

Miscellaneous Information

Name:

SSN:

Personal Information

Yes **No**

- Did your marital status change during the year?
If "Yes," explain _____
- Can you or your spouse be claimed as a dependent by someone else?
- Did your address change during the year?

Dependent Information

- Did you have any changes in dependents during the year?
If "Yes," explain _____
- Can another person qualify to claim the child?
- Did you have any childcare expenses during the year?
- Did you have any adoption expenses during the year?
- Did you have any children under age 19 or a full-time student under age 24 with more than \$1900 of unearned income?
Provide documentation for proof of dependency for earned income credit (school records, medical records, daycare records, etc.)

Health Care Information

- Did any member of your household **NOT** have healthcare coverage for the entire year?
Provide copies of all Forms 1095-A, 1095-B, 1095-C for **ALL** members of your household.
If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).
- Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

- Did you have a financial interest in or signature authority over a financial account located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you receive any tips not reported to your employer?
- Did you receive any disability income during the year?
- Did you cash any U.S. Savings Bonds during the year?
- Did you receive any other income not provided with this organizer?
If "Yes," explain _____
- Did you start a new business or purchase any rental property during the year?
- Did you sell an existing business, rental, or other property during the year?
- Did you purchase any business assets or convert any assets to business use?
If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
- Did you purchase any gasoline, diesel, or special fuels for non-highway business use?
- Did you buy or sell any stocks, bonds, or other investments during the year?
- Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home
- Did you foreclose or abandon a principal residence or real property during the year?
- Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- Did you receive any principal or interest, during this year, from property sold in prior years?
- Did you rent out your home or use it for business?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you have any debts canceled or forgiven this year?
- Does anyone owe you money that has become uncollectible?
- Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

Itemized Deduction Information

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- Did you pay any long-term healthcare premiums for you, your spouse, or a dependent during the year?
- Did you receive any state or local income tax refunds from prior years?
- Did you make any major purchases (vehicle, boats, etc.) during the year?
- Did you pay any real estate property taxes or personal property taxes during the year?
- Did you pay mortgage interest during the year?

Miscellaneous Information

Name:

SSN:

- Did you make cash donations to charity during the year?
- Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.
- Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- Did you use your vehicle on the job other than for commuting to work?
- Did you work out of town at any time during the year?
- Did you have gambling losses during the year?

Retirement Information

- Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

Education Information

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

- Did you incur a loss due to damaged or stolen property?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make any gifts to any one person in excess of \$14,000 during the year?
If "Yes," are you splitting the gift with your spouse? _____
- Did you incur moving expenses due to a change in employment?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner and paid health insurance premiums for your employees during the year?
- Did you apply an overpayment of your 2014 taxes to your 2015 estimated taxes?
- If you have an overpayment of 2015 taxes, do you want the refund applied to your 2016 estimated taxes?
- Did you make any estimated payments toward your 2015 taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
- Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain _____
- May the IRS discuss your tax return with your preparer?

Preparer Notes

Miscellaneous Notes

Personal and Dependent Information

Name: _____

SSN: _____

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

Appointment Information & Notes

Your 2015 appointment is scheduled for _____

Notes

** Indicates an associated detail worksheet

HealthCare Coverage Questionnaire

Name:

SSN:

HealthCare Information

Had healthcare coverage:	For the entire year	For part of the year (Less than 12 months)	No healthcare coverage at all	

YES NO Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

YES NO Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:
Where was the policy obtained?
Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:
Answer YES if it applies to any member of the household

YES NO Was your previous insurance policy cancelled in 2015?

YES NO Was coverage offered by your employer or your spouse's employer?

YES NO Are you a member of a federally recognized Indian tribe?

YES NO Are you eligible for services through an Indian healthcare provider?

YES NO Are you a member of a healthcare sharing ministry?

YES NO Did you live in the United States the entire year?

YES NO Are you enrolled in TRICARE?

YES NO Did you apply for CHIP coverage?

YES NO Do any of the following apply to you? Do NOT indicate which one.

