

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

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 |
|---------------|--------------------|
| | |
| | |
| | |
| | |
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| | |

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 |
|-------------------------|----------------|-----------|------|-------------|
| | | | | |
| | | | | |
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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 _____

- | | |
|--|--|
| <input type="checkbox"/> Another vehicle is available for personal use | <input type="checkbox"/> There is evidence to support your deduction |
| <input type="checkbox"/> This vehicle is available for use during off-duty hours | <input type="checkbox"/> 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
- | | |
|--|--|
| <input type="checkbox"/> You are a reservist | <input type="checkbox"/> You are a fee-based state or local government official |
| <input type="checkbox"/> You are a qualified performing artist | <input type="checkbox"/> You are a disabled employee with impairment-related work expenses |
| <input type="checkbox"/> You are a member of the clergy | |

2015 Tax Organizer Other Information

Job-related Moving Expenses

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 | Resident State | Date Paid |
| Amount | Amount | Amount | Amount |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Student Name _____

| | | | |
|------------------------|---------------|----------------------|------------------|
| | | | |
| Type of Expense | Amount | Resident City | Date Paid |
| Amount | Amount | Amount | Amount |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Casualties and Thefts

Property description _____
 Property location _____
 Date property was damaged or stolen _____
 Cost of property damaged or stolen _____
 Amount of damage _____
 Insurance reimbursement _____

| | | | |
|-------------------------------|--|--|-------|
| | | | |
| Overpayment applied from 2014 | | | _____ |
| First Quarter | | | _____ |
| Second Quarter | | | _____ |
| Third Quarter | | | _____ |
| Fourth Quarter | | | _____ |
| Additional Payments | | | _____ |

Mortgage Interest

Attach all copies of Form 1098

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

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? | | | | | | | | | | | |