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## **2015 TAX ORGANIZER**

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**This tax organizer has been prepared for your use in gathering the information needed for your 2015 tax return.**

**To save you time, selected information from your 2014 tax return has been entered in this organizer. Please line through any information that does not apply to your 2015 tax return.**

**In some cases, 2014 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

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## **2015 TAX ORGANIZER**

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

<b>Taxpayer Signature</b>	<b>Date</b>
<b>Spouse Signature</b>	<b>Date</b>

ACA Requirement to Have Health Insurance

Starting in 2014, the Affordable Care Act requires **ALL** Americans to have qualified health insurance or face a “Shared Responsibility Payment” more commonly known as the Health Care Penalty unless they qualify for an exemption. In order to verify your coverage and to protect us both from future IRS liability in the event of an audit, **we require all individual taxpayers for 2015 to provide the following information.**

Please list each member of your household below with their health care coverage information. This includes qualified health care insurance from Medicare, Medicaid, or Tri-Care.

Name	Months of Coverage	Insurer name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide an explanation of any gap in coverage:

\_\_\_\_\_

*Please provide us with copies of all 1095-A, 1095-B, and 1095-C forms you have received.*

\_\_\_\_\_ We did not have qualified health insurance at any time for our entire household and we do not qualify for an exemption from the requirement to provide health insurance. **We understand you will calculate the penalty and include it with our return.**

\_\_\_\_\_ We did not have qualified health insurance at any time for our entire household and we qualify for an exemption from the requirement to provide health insurance (attached is our exemption certificate or information regarding exemption qualifications).

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Taxpayer (Print Name)

\_\_\_\_\_  
Spouse (Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**FIEBIGER ■ SWANSON ■ WEST**  
**& Co., PLLP**  

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**CPAs & Consultants**

Dear:

This letter is to confirm the agreed arrangements for our income tax preparation services and to set forth certain tax law requirements. We will perform our services in accordance with the Statements on Standards for Tax Services issued by the American Institute of Certified Public Accountants.

**Scope of Engagement**

We will prepare your federal and state individual income tax returns (based on the forms and states in your income tax returns for last year), and those of your minor children (if applicable), for the year ended December 31, 2015, from information timely provided by you. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that you have disclosed to us all relevant facts affecting the returns. We will not audit or otherwise verify the data you submit to us, but we may ask you to clarify it or furnish additional data.

**Client Responsibilities**

You are responsible for determining your state or local tax filing obligations with any state or local tax authorities, including, but not limited to income, payroll, franchise, sales, use, and property taxes. Should you become aware of a filing requirement for state income tax returns not previously filed, it is your responsibility to inform us. We may furnish you with tax organizers and questionnaires to help you gather and organize the necessary information for us, in order to keep our fee to a minimum.

Please note that any person or entity subject to the jurisdiction of the United States (includes individuals, corporations, partnerships, trusts, and estates) having a financial interest in, or signature or other authority over, bank accounts, securities, or other financial accounts having a value exceeding \$10,000 in a foreign country, shall report such a relationship. Although there are some limited exceptions, filing requirements also apply to taxpayers that have direct or indirect control over a foreign or domestic entity with foreign financial accounts, even if the taxpayer does not have foreign account(s). For example, a corporate-owned foreign account would require filings by the corporation and by the individual corporate officers with signature authority. Failure to disclose the required information to the U.S. Department of the Treasury may result in substantial civil and/or criminal penalties. Such disclosure includes filing Form 8938 with this Form 1040.

If you and/or your entity have a financial interest in any foreign accounts, you are responsible for filing Form FinCen 114 required by the U.S. Department of the Treasury on or before June 30th of each tax year. **If you do not provide our firm with information regarding any interest you may have in a foreign account, we will not be able to prepare any of the required income tax related forms and penalties may be due, for which we have no responsibility. In the absence of such information being provided we will presume you do not have any foreign assets or financial interests and will not file any applicable disclosure forms without separate written authorization.**

In addition, currently the Internal Revenue Service, under IRC Section 6038 and 6046, requires information reporting if you are an officer, director or shareholder with respect to certain foreign corporations (Form 5471); foreign-owned U.S. corporation or foreign corporation engaged in a U.S. trade or business (Form 5472); U.S. transferor of property to a foreign corporation (Form 926); and for taxable years beginning after March 18, 2010, if you hold foreign financial assets with an aggregate value exceeding \$50,000 (Form 8938). These code sections describe the information required to be reported on the respective forms, which are due when your income tax return is due, including extensions. Therefore, if you fall into one of the above categories you may be required to file one of the above listed forms. Failure to timely file may result in substantial monetary penalties. By your signature at the end of this engagement letter, you accept responsibility for informing us if you believe that you fall into one of the above categories and you agree to provide us with the information necessary to prepare the appropriate form(s). We assume no liability for penalties associated with the failure to file or untimely filing of any of these forms.

It is our policy to keep records related to this engagement for seven years after which they are destroyed. However, we do not keep any original client records, so we will return those to you at the completion of the services rendered under this engagement. When records are returned to you, it is your responsibility to retain and protect your records for possible future use, including potential examination by any government or regulatory agencies.

