

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

Education Expenses

Attach all copies of Form 1098-T

Student Name _____

Type of Expense	Amount
_____	_____
_____	_____
_____	_____

Student Name _____

Type of Expense	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 _____

Mortgage Interest

Attach all copies of Form 1098

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

Estimated payments

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

	Resident State	
	Date Paid	Amount
Overpayment applied from 2014		_____
First Quarter	_____	_____
Second Quarter	_____	_____
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	_____	_____

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?											