

# Chesapeake Accounting Group, PC

*Certified Public Accountants*

1005 Jessie Dupont Memorial Highway

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Burgess, Virginia 22432

804-453-7611

## 2014 Client Organizer

Check if personal information has changed during 2014

	Taxpayer	Spouse
Social Security Number	_____	_____
First Name	_____	_____
Last Name	_____	_____
Date of Birth*	_____	_____
<b>* PLEASE COMPLETE - REQUIRED BY LAW</b>		
Daytime Phone Number	_____	_____
Mailing Address	_____	_____
City/State/Zip code	_____	_____
Evening Phone Number	_____	_____
Email Address	_____	_____

### Dependents

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months lived in home this yr.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If we have not received your information by March 15, 2015, it may be necessary to extend the filing date of your return. In the case of filing for an extension, we shall need sufficient information to estimate your taxes because your taxes must be paid by April 15, 2015 even if you extend the filing date of your return.

We shall indicate that you have granted permission for the Internal Revenue Service and Department of Taxation personnel to discuss your 2014 individual tax return with the preparer. It is your responsibility to inform us if you do not want us to discuss your return with the taxing authorities. This permission allows us to answer questions that arise as the taxing authorities are processing your return.

**I (We) have submitted this information for the purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge.**

Taxpayer Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Spouse Signature

Date

\_\_\_\_\_

\_\_\_\_\_

**If self-employed and file Sch. C or F, the business check register, bank statements with imaged checks, and receipts must be provided. If using a vehicle(s) for business purposes, vehicle make, model, total mileage and business mileage for the year must be provided with your tax documents.**

**PLEASE PROVIDE THE FOLLOWING DOCUMENTS AND INFORMATION IN ADDITION TO ANSWERING THE QUESTIONS ON THE ATTACHED THREE PAGES.**

**This information is necessary for accurate completion of your tax returns.**

- Forms W-2 for wages, salaries, tips.
- Forms W-2G for gambling income.
- Forms 1099-INT for interest.
- Forms 1099-DIV for dividends.
- Forms 1099-MISC for miscellaneous income.
- Forms 1099-G for state income tax refunds.
- Forms 1099-R for pension, IRA, annuity distributions.
- Forms 1099-C for cancellation of debt
- Forms SSA-1099-SM, Social Security Benefit Statement.
- Forms 1099-B and brokerage statements showing investment transactions for stocks, bonds, etc.
- 1099 Consolidated Tax Reporting Statements which may include interest, dividends, and other supplemental information including brokerage statements reporting tax exempt income.
- Schedules K-1 showing income from partnerships, S corporations, estates and trusts.
- Forms 1098 for mortgage interest paid, any loan documents, and settlement statements(HUD-1).
- Forms 1099-S for real estate transactions, settlement statements(HUD-1), loan documents, and documentation for cost basis.
- Statements, acknowledgements, evidence supporting deductions for medical expenses and cash /noncash charitable contributions.
- Statements of real estate taxes and personal property taxes, even if you do not expect to itemize.
- Invoices for new vehicle purchases documenting sales tax, even if you do not expect to itemize.
- Forms 1098-T for qualified tuition payments & supporting documentation for qualified expenses.
- Forms 1098-E for student loan interest payments.
- Forms 1098-C for contributions of motor vehicles, boats, and airplanes valued at > \$500.
- Forms 1099-Q, Payments from Qualified Education Programs.
- Copies of annual statements for 529 Education Plans, Virginia Prepaid Education Plans, and Virginia Education Savings Trust investments.
- Forms 1095-A - Health Insurance Marketplace Statement.
- All other tax reporting documents received including any tax notices sent to you by the IRS or other taxing authority.

## Questions

(Please check the appropriate box, include all necessary details and supporting documentation.)

### Personal Information

	Yes	No
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to use direct deposit if you have a refund?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide the following:		
Financial Institution _____		
Routing # _____		
Your Account # _____		
Type of account:   Checking _____   Savings _____		

Please note, if you do not utilize direct deposit for your refund, Virginia will issue a prepaid debit card.

### Estimates, Overpayments, Refunds-Federal & State

If you have an overpayment of 2014 taxes, do you want the excess:		
Refunded?	<input type="checkbox"/>	<input type="checkbox"/>
Applied to 2015 estimated tax liability?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a change in your 2015 income or withholding?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a change in your deductions or dependents for 2015?	<input type="checkbox"/>	<input type="checkbox"/>

Provide the date and amount of each estimated payment:

<u>Date</u>	<u>Federal Amount</u>	<u>Date</u>	<u>State Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Dependent Information

Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>
Is there another individual with whom your child has resided or from whom they have received support that has a higher income than you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work (includes preschool below kindergarten)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes: Provider Name _____		
Address _____		
Soc. Sec. No/Employer ID No _____		
Amount Paid _____	Name of Child _____	
Amount Paid _____	Name of Child _____	

	Yes	No
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have total mortgages of \$1,000,000 or more this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any non-business bad debts this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as home mortgage or student loan?	<input type="checkbox"/>	<input type="checkbox"/>

### Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as investment accounts or partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Keogh, SIMPLE, or SEP account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings/529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>

### Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of 2014 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family qualify for an exemption from the health care coverage mandate? If yes, please provide exemption certificate.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HSA) or Archer MSA? If yes, provide the amount for: Taxpayer _____ Spouse _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any Cobra health care coverage continuation premiums? If yes, provide the amount for: Taxpayer _____ Spouse _____	<input type="checkbox"/>	<input type="checkbox"/>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay premiums for qualified long-term care insurance? If yes, provide the amount for: Taxpayer _____ Spouse _____	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<b>Itemized Deduction Information</b>		
Did you incur a casualty or theft loss during the year or any condemnation awards?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to substantiate cash or noncash charitable contributions? (If vehicle, boat, or airplane Form 1098-C required.)	<input type="checkbox"/>	<input type="checkbox"/>
Did you have an expense account or allowance during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use your car on the job, for other than commuting?	<input type="checkbox"/>	<input type="checkbox"/>
Did you work out of town for part of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any expenses related to seeking a new job during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?	<input type="checkbox"/>	<input type="checkbox"/>

**Traditional IRA, Roth IRA, SEP, 529, and Virginia Education Plan Contributions**

Have you made IRA contributions for 2014? If yes, provide the amount for: Taxpayer _____ Spouse _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you made Roth IRA contributions for 2014? If yes, provide the amount for: Taxpayer _____ Spouse _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you plan to contribute by 4/15/2015 to an IRA, a Roth IRA, or a Simplified Employer Pension (SEP) for 2014?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>

**Miscellaneous Information**

Did you pay or receive alimony? Select one: Pay _____ Receive _____ If yes: Name _____ Soc. Sec. No. _____	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family receive a scholarship of any kind during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make gifts of more than \$14,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a job change?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individuals as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the Internal Revenue Service? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund? (Checking yes will not change your tax or reduce your refund.)	<input type="checkbox"/>	<input type="checkbox"/>

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