	Became homeless
	Evicted in the past six months, or facing eviction or foreclosure
	Received a shut-off notice from a utility company
	Recently experienced domestic violence
	Recently experienced the death of a close family member
	Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
	Filed for bankruptcy in the last six months
	Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
	Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Income

Name:

SSN:

Wages & Salaries			Form 1099-Misc Income		
Attach all copies of Form W-2			Attach all copies of Form 1099-MISC (* Also reported on Schedule C or E)		
Employer name	2015 federal wages	2014 federal wages	Payer name	2015 amount	2014 amount

Interest Income			Retirement		
Attach all copies of Form 1099-INT, 1099-OID and other statements that report interest income			Attach all copies of Form 1099-R		
Payer name	2015 interest	2014 interest	Payer name	2015 distribution	2014 distribution

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

Dividend Income				
Provide all copies of Form 1099-DIV & other statements that report dividend income				
Payer name	2015 ordinary dividends	2014 ordinary dividends	2015 qualified dividends	2014 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

** Indicates an associated detail worksheet

Other Income and Adjustments

Name: _____

SSN: _____

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	2014 Taxpayer	2015 Spouse	2014 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	2014 Taxpayer	2015 Spouse	2014 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: _____	_____	_____	_____	_____

** Indicates an associated detail worksheet

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

Business name _____ Employer ID Number _____

Professional product or service _____

Business address, city, state, ZIP _____

- This business started or was acquired during 2015 Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business
- This business was disposed of during 2015 Yes No You filed Forms 1099 for these individuals

Income

	2015	2014		2015	2014
Gross receipts or sales	_____	_____	Other income	_____	_____
Income from Form 1099-MISC	_____	_____		_____	_____
Returns & allowances	_____	_____		_____	_____

Expenses

	2015	2014		2015	2014
Advertising	_____	_____	Travel	_____	_____
Car & truck expenses	_____	_____	Total meals & entertainment	_____	_____
Commissions & fees	_____	_____	Utilities	_____	_____
Contract labor	_____	_____	Wages	_____	_____
Depletion	_____	_____	Other expenses	_____	_____
Employee benefit programs	_____	_____		_____	_____
Insurance (other than health)	_____	_____		_____	_____
Mortgage interest	_____	_____		_____	_____
Other interest	_____	_____		_____	_____
Legal & professional services	_____	_____		_____	_____
Office expenses	_____	_____		_____	_____
Pension & profit sharing plans	_____	_____		_____	_____
Rent or lease (vehicles, machinery, & equipment)	_____	_____		_____	_____
Rent (other business property)	_____	_____		_____	_____
Repairs & maintenance	_____	_____		_____	_____
Supplies	_____	_____		_____	_____
Taxes & licenses	_____	_____		_____	_____

Cost of Goods Sold

	2015	2014		2015	2014
Inventory at beginning of year	_____	_____	Materials & supplies	_____	_____
Purchases	_____	_____	Other costs	_____	_____
Cost of personal use items	_____	_____	Inventory at end of year	_____	_____
Cost of labor	_____	_____	<input type="checkbox"/> There was a change in inventory method		

** Indicates an associated detail worksheet

Schedule E - Income and Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

Property description _____
 Address, city, state, ZIP _____

Select the property type

- | | | | |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence | <input type="checkbox"/> Commercial | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, what percentage did you occupy _____

- | | | |
|---|--|--|
| <input type="checkbox"/> This property is your main home | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental. |
| <input type="checkbox"/> This property was disposed of during 2015 | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for these individuals |
| <input type="checkbox"/> This property was owned as a qualified joint venture | | |

Income

	2015	2014		2015	2014
Rent Income			Royalties from oil, gas, mineral, copyright or patent		
Rental income from Form 1099-MISC			Royalties from Form 1099-MISC		

Expenses

	Rental unit expenses		Rental and homeowner expenses		
Advertising					If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel					
Cleaning & maintenance					
Commissions					
Depletion					
Insurance					
Legal & professional fees					
Management fees					
Interest - mortgage					
Interest - other					
Repairs					If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Supplies					
Taxes					
Utilities					
Other expenses					

** Indicates an associated detail worksheet

Schedule F - Profit or Loss from Farming

Name: _____

SSN: _____

Principal product _____ Employer ID Number _____

- This farm was disposed of during 2015 Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm
 This farm received government subsidy in 2015 Yes No You filed Form(s) 1099 for these individuals

