M		N TAX					LC. [Domest	ic Tax Que	stionnaire
Full Name (as on SSN Card):				DOB:		Visa Type:	Issue	-d.	SSN #:		
Spouse: (as on SSN card/ITIN Ltr):			ров: [Current Visa Type:		1				
					current visa rype.	1 г	Issued:		SSN or ITIN #	:	
Street Address:											1
City:		State/Pro	vince:				ZIP/PIN C	ode:			
US Cell #:	Foreign Ph #s:			Personal Em	ail Address(es):						
Enter # received of each, a 1. Number of W2s & Numbe	ttach to your tax doc r of <u>W2-Gs (</u> for gambling win		he appro	priate che	<u>kbox. NA m</u>	neans n	ot applica	able:	Yes		<u>A</u> T
2. Number of 1099-Int (Interest Ear 3. Number of 1099-Div(Divi 4. Number of 1099-B(Broke other cost basis supplementary ii 5. Number of 1099-R(Pensi 6. Number of 1099-M(For s 7. Homebuyer Credit: Have you cl. 8. Number of 1099-G(Withd 9. Number of 1099-G(Withd 9. Number of 1099-G(Vithd 12. Number of 1098-T(Stud 13. Number of 1098-T(Stud 13. Number of 1099-S / HUD-1 Clos 15. Number of 1099-C(Canc 17. Number of 1099-S / Gamma August 18. IF YOU OWN FOREIGN MUTUA If you wish to do direct deposit Routing #: 19a. Timeline of countries, stat 20. Notes you wish to add	nings) If you have a dend Earnings from Stock, M irage Statement - Provide al ifo, such as if you were a part on/IRA/401K transfer/rollove elf employed & miscellaneou aimed a credit on 2008 tax ru rawals from a 529 Education year state refund IL filers, c ortgage interest statements; ent loan interest)	ny foreign accoun utual Fund Accoun so, the Excel Rea icipant in Employ //liquidation; ALS is income). And/or teturn, moved out, Plan or a Coverde ick here or Uner bring all which you uestion 28 below e you own - NEED ic uner the second control of 1099-A avings Account Di L THIS FOREIGN M please provide f Accour 013:	nts) lized Gains f ree Stock Op D APPLIES Tr SSA-1099 (if or sold your Il Education ¹ a have, for all understand for all county PIN I roperty you b Publicly Trac (Property Aba stributions an UTUAL FUNI ollowing: Ba	for the year); E tion or Purch O INTERNATIO f you're collect 'home? If so, c Savings Accou Earnings: IL1 I properties) bought or sold ded Oil Partner andonment); I nd Contributic D EXCEL "XLSM	Ise fill <u>our stock</u> ase Plan (ESOP) DNAL PENSION: ing Social Secur lick <u>here</u> to know nt). ilers, click here). last year; see als ships are an exa both used for for ons, if you had ar	sales she , RSUs, o S. ity Payme <i>w your po</i> so questic mple) reclosure n HSA in 2	et. Please pro r NQSOs ents) ayback on 37 on page s	e 2)			
pertaining to your situation:							7EN IN 20.		THERS IF		
21. If not a GC Holder or US C of days present in USA from	timen aire first autor de	A 0 4			-	A CITIZ	2011:		012:	2013:	
of days present in USA from 22. Visa or immigrant status on 12/31/					rovide Copy):				Yes		A
24. Ever changed visa or USCIS status,					25. <u>Ever ha</u>		en Card or US	Citizenship			
24. Ever changed visa of OSCIS status,26. Made any energy improvement					and given it	<u>t up?</u>					-
in 2013? If so, please describe the in 27. Did you move more than 50 mil		ment					Amt:				
A. If yes, provide unreimb	5]			_
B. How many total miles											
28. Amount spent on books, tuition	, ,					fyour co		arcity Vou co	n only take		ditifyou
were an undergrad last year.			act tuition, ei	ise we need th	e ledelal tax id d	n your co	liege of unive				
A. Out of Pocket Tuition Cost:	B. Su	oplies <u>(click here t</u>	<u>o know more</u>	e); new laptop	only allowable if	f required	l to attend a c	lass:			
29. Only provide total sales tax pa state income tax payments). El				om your W2s p	us your 2013 es	timated					
30. If you bought a new hybrid or p manufacturer, make, model, year.				Dat	e Bought:		Total In	voice Amoun	ıt:		
31 . Have you contributed or wi	ll you be contributing (de	adline 04/15) to	your, and/	or your wife'	s ROTH/ or reg	jular IRA	s?				
Your Account:	Amount:		N	Vife's Accoun	t:		Am	ount:			
32. Were your <u>PAYMENTS</u> for m member equal to or more than If yes, provide a categorizatio 33. Have you contributed or wi <u>REMEMBER, IF YOU TOOK OU</u> Single or Family Contributio	10.0% of your total incom on of expenses on a sepa Il you be contributing to y T MONEY FROM YOUR H	ne last year. I rate sheet. Your Health Savi	, WE NEED	nt (HSA) this THE DISTRI	BUTION FORM	<u> (1099</u>	-SA) FROM]
Single or Family Contributio	n:		Sepa	arate HSA foi	Spouse, if app	plicable					

