

## 2015 Tax Organizer Personal and Dependent Information

### Personal Information

	Name	SSN	Date of Birth	Occupation	Healthcare coverage ALL year
Taxpayer					
Spouse					
	Daytime Phone	Evening Phone	Cell Phone	Email	
Taxpayer					
Spouse					
Street address, city, state, and ZIP					

#### Marital Status at end of 2015

- Married  
 Married filing separately  
 Single  
 Widow(er), Date of Spouse's Death \_\_\_\_\_

#### Taxpayer

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

#### Spouse

- Yes  No You are blind?  
 Yes  No You are disabled?  
 Yes  No You are a full-time student  
 Yes  No You want \$3 to go to the Presidential Election Camp Fund?

### Dependent Information

First and last name	SSN	Relationship	Months in Home	Date of Birth	Disabled	Full-time Student	Required to file a return	Healthcare coverage ALL year

### Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

### Other Information

#### Information to bring to your appointment

- Copy of your 2014 income tax return  
 All income statements (Forms W-2, 1098s, 1099s, etc.)  
 All healthcare coverage statements (Forms 1095-A, 1095-B, 1095-C)

- Canceled checking or savings slip (for direct deposit or debit of refund or balance due)  
 Documentation for proof of dependency for earned income credit (school records, medical records, daycare records, etc.)

#### Select all items that apply to you, your spouse, or dependent

- You can be claimed as a dependent by someone else  
 If yes, explain \_\_\_\_\_  
 Another person qualifies to claim any dependent listed above  
 You have a child under 19 or a full-time student under 24 with more than \$1,900 of unearned income  
 You are self-employed or received hobby income during 2015  
 You received income from farming during 2015  
 You received income from rental property during 2015  
 You received income from timber, minerals, oil, gas, copyrights, etc. during 2015  
 You have a financial interest in or signature authority over a financial account located in a foreign country during 2015  
 You received a distribution from, were a grantor of, or transferor to a foreign trust during 2015

- You receive income from or pay taxes to a foreign country  
 You sold a principal residence during 2015  
 You foreclosed or abandoned a principal residence during 2015  
 You had debts canceled or forgiven during 2015  
 You engaged in a bartering transaction during 2015  
 You gave a gift of more than \$14,000 to one or more people during 2015  
 You paid student loan interest during 2015  
 You paid tuition expenses required to attend classes beyond high school during 2015  
 You incurred a loss due to damaged or stolen property during 2015  
 You paid wages to a household employee during 2015  
 You received a notice from IRS or a state taxing authority

## 2015 Tax Organizer Income

### Wages & Salaries

Attach all copies of Form W-2

Employer name	2015 federal wages

### Form 1099-Misc Income

Attach all copies of Form 1099-MISC

Payer name	2015 amount

### Interest Income

Attach all copies of Form 1099-INT, 1099-OID and other statements that report interest income

Payer name	2015 interest

### Retirement

Attach all copies of Form 1099-R

Payer name	2015 distribution

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address.

### Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income

Payer name	2015 ordinary dividends	2015 qualified dividends	Payer name	2015 ordinary dividends	2015 qualified dividends

### Sale of Capital Assets (Not reported on Form 1099-B)

Also provide all brokerage statements

Description of property	Date purchased	Date sold	Cost	Sales price

## 2015 Tax Organizer Other Income & Adjustments

### Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

Entity Name	EIN	Entity Name	EIN

### Other Income

	2015 Taxpayer	2015 Spouse
Scholarships or grants not reported on W-2 . . . . .	_____	_____
State income tax refund (attach Forms 1099-G) . . . . .	_____	_____
Alimony received . . . . .	_____	_____
Unemployment compensation (attach Forms 1099-G) . . . . .	_____	_____
Unemployment compensation repaid in 2015 . . . . .	_____	_____
Social Security Benefits (attach Forms 1099-SSA) . . . . .	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .	_____	_____
Gambling winnings (attach Forms W2-G) . . . . .	_____	_____
Alaska Permanent Fund . . . . .	_____	_____
Other income _____	_____	_____