You understand that you are responsible for the timely filing and mailing of all documents prepared by us to include your quarterly estimates, if applicable. If you are unable to complete and return the documentation to allow for the timely preparation of your tax returns, you must contact us and request that we apply for an extension of the filing deadline on your behalf. Applying for an extension of time to file may extend the time available for a governmental agency to undertake an audit of your return or may extend the statute of limitations. Failure to file an extension may make you subject to various penalties and interest. Additionally, if your return is extended, it does not relieve you from paying any tax due on the due date, or making quarterly estimated tax payments for the current year. Failure to pay any tax due with the extension or failure to pay quarterly estimated tax payments may make you subject to various penalties and interest.

You have final responsibility for your income tax returns. Check them carefully for accuracy before you sign them or Form 8879, which allows us to e-file your returns.

### **CPA Firm Responsibilities**

We will prepare your returns based on your filing status as reflected in your income tax returns for last year. If your marital status has changed, you want to change your filing status, or you have questions about your filing status, please contact us immediately.

Unless we are otherwise advised, you confirm that expenses such as meals, travel, entertainment, vehicle use, charitable contributions and related expenses for your business are supported by necessary records required by the Internal Revenue Service.

We will use our judgment to resolve questions in your favor where a tax law is unclear if there is reasonable justification for doing so. Whenever we are aware that a possible applicable tax law is not clear or that there are conflicting interpretations of the law by authorities (e.g. IRS and courts), we will explain the possible positions that may be taken on your return. We will follow whatever position you request, as long as it is consistent with the current codes and regulations and their interpretations. If the IRS or state tax authorities should later contest your position taken, there may be assessment of additional tax, interest and penalties. Should a position be taken on your return which is different from that of the IRS and penalties are assessed, you hereby accept full responsibility. ***When a self-employed taxpayer reduces taxable income there may also be a reduction in earned income reported to the Social Security Administration, which could reduce current and future benefits for the taxpayer and his or her dependents. You acknowledge and agree to the current tax reduction and the potential negative effects on future social security benefits for you, your spouse and any dependents.***

Our work in connection with the preparation of your income tax return does not include any procedures designed to discover defalcations or other irregularities, should any exist. If we discover information that affects your prior-year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior-year returns. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue.

Our tax preparation engagement does not include tax planning services or research into complex tax laws pertaining to your circumstances, but these services are available if you need them. During the course of preparing your tax returns or in tax planning discussions, we may bring to your attention certain available tax saving strategies for you to consider as possible means of reducing your income taxes in subsequent years. However, we will take no action with respect to any such recommendations, as responsibility for implementation remains with you, the taxpayer.

You hereby agree to notify us of any correspondence from taxing authorities and that any substantive work related thereto will not be a part of your tax preparation fees but billed in addition to them, unless an error was made by us.

If your returns are subsequently examined by the federal or state taxing agencies we will, at your request, represent you at the examination. Fees for representation will be billed in addition to the preparation fees and will be at our normal billing rates. A signed power of attorney form is required by each governmental tax department and we must obtain one for presentation to them before your case may be discussed with them. ***Please do not respond to or click on any links from emails purportedly from the IRS-the IRS never initiates correspondence via email and any such emails are attempts to steal your identity. Additionally in order to protect your identity we may verify your ID, birthdate and social security number when you call or visit our office.***

In the interest of facilitating our services to you, we may communicate by facsimile transmission or send data over the internet. Such communications may include information that is confidential. Our firm employs measures in the use of facsimile machines and computer technology designed to maintain data security. While we will use reasonable efforts to keep such communications secure in accordance with our obligations under applicable laws and professional standards, you recognize and accept that we have no control over the unauthorized interception of these communications once they have been sent and consent to our use of these electronic devices during this engagement. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of revenues or anticipated profits, or disclosure or communication of confidential or proprietary information.

If we are asked to disclose any privileged communication, unless we are required to disclose the communication by law, we will not provide such disclosure until you have had an opportunity to argue that the communication is privileged. You agree to pay any and all reasonable expenses that we incur, including legal fees, that are the result of attempts to protect any communication as privileged. In addition, your confidentiality privilege can be inadvertently waived if you discuss the contents of any privileged communication with a third party, such as a lending institution, a friend, or a business associate. We recommend that you contact us before releasing information to a third party.

From time to time, various third parties may request that we sign, for you, some verification of income, employment or tax filing status. Because we were engaged only to prepare your income tax return, without examination, review, audit or verification our insurance carriers as well as the state board of accountancy prohibit us from signing any such document and we suggest that you have them send IRS Form 4506 to the IRS to obtain such verification.

From time to time during our relationship, you may seek our advice with regard to potential investments. We are not investment advisors unless specifically and in writing by separate agreement hired for that purpose. Accordingly, we suggest that you seek the advice of qualified investment advisors appropriate to each investment being considered. Unless otherwise specifically agreed to in a separate engagement letter signed by both parties, we will not advise you regarding the economic viability or consequences of an investment or whether you should or should not make a particular investment.

## **Timing of the Engagement**

We expect to begin the preparation of your returns upon receipt of the tax information requested. Our services will conclude upon delivery of your 2015 tax returns for your review and filing with the appropriate taxing authorities.

## **Penalties**

Federal, state and local taxing authorities impose various penalties and interest charges for noncompliance with tax law, including for example, failure to file or late filing of tax returns and underpayment of taxes. You as the taxpayer remain responsible for the payment of all taxes, penalties, and interest charges imposed by taxing authorities.

