#### **ORGANIZER** Page 1 **Client Information** US 2015 1040 1 **Tax Return Appointment** STANLEY J. FIALA P.C. 1921 S ALMA SCHOOL RD STE 103

Date:

Telephone number: 480-831-5140 Fax number: 480-897-9332 E-mail address: info@fialacpa.com

MESA, AZ 85210-3037

Time: Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2015 tax return. Please add, change, or delete information as appropriate.

#### **CLIENT INFORMATION**

Filing Status	Filing status (table)	
Status	Year spouse died, if qualifying widow(er) (2013 or 2014)	
	First name and initial	Filing Status
	Last name	1 = Single
	Title/suffix	2 = Married filing joint 3 = Married filing separate
Taxpayer	Social security number	I 4 = Head of household
тахрауст	Occupation	5 = Qualifying widow(er)
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
	First name and initial	
	Last name	
	Title/suffix	
Spouse	Social security number	
орошоо	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
	In care of	
	Street address	
Address	Apartment number	
	City	
	State	
	ZIP code	
Foreign	Region	
Address	Postal code	
	Country	

	Home phone	
	Work phone	Daytime Phone
Taypayor	Work extension	1 = Work
axpayer Contact	Daytime phone (table)	2 = Home
Information	Mobile phone	3 = Mobile
	Pager number	
	Fax number	
	E-mail address	
	Home phone	
	Work phone	
Spouse	Work extension	
Contact	Daytime phone (table)	
formation	Mobile phone	
	Pager number	
	Fax number	
	E-mail address	

2015 1040 US Dependents

2

#### Please add, change or delete information for 2015.

## **DEPENDENTS**

	Dependent	Dependent	
First name			
Last name			Type of Dependent
Title/suffix			1 — Child living w/hovesver
Date of birth (m/d/y)			1 = Child living w/taxpayer 2 = Child not living w/taxpayer
Date of death			3 = Dependent other than child
Social security number			4 = Head of household only, not a dependent
Relationship			5 = Earned income credit only,
Months lived at home			not a dependent
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			Earned Income Credit
Ī	Dependent	Dependent	
First name			1 = When applicable (default) 2 = Student age 19 to 23
Last name			3 = Disabled
Title/suffix			4 = Force 5 = Suppress
Date of birth (m/d/y)			3 – Suppless
Date of death			
Social security number			
Relationship			NOTE: If you claim the earned income credit, please provide
Months lived at home			proof that your child is a res-
Type of dependent (see table)			ident of the U.S. This proof is typically in the form of:
Earned income credit (see table)			**
Claimed by: 1=taxpayer, 2=spouse			1. School records or statement 2. Landlord or property man-
1	Dependent	Dependent Dependent	agement statement
First name	- Is a second		3. Health care provider statement
Last name			Medical records
Title/suffix			<ul><li>5. Child care provider records</li><li>6. Placement agency statement</li></ul>
Date of birth (m/d/y).			<ol><li>Social service records or</li></ol>
Date of death			statement 8. Place of worship statement
Social security number			9. Indian tribe office statement
Relationship			10. Employer statement
Months lived at home.			
Type of dependent (see table)			
Earned income credit (see table)			NOTE: If your child is disabled,
Claimed by: 1=taxpayer, 2=spouse			please provide one of the fol- lowing forms of proof of disa-
olaimed by: 1—taxpayer, 2—spouse	Dependent	Dependent	bility:
First name	Верепает	Верепаетт	1. Doctor statement
Last name			<ul> <li>2. Other health care provider statement</li> </ul>
Title/suffix			Social services agency or
Date of birth (m/d/y).			program statement
Date of death			<del></del>
Social security number			<del></del>
Relationship			<del></del>
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			

ORGANIZER Page 4 **Miscellaneous Questions** 2015 1040 US If any of the following items pertain to you or your spouse for 2015, please check the appropriate box and provide additional information if necessary. PERSONAL INFORMATION YES NO Did your marital status change during the year? Did your address change during the year? Could you be claimed as a dependent on another person's tax return for 2015? DEPENDENTS Were there any changes in dependents? Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2015? Did you have any children under age 19 or full-time students under age 24 at the end of 2015, with interest and dividend income in excess of \$1,000, or total investment income in excess of \$2,000? **HEALTH CARE COVERAGE** Did you and your dependents have health care coverage for the full-year? Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach. If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please INCOME Did you receive unreported tip income of \$20 or more in any month? Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? Did you receive any disability income? Did you have any foreign income or pay any foreign taxes? PURCHASES, SALES AND DEBT Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? Did you buy or sell any stocks, bonds or other investment property in 2015? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? Did you have any debts cancelled or forgiven? Does anyone owe you money which has become uncollectible?