### Adjustments

	2015 Taxpayer	2015 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .	_____	_____
Contributions made to a Health Savings Account (HSA) . . . . .	_____	_____
Contributions made to a Self-Employed Pension plan (SEP) . . . . .	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .	_____	_____
Alimony paid Name: _____ SSN: _____	_____	_____
Name: _____ SSN: _____	_____	_____
Contributions made to an Individual Retirement Account (IRA) . . . . .	_____	_____
Contributions made to a Roth IRA . . . . .	_____	_____
Contributions made to a myRA . . . . .	_____	_____
Interest paid on a student loan . . . . .	_____	_____
Other adjustments _____	_____	_____

## 2015 Tax Organizer Schedule A - Itemized Deductions

### Medical and Dental Expenses

Health insurance premiums (paid by you) . . . . . \_\_\_\_\_

Long-term care premiums (you) . . . . . \_\_\_\_\_

Long-term care premiums (your spouse) . . . . . \_\_\_\_\_

Long-term care premiums (dependents) . . . . . \_\_\_\_\_

Mileage driven for medical purposes . . . . . \_\_\_\_\_

Medical and dental expenses (list)

Doctor, dental, etc . . . . . \_\_\_\_\_

Prescription medicines . . . . . \_\_\_\_\_

Insulin . . . . . \_\_\_\_\_

Glasses and contacts . . . . . \_\_\_\_\_

Hearing aids . . . . . \_\_\_\_\_

Braces . . . . . \_\_\_\_\_

Medical equipment & supplies . . . . . \_\_\_\_\_

Hospital services . . . . . \_\_\_\_\_

Laboratory services . . . . . \_\_\_\_\_

Nursing services . . . . . \_\_\_\_\_

Other . . . . . \_\_\_\_\_

### Taxes Paid

State and local income taxes . . . . . \_\_\_\_\_

Sales tax . . . . . \_\_\_\_\_

Real estate taxes . . . . . \_\_\_\_\_

Personal property taxes . . . . . \_\_\_\_\_

Other taxes (list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Interest paid

Mortgage interest paid (attach Form 1098) . . . . . \_\_\_\_\_

Mortgage interest paid to an individual . . . . . \_\_\_\_\_

Paid to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

SSN or EIN \_\_\_\_\_

Qualified mortgage insurance premiums . . . . . \_\_\_\_\_

Investment interest . . . . . \_\_\_\_\_

### Charitable Contributions

Donations to Charity	Cash	Noncash	Amount
Church . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
University . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Miles driven for charitable purposes			_____

### Job Expenses & Certain Misc. Deductions

Necessary job expenses you paid that were not reimbursed by your employer (list)

Safety equipment, tools, & supplies . . . . . \_\_\_\_\_

Uniforms . . . . . \_\_\_\_\_

Protective clothing (shoes, hardhats, glasses, etc.) \_\_\_\_\_

Dues to professional organizations . . . . . \_\_\_\_\_

Books & subscriptions . . . . . \_\_\_\_\_

Other . . . . . \_\_\_\_\_

Tax preparation fees . . . . . \_\_\_\_\_

Other nonpersonal expenses related to taxable income (list)

Safe deposit box fees . . . . . \_\_\_\_\_

Investment expenses . . . . . \_\_\_\_\_

Other . . . . . \_\_\_\_\_

### Other Misc. Deductions

Amortizable bond premiums . . . . . \_\_\_\_\_

Federal estate tax . . . . . \_\_\_\_\_

Gambling losses . . . . . \_\_\_\_\_

Impairment-related work expenses . . . . . \_\_\_\_\_

Claim repayments . . . . . \_\_\_\_\_

Unrecovered pension investments . . . . . \_\_\_\_\_

Loss from other activities from Schedule K-1 . . . . . \_\_\_\_\_

Ordinary loss debt instrument . . . . . \_\_\_\_\_

## 2015 Tax Organizer Expenses Related to Business

### Auto Expense

Name of business vehicle is used for \_\_\_\_\_  
 Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

- Another vehicle is available for personal use       There is evidence to support your deduction  
 This vehicle is available for use during off-duty hours       The evidence is written