The law imposes a penalty equal to 20% of the underpayment of tax where taxpayers make a substantial understatement of their tax liability. An individual has a substantial understatement if the understatement for the year exceeds the greater of 10% of the tax liability or \$5,000. A taxpayer may qualify for the substantial authority exception by showing that he or she reasonably believes that the tax treatment of an item is more likely than not the proper tax treatment if:

- The taxpayer analyzes the pertinent facts and authorities and, in reliance on that analysis, reasonably concludes in good faith that there is a greater than 50% likelihood that the tax treatment of the item will be upheld if challenged by the IRS; or the taxpayer reasonably relies in good faith on the opinion of a professional tax advisor's conclusion that there is substantial authority on the tax treatment of an item.
- The relevant facts affecting the item's tax treatment were adequately disclosed on Form 8275 or 8275-R, attached to the return, and there was reasonable basis for the position.

You agree to advise us if you wish to disclose a tax treatment(s) on your return. You may request our assistance to identify or perform further research to assert if there is "substantial authority" for the position proposed to be taken on the tax items in your returns. If you so request, we would be pleased to discuss providing this additional service to you under the terms of a separate engagement letter.

The law also imposes substantial penalties on taxpayers and preparers for failure to disclose "reportable transactions." Reportable transactions are potentially abusive transactions identified by the IRS whose primary purpose is tax avoidance. You agree to advise us of any reportable transactions identified under tax law and regulations. You agree that it is solely your decision to disclose any reportable transactions in the returns that we prepare for you. You agree to pay all fees and expenses incurred if you did not permit us to complete the returns.

## **Privacy**

New privacy laws were established by the IRS effective January 1, 2009 and we are now prohibited from providing confidential information or copies to anyone other than you without your specific, written authorization. Please expect to provide that written authorization before we can release any of your confidential information. We occasionally disclose information, including the possible transmission of the return to our tax preparation software vendor. You hereby authorize and consent to such disclosure.

To comply with these new regulations we may provide all copies of returns to you in a secure web portal upon your request. Your use of this portal is limited to lawful income tax related documents in compliance with our written portal usage agreement and will be maintained and accessible solely in accordance with our agreement. Our portal agreement is available upon request.

**Billing**

All invoices will be due and payable upon receipt, and a service charge of 1.5% per month will be charged on all invoices not paid within 30 days of the invoice date.

We reserve the right to suspend or terminate our work. If our work is suspended or terminated, you agree that we will not be responsible for your failure to meet government and other filing deadlines, for penalties or interest that may be assessed against you resulting from your failure to meet the deadlines, and for any other damages (including consequential damages) incurred as a result of the suspension or termination of our work.

**Termination and Other Terms**

We reserve the right to withdraw from this engagement without completing the returns if you fail to comply with the terms of this engagement letter. If any portion of this agreement is deemed invalid or unenforceable, said finding shall not operate to invalidate the remainder of the terms set forth in this engagement letter.

In recognition of the relative risks and benefits of this agreement to both the client and the accounting firm, the client and the accounting firm have discussed and have agreed on the fair allocation of risk between them. As such, the client agrees, to the fullest extent permitted by law, to limit the liability of the accounting firm to the client for any and all claims, losses, costs, and damages of any nature whatsoever, so that the total aggregate liability of the accounting firm to the client shall not exceed the accounting firm's total fee for services rendered under this agreement. The client and the accounting firm intend and agree that this limitation applies to any and all liability or cause of action against the accounting firm, however alleged or arising, unless otherwise prohibited by law. Both parties agree that there is a one-year limitation period to bring a claim against us for errors or omissions. The one-year period will begin upon the date of the tax professional's signature on the tax returns covered by this engagement letter.

We maintain an ongoing relationship with our clients to address their business and tax issues as they arise. In addition to our income tax preparation services, Fiebiger, Swanson, West & Co., PLLP offers a variety of other services; including, but not limited to, tax planning, estate planning, bookkeeping, payroll deposits and reports, forms W-2 and 1099, sales and use tax returns, audits, reviews, compilations, financial analysis and consulting services. If you are interested in obtaining more information on our firm and its accountants, feel free to check out our website at [www.fsw-co.com](http://www.fsw-co.com) or call our office.

If the foregoing fairly sets forth your understanding of this agreement, please sign this agreement and return it to us before we begin our preparation of your return.

We appreciate your continued business and look forward to a mutually rewarding business relationship.