Page 5 ORGANIZER **Miscellaneous Questions (continued)** 2015 1040 US If any of the following items pertain to you or your spouse for 2015, please check the appropriate box and provide additional information if necessary. RETIREMENT PLANS YES NO Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? Did you transfer or rollover any amount from one retirement plan to another retirement plan? **EDUCATION** Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocátional school? ITEMIZED DEDUCTIONS Did you incur a loss because of damaged or stolen property? Did you work out of town for part of the year? Did you use your car on the job (other than to and from work)? **ESTIMATED TAXES** Did you apply an overpayment of 2014 taxes to your 2015 estimated tax (instead of being refunded)? If you have an overpayment of 2015 taxes, do you want the excess applied to your 2016 estimated tax (instead of being Do you expect your 2016 taxable income and withholdings to be different from 2015? MISCELLANEOUS Do you want to allocate \$3 to the Presidential Election Campaign Fund? Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? May the IRS discuss your tax return with your preparer? Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

ORGANIZER Page 6 **Miscellaneous Questions (continued)** US 2015 1040 If any of the following items pertain to you or your spouse for 2015, please check the appropriate box and provide additional information if necessary. **MISCELLANEOUS (continued)** YES NO Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? Was your home rented out or used for business? Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account? Did you incur moving expenses due to a change of employment? Did you engage the services of any household employees? Were you notified or audited by either the Internal Revenue Service or the State taxing agency? Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust? Did your bank account information change within the last twelve months?

Page 7 **ORGANIZER Direct Deposit & Estimates (Form 1040 ES)** US 2015 1040 3, 6 Please enter all pertinent 2015 information. **DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)** 1=direct deposit of federal tax refund into bank account ...... 1=electronic payment of balance due..... 1=electronic payment of estimated tax..... **BANK INFORMATION** Percent to Type of Type of **Deposit** Account Invest. Name of Bank **Routing Number Account Number** (Table 1) (Table 2) (xx.xx)2015 ESTIMATED TAX / 1040-ES (6) 2015 **Federal Amount Paid Date Paid** Voucher Amount TS Overpayment applied from 2014..... 1st quarter payment..... 3rd quarter payment..... 4th quarter payment..... Additional Estimated Tax Payments Paid with extension..... Former spouse SSN if joint estimates. . . . . 2015 **State Amount Paid Date Paid Voucher Amount** Overpayment applied from 2014..... 1st quarter payment..... 3rd quarter payment..... 4th quarter payment..... Additional Estimated Tax Payments Paid with extension..... 2 1 Type of Account Type of Investment 1 = Checking or savings (default) 2 = Taxpayer's IRA (next year limits) 3 = Spouse's IRA (next year limits) 4 = Health savings account (HSA) 5 = Archer MSA 6 = Coverdell savings account (ESA) 7 = Other 8 = Taxpayer's IRA (current year limits) 9 = Spouse's IRA (current year limits) 1 = Savings 2 = Checking

ORGANIZER Page 8 2015 1040 US Direct Deposit & Estimates (Form 1040 ES) (cont.) 7.1

APPLICATIO	N OF 2015 OVERPAYMENT (7.1)	
lf you have an over Other (please expla	payment of 2015 taxes, do you want the excess refunded?.  or applied to 2016 estimate? in):	
	TED TAX INFORMATION	
Do you expect your	2016 taxable income to be different from 2015? Yes	No
f "yes" explain any	differences in income, deductions, dependents, etc.:	
	2016 withholding to be different from 2015? Yes	No
If "yes" explain any	differences:	

2015 | 1040 | US | Wages, Pensions, Gambling Winnings | 10, 13.1, 13.2

Please enter all pertinent 2015 amounts & attach all W-2, W-2G and 1099-R forms. Last year's amounts are provided for your reference.