Number of miles the vehicle was driven during 2015  
 Business \_\_\_\_\_ Commuting \_\_\_\_\_ Total \_\_\_\_\_

Garage rent . . . . .	_____	Property tax . . . . .	_____
Gas . . . . .	_____	Repairs . . . . .	_____
Insurance . . . . .	_____	Tires . . . . .	_____
Licenses . . . . .	_____	Tolls . . . . .	_____
Oil . . . . .	_____	Other expenses	_____
Parking fees . . . . .	_____		_____
Lease payments . . . . .	_____		_____
Interest . . . . .	_____		_____

### Business Use of Home

Name of business home is used for \_\_\_\_\_  
 What is the total square footage of your home that was used regularly and exclusively for business \_\_\_\_\_  
 What is the total square footage of your home \_\_\_\_\_

For daycare facilities, not used exclusively for business, complete the following questions  
 How many days during the year was the area used \_\_\_\_\_ How many hours per day was the area used \_\_\_\_\_  
 The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses	
Mortgage interest . . . . .	_____	_____	In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.
Real estate taxes . . . . .	_____	_____	
Excess mortgage interest . . . . .	_____	_____	
Insurance . . . . .	_____	_____	
Rent . . . . .	_____	_____	
Repairs & maintenance . . . . .	_____	_____	
Utilities . . . . .	_____	_____	
Other expenses . . . . .	_____	_____	

### Employee Business Expense Not Reimbursed by Your Employer

Rural mail carrier expenses . . . . . \_\_\_\_\_ Other business expenses . . . . . \_\_\_\_\_  
 Parking fees, tolls, local transportation . . . . . \_\_\_\_\_  
 Meals & entertainment . . . . . \_\_\_\_\_  
 Overnight business travel expenses  
 (Do not include meals & entertainment) \_\_\_\_\_

- You used your personal vehicle in your job during 2015  
 You are a reservist       You are a fee-based state or local government official  
 You are a qualified performing artist       You are a disabled employee with impairment-related work expenses  
 You are a member of the clergy

## 2015 Tax Organizer Other Information

### Job-related Moving Expenses

**Amount**

Number of miles from old home to old workplace . . . . \_\_\_\_\_

Number of miles from old home to new workplace. . . . \_\_\_\_\_

Expense to move household goods & personal effects . . . \_\_\_\_\_

Lodging expenses while traveling to your new home  
(Do not include cost of meals) . . . . . \_\_\_\_\_

This was a military move

### Estimated payments

**Federal**

	<b>Date Paid</b>	<b>Amount</b>
Overpayment applied from 2014	_____	_____
First Quarter . . . . .	_____	_____
Second Quarter . . . . .	_____	_____
Third Quarter . . . . .	_____	_____
Fourth Quarter . . . . .	_____	_____
Additional Payments . . . . .	_____	_____

### Education Expenses

Attach all copies of Form 1098-T

Student Name \_\_\_\_\_

	<b>Amount</b>
<b>Type of Expense</b>	
_____	_____
_____	_____
_____	_____

Student Name \_\_\_\_\_

	<b>Amount</b>
<b>Type of Expense</b>	
_____	_____
_____	_____
_____	_____

### Casualties and Thefts

Property description \_\_\_\_\_

Property location \_\_\_\_\_

Date property was damaged or stolen \_\_\_\_\_

Cost of property damaged or stolen \_\_\_\_\_

Amount of damage \_\_\_\_\_

Insurance reimbursement \_\_\_\_\_

**Resident State**

	<b>Date Paid</b>	<b>Amount</b>
Overpayment applied from 2014	_____	_____
First Quarter . . . . .	_____	_____
Second Quarter . . . . .	_____	_____
Third Quarter . . . . .	_____	_____
Fourth Quarter . . . . .	_____	_____
Additional Payments . . . . .	_____	_____

**Resident City**

	<b>Date Paid</b>	<b>Amount</b>
Overpayment applied from 2014	_____	_____
First Quarter . . . . .	_____	_____
Second Quarter . . . . .	_____	_____
Third Quarter . . . . .	_____	_____
Fourth Quarter . . . . .	_____	_____
Additional Payments . . . . .	_____	_____