Income			
	2015	2014	
Sales of livestock / other items			Beginning inventory for accrual
Cost of items bought for resale			Ending inventory for accrual
Sale of products you raised			<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method
Total cooperative distributions			Other income
Total agricultural payments			_____
Commodity Credit Corporation (CCC) loans:			_____
CCC loans reported			_____
CCC loans forfeited			_____
Crop insurance proceeds:			_____
Amount received in 2015			_____
<input type="checkbox"/> You elect to defer			_____
Amount deferred from last year			_____
Custom hire income			_____

Expenses			
	2015	2014	
Car & truck expenses			Seeds & plants purchased
Chemicals			Storage & warehousing
Conservation expenses			Supplies purchased
Custom hire (machine work)			Taxes
Employee benefit programs			Utilities
Feed purchased			Veterinary, breeding, & medicine
Fertilizers & lime			Other expenses
Freight & trucking			_____
Gasoline, fuel, & oil			_____
Insurance (other than health)			_____
Interest - mortgage (paid to banks, etc.)			_____
Interest - other			_____
Labor hired (less jobs credit)			_____
Pension & profit-sharing plans			_____
Rent - vehicles, machinery, & equip			_____
Rent - other (land, animals, etc.)			_____
Repairs & maintenance			_____

** Indicates an associated detail worksheet

Form 4835 - Farm Rental Income and Expenses

Name: _____

SSN: _____

Description _____ Employer ID Number _____

This farm was disposed of during 2015

This farm received applicable subsidy during 2015

Income

	2015	2014		2015	2014
Income from production of livestock, grains, and other crops	_____	_____	Other income	_____	_____
Total cooperative distributions	_____	_____			
Total agricultural payments	_____	_____			
Commodity Credit Corporation (CCC) loans:					
CCC loans reported	_____	_____			
CCC loans forfeited	_____	_____			
Crop insurance proceeds:					
Amount received in 2015	_____	_____			
<input type="checkbox"/> You elect to defer to next year					
Amount deferred from last year	_____	_____			

Expenses

	2015	2014		2015	2014
Car & truck expenses	_____	_____	Seeds & plants purchased	_____	_____
Chemicals	_____	_____	Storage & warehousing	_____	_____
Conservation expenses	_____	_____	Supplies purchased	_____	_____
Custom hire (machine work)	_____	_____	Taxes	_____	_____
Employee benefit programs	_____	_____	Utilities	_____	_____
Feed purchased	_____	_____	Veterinary, breeding, & medicine	_____	_____
Fertilizers & lime	_____	_____	Other expenses		
Freight & trucking	_____	_____			_____
Gasoline, fuel, & oil	_____	_____			_____
Insurance (other than health)	_____	_____			_____
Interest - mortgage (paid to banks, etc.)	_____	_____			_____
Interest - other:	_____	_____			_____
Labor hired (less jobs credit)	_____	_____			_____
Pension & profit-sharing plans	_____	_____			_____
Rent - vehicles, machinery & equip	_____	_____			_____
Rent - other (land, animals, etc.)	_____	_____			_____
Repairs & maintenance	_____	_____			_____

** Indicates an associated detail worksheet

Expenses Related to Business

Name: _____

SSN: _____

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	
	2015	2014	2015	2014
Mortgage interest				
Real estate taxes				
Excess mortgage interest				
Insurance				
Rent				
Repairs & maintenance				
Utilities				
Other expenses				

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.

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

** Indicates an associated detail worksheet

Schedule A - Itemized Deductions

Name: _____

SSN: _____

Medical and Dental Expenses	
2015	2014
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) . . . _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Charitable Contributions	
2015	2014
Donations to charity (cash) _____	_____
Miles driven for charitable purposes _____	_____
Donations to charity (noncash) . . . _____	_____
If noncash donations are greater than \$500, list below.	
_____	_____
_____	_____
_____	_____
_____	_____

Taxes Paid	
State and local income taxes _____	_____
Sales tax _____	_____
Real estate taxes _____	_____
Personal property taxes _____	_____
Other taxes (list) _____	_____
_____	_____
_____	_____

Job Expenses & Certain Misc. Deductions	
Necessary job expenses you paid that were not reimbursed by your employer (list)	
_____	_____
_____	_____
_____	_____
_____	_____
Tax preparation fees _____	_____
Other nonpersonal expenses related to taxable income (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 _____	_____

