



**MUHLENKAMP
& ASSOCIATES, LLC**
CERTIFIED PUBLIC ACCOUNTANTS

Neal J. Muhlenkamp, CPA

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Dear Client:

The attached worksheets will assist you in compiling and reporting information necessary for us to properly prepare your income tax return. Please complete the worksheets and include supporting documentation where necessary. If you have an appointment, please mail or drop these worksheets off a few days in advance. New information you subsequently receive can easily be added to your return.

Please provide us with the following documentation:

- A copy of last year's tax return, if not prepared by our office
- Two (2) forms of identification, if not prepared by our office in the past (one must be a photo ID, both must include name and address)
- Form(s) W-2 (wages, etc.)
- Form(s) 1099 (interest, dividends, retirement, etc.)
- Form(s) 1095 A, B, C (health insurance statement)
- Schedule(s) K-1 (income/loss from partnerships, S Corporations, etc.)
- Statements supporting deductions for mortgage interest, real estate tax, and charitable contributions
- Brokerage statements from stocks, bonds, or other investment transactions
- Any tax notices received from the IRS or other taxing authorities

Thank you for your help in the completion of these worksheets.

Sincerely,

Muhlenkamp & Associates, LLC

Client Information

Taxpayer

Name.....

Social Security Number..

Date of Birth

Spouse

Name.....

Social Security Number..

Date of Birth

Address.....

County.....

School District.....

Telephone Number.....

Best time to call.....

E-Mail Address.....

Do you live within the city limits? YES NO

Did you move at all during the year? YES NO

If yes: Previous Address _____

Date of Move _____

Dependents (need copies of social security cards)

	Name (First, MI, Last)	Date of Birth	Social Security Number	Relationship
1				
2				
3				
4				
5				
6				

Miscellaneous Questions

- YES NO Were there any changes in dependents (births, adoptions, marriages, divorce, or deaths) during the year? If yes, please provide details.
- YES NO Did you sell any stocks, bonds or other investment property? If so, we need the original purchase price, date bought, sale price and date sold.
- YES NO Did you or your spouse "roll over" a profit sharing or retirement distribution into another plan? If yes, enter amount \$ _____ and attach 1099R.
- YES NO Did you contribute to a Traditional, or Roth IRA? If yes, enter the amount and **circle the type of IRA**. Taxpayer \$ _____ Spouse \$ _____.
- YES NO Did you make any contributions or receive any distributions from a Health Savings Account (HSA)? If yes, please provide details.
- YES NO Did you pay any college expenses for your dependents or for yourself? If yes, we need to know the amount paid for tuition & books (do not include room and board), year in college, college attended, and person attending.
- YES NO If you receive a refund, would you like it directly deposited? If yes, please provide us with a voided check.
- YES NO Do you have any Use Tax to remit to the state? If yes, enter amount of taxable **purchases** made in which no sales tax was paid \$_____.
- YES NO Did you have qualifying health care coverage for every month of 2014 for your family?
- YES NO Did anyone in your family qualify for an exemption from the health care coverage mandate? If yes, please provide us with the exemption certificate number and months exempt.
- YES NO Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received.
- YES NO Did you make any federal, state, city, or school district estimates? If so, please indicate the amounts below.

Date	Federal	State	City	School
4/15/14				
6/16/14				
9/15/14				
1/15/15				

Itemized Deductions

Itemized Deductions will apply if they exceed your standard deduction.

STANDARD DEDUCTION: (tax year 2014) Single \$6,200 or Married \$12,400

Taxes Paid

Real Estate Taxes _____

Interest Paid

Home Mortgage Interest & Points On Form 1098... _____

Charitable Contributions

Cash Contributions

..... _____
..... _____
..... _____

NonCash Contributions

..... _____
..... _____

Miscellaneous Deductions - useful if they exceed 2% of total income

Union & Professional Dues _____

Unreimbursed Employee Expenses _____

Investment Expense _____

Tax Return Preparation Fee _____

Safe Deposit Box Rental _____

Other

..... _____
..... _____

Medical Expenses - useful if they exceed 10% (7.5% if 65 or older) of total income

Prescription Drugs, Doctors, Dentists,
Hospitals, Nursing Homes, etc. – TOTAL _____

Insurance Premiums (excluding long-term care & pre-taxed
insurance provided through your employer)..... _____

Long Term Care Premiums _____

Lodging & Transportation

Out Of Pocket Expenses _____

Number Of Medical Miles _____

Other Medical & Dental Expenses

..... _____
..... _____