Sincerely yours,

*Fiebiger, Swanson, West & Co., PLLP*

FIEBIGER, SWANSON, WEST & CO., PLLP  
Certified Public Accountants

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



<b><u>Form</u></b>	<b><u>Form</u></b>
Alimony Paid or Received ..... 13	Gambling Winnings ..... 21
Annuity Payments Received ..... 9A, 13	Gifts ..... 34, 35
Application of Refund ..... 20	Health Savings Accounts ..... 13A
Business Income and Expenses ..... 6, 6A	Household Employment Taxes ..... 19
Business Use of Home:	Installment Sale Receipts ..... 7
Business ..... 6D	Interest Income ..... 5A
Employee Business Expenses ..... 17A	Interest Paid ..... 14A
Farm ..... 12E	Investment Interest Expense ..... 14A
Itemized Deductions ..... 16A	IRA Contributions ..... 9
Passthrough ..... 11B	IRA Distributions ..... 9, 13
Rental ..... 10E	Keogh Plan Contributions ..... 9A
Calendar ..... 33	Medical and Dental Expenses ..... 14
Casualty or Theft Losses ..... 16	Ministerial Income ..... 13B
Child and Dependent Care Expenses ..... 18	Miscellaneous Income and Adjustments ..... 13
Consolidated Brokerage Statements:	Miscellaneous Itemized Deductions ..... 16
Interest Income & Foreign Information ..... 5E	Mortgage Interest Paid ..... 14A
Dividend Income & Foreign Information ..... 5F	Moving Expenses ..... 8
Sales of Stocks, Securities, Capital Assets & Misc. Income 5G	Partnership Income ..... 11
Contributions ..... 15	Pension Income ..... 9A, 13
Dependent Information ..... 3A	Personal Information ..... 3
Depreciable Property and Equipment:	Railroad Retirement Benefits ..... 13
Business ..... 6A	Real Estate Mortgage Investment Conduit Income (REMIC) ... 11
Employee Business Expenses ..... 17	Rental and Royalty Income and Expenses ..... 10, 10A
Farm ..... 12B	Roth IRA Contributions/Conversions ..... 9
Rental and Royalty ..... 10B	S Corporation Income ..... 11
Direct Deposit Information ..... 4A	Sale of Stock, Securities and Other Capital Assets ..... 7
Dividend Income ..... 5B	Sale of Your Home ..... 8
Education Expenses ..... 18	Savings Bond Purchases ..... 4B
Educator (Teacher) Expenses ..... 13A	SEP/SIMPLE Plan Contributions ..... 9A
Electronic Filing ..... 4	Social Security Benefits ..... 13
Employee Business Expenses ..... 17	State and Local Tax Refunds ..... 13
Estate Income ..... 11	Student Loan Interest ..... 13
Farm Income and Expenses ..... 12, 12A, 12B	Taxes Paid ..... 14
Federal, State and City Estimated Taxes ..... 20, 20A	Trust Income ..... 11
Foreign Assets ..... 5C, 5D	Unemployment Compensation ..... 13
Foreign Employment Information ..... 30, 30A, 30B	Vehicle/Other Listed Property Information:
Foreign Housing Expenses ..... 30C	Business ..... 6B, 6C
Foreign Taxes ..... 32	Employee Business Expenses ..... 17
Foreign Travel and Workdays ..... 30D	Farm ..... 12C, 12D
Foreign Wages and Other Income ..... 31, 31A, 31B	Rental and Royalty ..... 10C, 10D
	Partnership/S Corporation ..... 11A
	Wages and Salaries ..... 3A



The following questions pertain to the 2015 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

	Yes	No
Did your marital status change? .....		
Are you married? .....		
If Yes, do you and your spouse want to file separate returns? .....		
If No, are you in a domestic partnership, civil union, or other state-defined relationship? .....		
Can you or your spouse be claimed as a dependent by another taxpayer? .....		
Did you or your spouse serve in the military or were you or your spouse on active duty? .....		
Have you or your spouse been a victim of identity theft and have you contacted the IRS? .....		
If Yes, furnish the 6-digit identity protection PIN issued to you by the IRS. _____ Taxpayer _____ Spouse		

Dependents:

Were there any changes in dependents from the prior year? .....		
Note: Include non-child dependents for whom you provided more than half the support.		
Did you or your spouse pay for child care while you or your spouse worked or looked for work? .....		
Do you have any children under age 18 with unearned income more than \$1,050? .....		
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,050? .....		
Did you adopt a child or begin adoption proceedings? .....		
Are any of your dependents non-U.S. citizens or non-U.S. residents? .....		

Healthcare:

Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year? .....		
If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.		
If No, there are several exemptions from the mandate requiring health insurance coverage. Examples include membership in a healthcare sharing ministry, membership in a federally recognized Indian tribe, incarceration, membership in certain religious sects, and enrollment in certain Medicaid and TRICARE programs that do not provide minimum essential coverage. If any of these provisions apply, provide information regarding the exemption, the individual(s) (taxpayer, spouse, dependents) to which the exemption(s) may apply, and the month(s) for which the exemption(s) apply.		
Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A? .....		
Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return? .....		
Did you apply for an exemption through the Marketplace? .....		
If Yes, provide the Exemption Certificate Number. _____		
Are any of your dependents required to file a tax return? .....		



Healthcare (continued):

- Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?  Yes  No
- Were you eligible for employer-sponsored healthcare coverage?  Yes  No
- If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?  Yes  No
- Did you or your spouse have any transactions pertaining to a health savings account (HSA)?  Yes  No  
If you received a distribution from an HSA include all Forms 1099-SA.
- Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?  Yes  No  
If you received a distribution from an MSA include all Forms 1099-SA.
- Did you or your spouse receive any distributions from long-term care insurance contracts?  Yes  No  
If Yes, include all Forms 1099-LTC.
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job?  Yes  No  
If Yes, how many months were you covered? \_\_\_\_\_
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job?  Yes  No  
If Yes, how many months were you covered? \_\_\_\_\_
- Did you or your spouse lose your job because of foreign competition and pay for your own health insurance?  Yes  No

Education:

- Did you or your spouse pay any student loan interest?  Yes  No
- Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?  Yes  No
- Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)?  Yes  No  
If Yes, include all Forms 1099-Q.
- Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?  Yes  No