#### WAGES, SALARIES, TIPS (10)

		1=retire	emer	it ,	Wages, Tips.		ax Withheld			
No.	Name of Employer (Box c)	1=spous	retirement n (Box 13) Other Compensation (Box 1) Ouse  Wages, Tips, Other Compensation (Box 2)  Federal Security (Box 4)  Federal Security (Box 6)  Medicare (Box 17)  Medicare (Box 18)  Medicare (Box 18)	Local (Box 19)	2014 Wages					

#### PENSIONS, IRA DISTRIBUTIONS (13.1)

		Distri	butio	n cod	e #2			Tax W	ithheld		
No.	Name of Payer	Distribu 1=IRA/SE 1=spous	P/SIN		¥1	Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Federal (Box 4)	State (Box 12)	Value of all IRAs at 12/31/15	2014 Distribution

### **GAMBLING WINNINGS (W-2G) (13.2)**

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Federal (Box 4)	State (Box 15)	Local (Box 17)	2014 Winnings

# GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

(13.2)	2015 Amount	TS	2014 Amount
Total gambling losses			
Winnings not reported on Form W-2G			

10, 13.1, 13.2

2015 | 1040 | US | Interest & Dividend Income | 11, 12

Please enter all pertinent 2015 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms. Last year's amounts are provided for your reference.

#### **INTEREST INCOME (11)**

	Name of Payer			Interest Income	!	Tax-Exem	pt Interest	Farly	0014
No.	Name of Payer (also enter SSN & address for seller-financed mortgage) 1=tax 2=sp	1=taxpayer 2=spouse	Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds	Early Withdrawal Penalty (Box 2)	2014 Interest

## **DIVIDEND INCOME (12)**

			Dividend Income					pt Interest	Foreign		
No.	Name of Payer	Name of Payer 1=t		Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)	Foreign Tax Paid (Box 6)	2014 Dividends
	· · · · · · · · · · · · · · · · · · ·		·	·			·			-	

0015	1040	110	50° II I	141
2015	1040	LIS	Miscellaneous Income	⊢ 1 <u>4</u> 1

Please enter all pertinent 2015 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME	2015 A	mount	2014 A	mount
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
Tier 1 RR retirement benefits (RRB-1099, box 5).				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				
-				
Other income (1099-MISC, box 3, 8)				
Other Income (1933 Miles, Box 3, 3)				
<u>L</u>				
TAX WITHHELD (not entered elsewhere)				
Federal income tax withheld				
State income tax withheld				
Local income tax withheld				
Local income tax withheld				