Other Misc. Deductions	
Amortizable bond premiums . . . _____	_____
Federal estate tax _____	_____
Gambling losses _____	_____
Impairment-related work expenses . . . _____	_____
Claim repayments _____	_____
Unrecovered pension investments . . . _____	_____
Schedule K-1 _____	_____
Ordinary loss debt instrument . . . _____	_____

** Indicates an associated detail worksheet

Other Information

Name: _____

SSN: _____

Job-related Moving Expenses		Estimated payments	
Amount		Federal	
Number of miles from old home to old workplace	_____	Date Paid	Amount
Number of miles from old home to new workplace.	_____	Overpayment applied from 2014	_____
Expense to move household goods & personal effects	_____	First Quarter	_____
Lodging expenses while traveling to your new home (Do not include cost of meals)	_____	Second Quarter	_____
<input type="checkbox"/> This was a military move		Third Quarter	_____
		Fourth Quarter	_____
		Additional Payments	_____

Education Expenses		Resident State	
Type of Expense	Amount	Date Paid	Amount
Attach all copies of Form 1098-T			
Student Name _____			
_____	_____	Overpayment applied from 2014	_____
_____	_____	First Quarter	_____
_____	_____	Second Quarter	_____
Student Name _____		Third Quarter	_____
_____	_____	Fourth Quarter	_____
_____	_____	Additional Payments	_____
Resident City			
_____	_____	Date Paid	Amount
_____	_____	Overpayment applied from 2014	_____
_____	_____	First Quarter	_____
_____	_____	Second Quarter	_____
_____	_____	Third Quarter	_____
_____	_____	Fourth Quarter	_____
_____	_____	Additional Payments	_____

Casualties and Thefts		Resident City	
Property description	Amount	Date Paid	Amount
Property description _____	_____	Overpayment applied from 2014	_____
Property location _____	_____	First Quarter	_____
Date property was damaged or stolen _____	_____	Second Quarter	_____
Cost of property damaged or stolen _____	_____	Third Quarter	_____
Amount of damage _____	_____	Fourth Quarter	_____
Insurance reimbursement _____	_____	Additional Payments	_____

Mortgage Interest						
Attach all copies of Form 1098						
Lender's name	2015 Mortgage Interest Received	2014 Mortgage Interest Received	2015 Mortgage Insurance Premiums	2014 Mortgage Insurance Premiums	2015 Real Estate Taxes Paid	2014 Real Estate Taxes Paid
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

** Indicates an associated detail worksheet

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

	Date Paid	Amount
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 _____

Type of Expense	Amount
_____	_____
_____	_____
_____	_____

Student Name _____

Type of Expense	Amount
_____	_____
_____	_____
_____	_____

Resident State

	Date Paid	Amount
Overpayment applied from 2014	_____	_____
First Quarter	_____	_____
Second Quarter	_____	_____
Third Quarter	_____	_____
Fourth Quarter	_____	_____
Additional Payments	_____	_____

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 City

	Date Paid	Amount
Overpayment applied from 2014	_____	_____
First Quarter	_____	_____
Second Quarter	_____	_____
Third Quarter	_____	_____
Fourth Quarter	_____	_____
Additional Payments	_____	_____

Mortgage Interest

Attach all copies of Form 1098

Lender's name	2015 Mortgage Interest Received	2015 Mortgage Insurance Premiums	2015 Real Estate Taxes Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Health Care Coverage Questionnaire for taxpayer and spouse (for preparer use)

PRIMARY TAXPAYER

	-All Year-	January	February	March	April	May	June	July	August	September	October	November	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Employer offered health coverage which was declined													
If YES, what would be the cost for SELF coverage?													
If YES, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

SPOUSE

	-All Year-	January	February	March	April	May	June	July	August	September	October	November	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Employer offered health coverage which was declined													
If YES, what would be the cost for SELF coverage?													
If YES, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

**Health Care Coverage Questionnaire for Dependents
(for preparer use)**

	-All Year	January	February	March	April	May	June	July	August	September	October	November	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?										

	-All Year	January	February	March	April	May	June	July	August	September	October	November	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?										

	-All Year	January	February	March	April	May	June	July	August	September	October	November	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?										