34. Provide total of any state income taxes you paid in 2013 as result of any tax filings you did in 2013, and any 2013 estimated state income taxes paid last year:

35. Did you use a babysitter/daycare provider? If so, please provide the following info on your providers, including TOTAL amount spent for all children under 13 years of age in tax year, and for all disabled persons. ENTER COST FOR EACH CHILD IN DEPENDENT GRID BELOW. Attach additional sheets for extra providers.

1st Provider Name:		2nd Provider Name:				
1st Provider FULL Address:		2nd Provider FULL Address:				
TAX ID # of 1st Provider:	1st Provider Cost:	TAX ID # of 2nd Provider:	2nd Provider Cost:			
36. Did you make any charity donation to an established US-Based Charity and have proof of it? If yes, please provide						

proof. Cash means check, credit card, cash. Also deductible on Colorado return, if you are filing Colorado state return

Cash donation:

No

Heat Included if anv

Estimate Value of NonCash Item Mileage (Roundtrip) for Charity Service work:

37. Did you own any rental or investment property, other than your primary home? Did you convert your primary home into a rental home (or vice versa)? Or have you moved out of your primary home and still own it? If yes to any of those 3 questions, please fill out our income and expense template, or provide your own with conversion or move out date. Also, remember to provide your

closing statements (HUD-1 statements) if you sold or bought properties (mentioned in question 18). 38. <u>Please list your dependents.</u> If they do not have socials or ITINS and need to apply for them, please state so from the drop-down box. You can claim dependent parents/relatives if they are visiting you from another country under extenuating circumstances. Please call for that info. Please SEE NEW IRS ITIN INSTRUCTIONS for proper documentation to apply for spouse or dependent ITINS.

Name of Dependent	D.O.B.	Relationship To You:	SSN# or ITIN#	Status (if no ITIN# or SSN#)	Visa Type on 12/31	Daycare Cost Spent in 2013

State Section:

If NonCash Item, Please Specify:

39. <u>Massachusetts filers</u>, please provide the following amounts spent by you last year:

· · · ·	299-HC from your employer or Health Insurance Company if you om Massachusetts for not having health insurance proof. a) Medica		b) Fast Lane Toll
	1099-HC document, then fill out following grid:		c) MBTA Transit
Taxpayer or Spouse (T/S)	Name of Insurance Company	Federal ID #	Subscriber #(usually on card)

40. Illinois & Minnesota Filers, did you have any children in KG-12 last year any money for their schooling expenses? (example: tuition, books, lab fees, instruments, supplies, equipment, etc.) KUMON & tutoring program costs NOT allowed for IL. For MN it's ok. Provide a separate sheet if necessary.

		<u>, , , , , , , , , , , , , , , , , , , </u>		•	
Name of Child	SSN# or ITIN#	(K-12)-Last Yr	School Name	School City	Total Cost
. Education 529 Plan Participants:, how r	<i>,</i> ,				

Start, Bright Directions, or College Illinois are three sponsored plans by Illinois. Some states also allow deductions for contributions: 42. For all renters, please give last year's rent expense here. (CA, IN, MA, MI, MN, MO, NJ, PA, & WI have rental deductions/ credits). PA & MO are for those 65 & older, widows & widowers 50 & older, and those disabled 18 & older.

