discuss with a staff member of Breunig CPA, LLC.

- Purchases on Internet, mail order, or other out-of-state purchases that you **DID NOT** pay sales tax on? \$ \_\_\_\_\_ x 5% = \_\_\_\_\_ (we will do calculation for you)

- Do you have any foreign bank accounts? \_\_\_\_\_ (Y/N)

- Do you wish for us to electronically file your return? \_\_\_\_\_ (Y/N)
  - If yes, do you want to review your return before e-filing? \_\_\_\_\_ (Y/N)

- Do you wish to receive your refund electronically? \_\_\_\_\_ (Y/N)

- Do you wish to pay your balance due electronically \_\_\_\_\_ (Y/N)

If yes, please supply a voided check along with the following information:

Routing Number	Account Number	Name of Bank	Checking or Savings	Date of Payment (if applicable)
_____	_____	_____	_____	_____

**I verify that all the above information is accurate**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_