Deductions and Credits:

- Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?  Yes  No  
If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.
- Did you or your spouse incur any casualty or theft losses?  Yes  No
- Did you or your spouse make any large purchases, such as motor vehicles and boats?  Yes  No
- Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?  Yes  No
- Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?  Yes  No
- Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?  Yes  No  
If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes.  
\_\_\_\_\_ Gallons \_\_\_\_\_ Type
- Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?  Yes  No
- Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?  Yes  No



Investments:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Did you or your spouse have any debts canceled, forgiven or refinanced? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell, exchange, or purchase any real estate? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include closing statements.  |                          |                          |
| Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any put or call transactions? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the transaction details.   |                          |                          |
| Did you or your spouse close any open short sales? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell any securities not reported on Form 1099-B? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

Retirement or Severance:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse turn age 70 1/2 and have money in an IRA or other retirement account without taking any distribution? .....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse retire or change jobs? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive deferred, retirement or severance compensation? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enter the date received (Mo/Da/Yr). _____   |                          |                          |

Personal Residence:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did your address change? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the new address.  |                          |                          |
| If Yes, did you move to a different home because of a change in the location of your job? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse claim a homebuyer credit for a home purchased in 2008? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your total mortgages on your first and/or second residence greater than \$1,000,000? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____   |                          |                          |
| Did you or your spouse take out a home equity loan? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have an outstanding home equity loan at the end of the year? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____   |                          |                          |
| Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? .....             | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your mortgagee receive mortgage assistance payments? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1098-MA.  |                          |                          |



**Sale of Your Home:**

	Yes	No
Did you sell your home? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years? .....	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

**Gifts:**

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$14,000 to any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse forgive any indebtedness to any individual, trust or entity? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Foreign Matters:**

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse create or transfer money or property to a foreign trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own any foreign financial assets? .....	<input type="checkbox"/>	<input type="checkbox"/>



**Miscellaneous:**

Did you or your spouse pay in excess of \$1,000 in any quarter, or \$1,900 during the year for domestic services performed in or around your home to individuals who could be considered household employees?  Yes  No

Did you or your spouse receive unreported tip income of \$20 or more in any month?

Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness?

Did you or your spouse engage in any bartering transactions?

Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?

For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?

**Additional state pages have been included at the back of the organizer and should be reviewed.**



# Personal Information

**Taxpayer:**

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_

**Spouse:**

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_

**Contact Information:**

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

Foreign Province or County \_\_\_\_\_

Foreign Country \_\_\_\_\_

Taxpayer Daytime/Work Phone \_\_\_\_\_ Spouse Daytime/Work Phone \_\_\_\_\_

Taxpayer Evening/Home Phone \_\_\_\_\_ Spouse Evening/Home Phone \_\_\_\_\_

Taxpayer Foreign Phone \_\_\_\_\_ Spouse Foreign Phone \_\_\_\_\_

Taxpayer Cell Phone \_\_\_\_\_ Spouse Cell Phone \_\_\_\_\_

Taxpayer Fax Number \_\_\_\_\_ Spouse Fax Number \_\_\_\_\_

Taxpayer Email Address \_\_\_\_\_

Spouse Email Address \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

May the IRS or other taxing authority discuss the return with the preparer? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td> </td><td> </td></tr></table>	Yes	No						
Yes	No								
Is the taxpayer claimed as a dependent on someone else's tax return? .....	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
	<table border="1"><tr><th colspan="2">Taxpayer</th></tr><tr><td>Yes</td><td>No</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>	Taxpayer		Yes	No				
Taxpayer									
Yes	No								
	<table border="1"><tr><th colspan="2">Spouse</th></tr><tr><td>Yes</td><td>No</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>	Spouse		Yes	No				
Spouse									
Yes	No								
Are you considered legally blind per IRS regulations? .....	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
Do you want to contribute to the Presidential Election Campaign Fund? .....	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
Are you a U.S. citizen or Green Card holder? .....	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								

## Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



2015

# Dependents and Wages

3A

## Dependent Information:

Did dependent have income over \$4,000?

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Yes or No

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return \_\_\_\_\_

List the years that a release of claim to exemption is given for a dependent child not living with you . . . . . \_\_\_\_\_

If any of your dependents were a victim of identity theft and you have contacted the IRS, provide the identity protection PIN issued to you by the IRS.

## Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER1	Medicare	State	Local





## Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return .....

Do not electronically file the state return(s) .....

**Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.**

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Taxpayer .....

Spouse .....

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_



# Direct Deposit and Withdrawal

## Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2014, your account information may already be included below.

Would you like any refunds owed to you directly deposited? .....	<b>Yes</b> <b>No</b>
.....	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
.....	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? _____	
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)	
Would you like to pay any amount due on your <i>state</i> return(s) using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
.....	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? _____	
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)	
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.	
Would you like to pay any estimated payments due for your <i>federal</i> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
.....	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/> <input type="checkbox"/>

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings                       myRA

Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes                       No

Account owner                       Taxpayer                       Spouse                       Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

Would you like any refunds owed to you directly deposited? .....	<b>Yes</b> <b>No</b>
.....	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
.....	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? _____	
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)	
Would you like to pay any amount due on your <i>state</i> return(s) using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
.....	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? _____	
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)	
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.	
Would you like to pay any estimated payments due for your <i>federal</i> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
.....	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/> <input type="checkbox"/>

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings                       myRA

Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes                       No

Account owner                       Taxpayer                       Spouse                       Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.