43. Was heating/gas expense included in rent you paid? If yes, please provide amount here: Yes

Months Rented

Rent Paid Last Year

44. Minnesota Renters, please provide your M-1PR document.

45. Indiana Renters, give Landlord Name & Address, & your rental address if different from your mailing address &/or Landlord address. Attach additional sheets if more than one Indiana residence.

Landlord Name	Landlord (address, city, state, zip)		Your Rental (Address, city, state, zip)		
46. <u>Wisconsin:</u> Medicare Part B & D Premiums Paid:		47. <u>N</u>	lew Mexi	co: Give total Med Exp Last Year:	
49. Georgia taxpavers. if your bought/leased/converted a car which is a low/zero er				<u>cut taxpayers,</u> your vehicle taxe e is a 10%/20% credit. State your cost	

VIMLAN TAX SERVICES, LLC.

NAVIGATING YOUR FINANCIAL SUCCESS



EXTRA SHEETS AS NECESSARY, FOR E.G., IF YOU HAD EXPENSES IF YOU WERE AN EMPLOYEE & A SOLE PROPRIETOR.





EATRA SHEETS AS NECESSART, FOR E.G., IF TOO HAD EATENSES IF TOO WERE AN EMILOTEE &	Taxpayer	Spouse	Total
Transportation/Travel Expenses (While Away from Main Job Site)	· · · · · · · · ·		
Parking (while away) on a project, temporarily from your regular workplace			
Roadway Tolls (only incurred as part of going to 2nd or mutiple job sites			
Lodging:			
Car Rental Charges			
Airfares			
Laundry Charges (only while away):			
Other Miscellaneous Travel (Please specify below, if possible):			
BUSINESSS mileage driven, to/from client and project sites, from 1st job to 2nd job, NOT commuting from home to main site:			
Year of Car:			
Make and Model of Car			
Date you Bought Car:			
Did you take actual vehicle expenses & not mileage method on last year on your tax return also?:			
Meals (lunch, dinner) you spent on overnight trips for work, at client sites, if required to stay at client site during meals:			
means (runch, unmer) you spent on overnight trips for work, at client sites, it required to stay at client site during means			
Cumplice 9 Table (
Supplies & Tools (e.g., laptop, software, job training education, uniform, boots, tools, etc.) New Laptop Purchase Cost			
New Laptop Purchase Cost Job Training (Not your MBA Tuition), but rather, work-related or sponsored classes/training			
Uniform Cost (Not your everyday suits or clothes; E.g.: janitors, policemen, mechanics all have uniform costs): Tools Cost (If you're a white collar professional, you probably have no tool costs! If so, describe in detail below please			
Other Miscellaneous Costs (Please describe below)			
Utilities expense (cell phone, home phone line strictly for business use, and internet charges as they relate to work)			
Mobile/Cell Phone Charges:			
Home Telephone 100% used for Business:			
Internet Usage for Work:			
Other Miscellaneous Costs (Please list below):			
Attorney fees (tax advice portion only!) and Tax Accountant/Filing Charges:			
Office Expense (rent for expense, office furniture, only if used for your area which you STRICTLY use for business)			
Insurance (Health, or Car). If your employer already DEDUCTS health ins pretax, from your paycheck, leave this blanks			
Repairs for car driven more than 50% for going to 2nd or multiple job sites. Leave blank if only one job site: describe below			
Postage (must be for sending your business expenses, if you are self employed. If you're not self-employed, LEAVE BLANK)			
Contract Labor (anyone else you hired, gave money to for accomplishing a business task):			
Advertising Expense (for advertising your business):			
Auventising Expense (101 duventising your business).			
Immigration Expanse (Vice Transfer Food, Greenoard Application feed/renewal, New Vice Application feed ALL, WILLOW VOL DAID)			
Immigration Expense (Visa Transfer Fees, Greencard Application fees/renewal, New Visa App fees, ALL WHICH YOU PAID):			
Visa Stamping & associated travel fees for stamping is only allowed if your employer requires you to get stamped to remain employed.			