2015

# Dividend Income

5B

## Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
<b>Total</b>					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Code	Tax-Exempt Interest	2014 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
<b>Total</b>		

## Enter Any Additional Information:


Note: List all items sold during the year on Form 7.



2015

# Brokerage Statement Details

5EA

TSJ	Payer Name	Account No.	Information Included (X or ✓)
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			
P			
Q			
R			
S			
T			

Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
P							
Q							
R							
S							
T							



Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.



# Business Income and Cost of Goods Sold

2015

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_  
 Employer ID number \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state, ZIP or postal code, and country \_\_\_\_\_  
 Method of inventory \_\_\_\_\_  
 Method of accounting \_\_\_\_\_

### Business Questions for 2015:

	Yes	No
Did you dispose of this business? _____	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date? _____ (Mo/Da/Yr)		
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

2015 Amount	2014 Amount

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

### Income:

Include all Forms 1099-K

Payment card and third party transactions:

Description	2015 Amount	2014 Amount

Miscellaneous income:

Include all Forms 1099-MISC


Other Income:


Other gross receipts or sales \_\_\_\_\_

Less returns and allowances \_\_\_\_\_

### Cost of Goods Sold:

2015 Amount	2014 Amount

Beginning inventory \_\_\_\_\_

Purchases less cost of items withdrawn for personal use \_\_\_\_\_

Cost of labor (do not include amounts paid to yourself) \_\_\_\_\_

Materials and supplies \_\_\_\_\_

Other costs of goods sold:

Description	2015 Amount	2014 Amount

Ending inventory \_\_\_\_\_





2015

# Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Listed Property Questions for 2015:

	<b>Yes</b>	<b>No</b>
Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

### If you are an employer who provides vehicles for use by employees:

	<b>Yes</b>	<b>No</b>
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle:

Description of vehicle .....

Date placed in service ..... (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?  Yes  No

Was your vehicle available for use during off-duty hours?  Yes  No

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2015 Miles	2014 Miles
2015 Amount	2014 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2015 Miles	2014 Miles
2015 Amount	2014 Amount

### Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year ..

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....





2015

# Business Expenses

6C

Name of Business: \_\_\_\_\_  
 Principal Business or Profession: \_\_\_\_\_

**Business Expenses:** Enter all expenses at 100 percent

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . . \_\_\_\_\_ %

	2015 Amount	2014 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		

Other Business Expenses:

Description	2015 Amount	2014 Amount

**Reimbursements:** List only reimbursements NOT reported in Box 1 of your Form W-2

Amount received for other expenses .....

Amount received for meals and entertainment .....

2015 Amount	2014 Amount

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

**Vehicle:**

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business .....

Description of vehicle .....

Date vehicle was placed in service .....

Yes  No

Yes  No

Do you (or your spouse) have another vehicle available for personal purposes? .....

Was your vehicle available for personal use during off-duty hours? .....

	2015	2014
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Interest .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		

Other Vehicle Expenses:

Description	2015 Amount	2014 Amount



# Sales of Stocks, Securities, Capital Assets & Installment Sales

## Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

**Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year**

Did you have any of the following during the year?

- Mutual fund transactions .....
- Exchange of any securities or investments for something other than cash .....
- Sales of inherited property .....
- Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale .....
- Commodity sales, short sales or straddles .....
- Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest .....
- Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock .....
- Debts that became uncollectible .....
- Securities that became worthless .....
- Sale of any property where you will receive payments in future years .....

Yes	No

TSJ	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Gross Sales Price (Less Commissions)
A				
B				
C				
D				
E				
F				
G				
H				

	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A			
B			
C			
D			
E			
F			
G			
H			

**Installment Sales:** **Do not include interest received in principal amount**

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2015 Principal Received	2014 Principal Received



2015

# Rental and Royalty Income

**Location of Property:** \_\_\_\_\_

TSJ .....  
Type of property .....

Yes	No
-----	----

Have you prepared or will you prepare all required Forms 1099? .....

Ownership percentage if not 100% .....  
How many days was this property rented at fair market value? .....  
How many days was this property used personally (including use by family members)? .....

2015	2014
%	

**Income:**

Rents received .....  
Royalties received .....

2015 Amount	2014 Amount

Payment card and third party transactions: Include all Forms 1099-K

Description	2015 Amount	2014 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2015 Amount	2014 Amount

Other income:

Description	2015 Amount	2014 Amount





2015

# Rental and Royalty Property and Equipment & Depletion

10B

Location of Property: \_\_\_\_\_

Property and Equipment: Include a list if more space is needed

**Acquisitions:**

X if not new	Description	Date Acquired (Mo/Da/Yr)	Cost

**Dispositions:**

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

**Percentage Depletion Information:**

Production Type	Royalty Income	
	2015 Amount	2014 Amount



2015

# Rental and Royalty Business Expenses

10D

Location of Property: \_\_\_\_\_

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, enter the percentage to apply to this business \_\_\_\_\_ %

	2015 Amount	2014 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		
Other Business Expenses:		

Description	2015 Amount	2014 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

	2015 Amount	2014 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

### Vehicle:

If these vehicle expenses are to be divided between two or more businesses, enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service (Mo/Da/Yr) .....

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No

Was your vehicle available for personal use during off-duty hours?  Yes  No

	2015	2014
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Interest .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		
Other Vehicle Expenses:		

Description	2015 Amount	2014 Amount





2015

# Farm Income (Page 1 of 2)

12

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

TSJ \_\_\_\_\_  
Employer identification number \_\_\_\_\_  
Method of accounting \_\_\_\_\_

### Farm Questions for 2015:

Did you dispose of this farm?  Yes  No  
If Yes, what was the disposition date? \_\_\_\_\_ (Mo/Da/Yr)  
Have you prepared or will you prepare all required Forms 1099?

	2015 Amount	2014 Amount
Health insurance premiums paid for yourself and your dependents		

### Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

Description	2015		2014	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

### Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

### Income:

	2015 Amount	2014 Amount
Sales of livestock, produce, grains, etc. you raised		
Total cooperative distributions (Forms 1099-PATR)		
Taxable cooperative distributions		
Total agricultural program payments		
Taxable agriculture program payments		
Total Commodity Credit Corporation (CCC) loans		
Total crop insurance proceeds and certain disaster payments received in 2015		
Taxable crop insurance proceeds received		
Crop insurance proceeds deferred from prior year		
Custom hire (machine work) income		
Federal gasoline tax or fuel tax credit or refund		
State gasoline tax or fuel tax credit or refund		





2015

# Farm Income (Page 2 of 2)

12A

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

**Income:**

Payment card and third party transactions:  Include all Forms 1099-K

Description	2015 Amount	2014 Amount

Government payments:  Include all Forms 1099-G

Description	2015 Amount	2014 Amount

Miscellaneous income:  Include all Forms 1099-MISC

Description	2015 Amount	2014 Amount

Other income:

Description	2015 Amount	2014 Amount





2015

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

Listed Property Questions for 2015:

	<b>Yes</b>	<b>No</b>
Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

	<b>Yes</b>	<b>No</b>
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle .....

Date placed in service . . . (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for your personal use? .....

Was your vehicle available for use during off-duty hours? .....

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2015 Miles	2014 Miles
2015 Amount	2014 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2015 Miles	2014 Miles
2015 Amount	2014 Amount



2015

# Farm Business Expenses

12D

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, enter the percentage to apply to this business \_\_\_\_\_ %

	2015 Amount	2014 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		

Other Business Expenses:

Description	2015 Amount	2014 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

	2015 Amount	2014 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

### Vehicle:

If these vehicle expenses are to be divided between two or more businesses, enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle \_\_\_\_\_  
Date vehicle was placed in service \_\_\_\_\_ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No  
Was your vehicle available for personal use during off-duty hours?  Yes  No

	2015	2014
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Interest .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		

Other Vehicle Expenses:

Description	2015 Amount	2014 Amount



Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC and 1099-G

Miscellaneous Income and Adjustments:

Table with columns for TSJ (2015 Amount, 2014 Amount) and rows for various income and adjustment items like Taxable pensions, Social Security benefits, etc.

State and Local Income Tax Refunds:

Table with columns for TSJ, State, City, Tax Year, and Income Tax Refund (State, Local).

Other Income:

Table with columns for TSJ, Nature and Source, 2015 Amount, and 2014 Amount.

Alimony Paid or Received:

Table with columns for TSJ, Recipient's Name, Recipient's Social Security No., Alimony Received?, 2015 Amount, and 2014 Amount.



2015

# Miscellaneous Adjustments

13A

**Educator Expenses:** Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2015 Amount	2014 Amount

**Health Savings Accounts (HSAs)**

TS	Description	2015 Amount	2014 Amount
	Contributions made for 2015		
	Distributions received from all HSAs in 2015		

What type of coverage applies to your high deductible health plan?  Self only  Family

Were any HSA contributions listed above also shown on your Form W-2? .....

Were all distributions from your HSA for unreimbursed medical expenses? .....

Did you or your spouse enroll in Medicare? .....

    If Yes, what month did you enroll? .....

    What month did your spouse enroll? .....

Yes	No

**Other Adjustments to Income:** Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2015 Amount	2014 Amount



# Itemized Deductions - Medical and Taxes

2015

### Medical and Dental Expenses:

- Prescription medicines and drugs .....
- Total medical insurance premiums paid \* .....
- Long-term care expenses .....
- Total insurance reimbursement .....
- Number of miles traveled for medical care .....
- Lodging .....
- Doctors, dentists, etc. ....
- Hospitals .....
- Lab fees .....
- Eyeglasses and contacts .....

TSJ	2015 Amount	2014 Amount

- Taxpayer long-term care insurance premiums paid .....
- Spouse long-term care insurance premiums paid .....

2015 Amount	2014 Amount

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

### Other Medical Expenses:

TSJ	Description	2015 Amount	2014 Amount

### Taxes Paid: Include copies of your tax bills

- Personal property taxes paid (include vehicle taxes) .....
- General sales taxes paid on specified items .....

TSJ	2015 Amount	2014 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2015 Amount	2014 Amount

### Other Taxes Paid:

TSJ	Description	2015 Amount	2014 Amount

If you purchased or sold your home in 2015, did you include any taxes from your closing statement in the amounts above?  Yes  No



2015

Mortgage Questions for 2015:

	<b>Yes</b>	<b>No</b>
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? . . . . . _____		
Did you purchase a new home or sell your former home during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2015 Amount	2014 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2015 Amount	2014 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2015 Amount	2014 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2015 Amount	2014 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2015 Amount	2014 Amount





Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

Table with 4 columns: TSJ, Organization or Description of Contribution, 2015 Amount, 2014 Amount

Table with 4 columns: TSJ, Conservation Real Property, 2015 Amount, 2014 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2015 Miles, 2014 Miles. Includes row for Number of miles traveled performing volunteer work for qualified charitable organizations.

Noncash Contributions Totaling \$500 or Less: Include all documentation.

Table with 4 columns: TSJ, Description of Donated Property, 2015 Amount, 2014 Amount

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

TSJ Description of the donated property

Donee organization name

Donee organization address

Date the property was acquired by the taxpayer (Mo/Da/Yr)

Date the property was donated (Mo/Da/Yr)

Cost or basis of the donated property

Fair market value of the donated property

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal Thrift shop value Catalog Comparable sale

Other - please explain

Which of the following describes how this donated property was acquired?

- Purchase Gift Inheritance Exchange



**Miscellaneous Itemized Deductions:**

Union and professional dues .....

Tax preparation fee .....

Professional subscriptions .....

Hobby expense (To extent of income) .....

Safe deposit box .....

Uniforms and protective clothing .....

Work tools .....

Gambling losses .....

Estate taxes .....

TSJ	2015 Amount	2014 Amount

**Other Itemized Deductions:**

**Examples:**

- Certain legal and accounting fees
- Investment expenses
- Custodial fees
- Employment agency fees
- Certain educational expenses

TSJ	Description	2015 Amount	2014 Amount

**Casualty or Theft Loss:**

TSJ .....

Property description .....

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use   
  Business use   
  Income producing   
  Employee Use   
  Personal use due to Hurricane Katrina
- Personal use attributable to a federally declared disaster between 2007 and 2009   
  Personal use attributable to Midwestern disaster area   
  Personal use attributable to Kansas disaster area

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_

Date damaged or lost ..... (Mo/Da/Yr) \_\_\_\_\_

- Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Original cost or other basis .....

Fair market value before casualty .....

Fair market value after casualty .....

Cost of replacement .....

Insurance reimbursement .....



# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No  
 Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in 2014 but paid in 2015 .....  
 Employer-provided dependent care benefits that were forfeited in 2015 .....  
 2014 carryover used in grace period .....

### Child/Dependent Care Providers:

**Provider 1:**

Name .....  
 Street address .....  
 City, state, ZIP or postal code, and country .....  
 Social security number OR .....  
 Employer identification number .....  
 Telephone number (California only) .....

	2015 Amount	2014 Amount
Expenses incurred and paid in 2015 .....		
Expenses incurred and not paid in 2015 .....		

**Provider 2:**

Name .....  
 Street address .....  
 City, state, ZIP or postal code, and country .....  
 Social security number OR .....  
 Employer identification number .....  
 Telephone number (California only) .....

	2015 Amount	2014 Amount
Expenses incurred and paid in 2015 .....		
Expenses incurred and not paid in 2015 .....		

### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2015 Expenses Incurred	2014 Expenses Incurred

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

**Include copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	2015 Qualified Expenses



Refund Application:

If you have an overpayment of 2015 taxes, do you want the excess:

Refunded  Yes  No  
 Applied to your 2016 estimated tax liability  Yes  No

Federal Estimated Tax Payments:

2015 1st Quarter Estimate (Due 04-15-2015)  
 2015 2nd Quarter Estimate (Due 06-15-2015)  
 2015 3rd Quarter Estimate (Due 09-15-2015)  
 2015 4th Quarter Estimate (Due 01-15-2016)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2014 overpayment applied to 2015 estimate

Tax Planning Information for Tax Year 2016:

Do you expect any of the following to occur in 2016?

	Yes	No
A change in your marital status	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.




2015

# State and City Tax Payments

20A

## State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2015 1st Quarter Estimate .....

2015 2nd Quarter Estimate .....

2015 3rd Quarter Estimate .....

2015 4th Quarter Estimate .....

If you have an overpayment of 2015 taxes, do you  
want the excess applied to your 2016 estimated tax liability?  Yes  No

2014 overpayment applied to 2015 estimate .....

Balance of prior year(s)' tax paid in 2015 plus  
amount paid with 2014 extensions .....

Estimated tax payments for 2014 paid in 2015 .....

## State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2015 1st Quarter Estimate .....

2015 2nd Quarter Estimate .....

2015 3rd Quarter Estimate .....

2015 4th Quarter Estimate .....

If you have an overpayment of 2015 taxes, do you  
want the excess applied to your 2016 estimated tax liability?  Yes  No

2014 overpayment applied to 2015 estimate .....

Balance of prior year(s)' tax paid in 2015 plus  
amount paid with 2014 extensions .....

Estimated tax payments for 2014 paid in 2015 .....

## State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2015 1st Quarter Estimate .....

2015 2nd Quarter Estimate .....

2015 3rd Quarter Estimate .....

2015 4th Quarter Estimate .....

If you have an overpayment of 2015 taxes, do you  
want the excess applied to your 2016 estimated tax liability?  Yes  No

2014 overpayment applied to 2015 estimate .....

Balance of prior year(s)' tax paid in 2015 plus  
amount paid with 2014 extensions .....

Estimated tax payments for 2014 paid in 2015 .....