GEI	NERAL IN	FORMA	TION			
Princi	ipal product					
Emplo	oyer ID numbe	r				
Λ	بالنبائد والمسالات		_			
			accrual			
			accidat		_	
			ntal only): 1=land, 2=self-rental, 3=other			
			tion			
			s year: 1=yes, 2=no			
If requi	ired to file Form(s)	) 1099, did you	or will you file all required Form(s) 1099: 1=yes, 2=no			
			" (Schedule F only)			
1=did	I not actively p	articipate (F	arm rental only)			
			/ company			
% of (	ownership if n	ot 100% (.xx	(xxx) (Farm rental only)			
FAF	RM INCON	ΛE				
0 1-	method:			2015 Amount	2014 Amo	unt
Casn						
		ck and other	resale items			
S	ales of livestoo		resale items			
S	ales of livestoo ost or basis of	livestock or				
Sa Co Sa Accru	ales of livestoo ost or basis of ales of produc ual method:	livestock or ts raised	other resale items.			
Si Ci Si Accru Si	ales of livestoo cost or basis of ales of produc ual method: ales of livestoo	livestock or ts raised	etc.			
Si Cc Si Accru Si Be	ales of livestood cost or basis of ales of productual method: ales of livestood deginning invention	livestock or ts raised ck, produce, atory of lives	etc			
Si Ci Si Accru Si Bi Ci	ales of livestor fost or basis of ales of productual method: ales of livestor reginning inventost of livestock	livestock or ts raised ck, produce, ttory of lives k, etc. purch	etc tock, etc			
Sa Co Sa Accru Sa Bo Co En	ales of livestor cost or basis of ales of produc- ual method: ales of livestor eginning inven- cost of livestock inding inventor	livestock or ts raised ck, produce, ttory of lives k, etc. purch	etc			
Si Ci Si Accru Si Bi Ci Ei	ales of livestor fost or basis of ales of productual method: ales of livestor deginning inven- cost of livestock anding inventor of farm income:	livestock or ts raised ck, produce, atory of lives k, etc. purch y of livestock	etc tock, etc ased k, etc			
Si Ci Si Accru Si Bi Ci Ei Other	ales of livestor cost or basis of cales of produc- ual method: cales of livestor reginning inven- cost of livestock anding inventor farm income: cotal cooperative	livestock or ts raised ck, produce, atory of lives k, etc. purch y of livestock	etc tock, etc ased k, etc			
Si Ci Si Accru Si Bi Ci Ei Other	ales of livestor cost or basis of ales of produc- ual method: ales of livestor eginning inven- cost of livestock inding inventor farm income: otal cooperativ axable coopera	livestock or ts raised ck, produce, atory of lives k, etc. purch y of livestock re distribution ative distribution	etc.  ctock, etc.  ased.  k, etc.  ns.			
Si Ci Si Accru Si Bi Ci Ei Other Ti	ales of livestor fost or basis of ales of product al method: ales of livestor reginning inventor rotal giventor r farm income: otal cooperative axable cooperative otal agricultura	livestock or ts raised ck, produce, atory of livestock, etc. purch y of livestock re distribution ative distribution al program p	etc.  etc.  tock, etc  ased.  k, etc  ns  tions.  ayments (other than CRP).			
Si Ci Si Accru Si Bi Ci Ei Other Ti Ti	ales of livestor cost or basis of cales of produc- ual method: cales of livestor deginning inven- cost of livestock inding inventor farm income: otal cooperative axable cooperative otal agricultural	livestock or ts raised  ck, produce, atory of livestock, etc. purching of livestock edistribution ative distribution at program program program program	etc			
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Si Co Si Accru Si Bi Co Co Ti Ti Ti Co Co Ti	ales of livestor cost or basis of cales of produc- ual method: cales of livestor deginning inven- cost of livestor anding inventor of farm income: cotal cooperative axable coopera- otal agricultural axable agricultural axable conservation commodity creation	livestock or ts raised  ck, produce, atory of livestock, etc. purchay of livestock or distribution at program paral program on reserve paration reserve gration reserved to to an erection or control or con	etc.  etc.  tock, etc.  ased.  k, etc.  ns  tions.  ayments (other than CRP).  n payments (other than CRP).  orogram payments.  er program payments.  orted under election.			
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Please enter all pertinent 2015 amounts. Last year's amount  FARM INCOME (continued)  Other income:  FARM EXPENSES  Car and truck expenses (not entered elsewhere). Chemicals. Conservation expenses. Custom hire (machine work). Employee benefit programs. Feed purchased. Fertilizers and lime. Freight and trucking. Gasoline, fuel, and oil. Insurance (other than health). Mortgage interest (paid to banks, etc.). Other interest (not entered elsewhere). Labor hired. Pension and profit sharing - contributions. Pension and profit sharing plans - admin. and education costs. Rent - vehicles, machinery, and equipment (not entered elsewhere). Rent - other (land, animals, etc.) Repairs and maintenance. Seeds and plants purchased. Storage and warehousing. Supplies purchased. Taxes (not entered elsewhere). Utilities. Veterinary, breeding, and medicine. Capitalized preproductive period expenses (also enter below).	2015 Amount	2014 Amor	
FARM EXPENSES  Car and truck expenses (not entered elsewhere). Chemicals. Conservation expenses. Custom hire (machine work). Employee benefit programs. Feed purchased. Fertilizers and lime Freight and trucking. Gasoline, fuel, and oil. Insurance (other than health). Mortgage interest (paid to banks, etc.). Other interest (not entered elsewhere). Labor hired. Pension and profit sharing plans - admin. and education costs. Rent - vehicles, machinery, and equipment (not entered elsewhere). Rent - other (land, animals, etc.). Repairs and maintenance. Seeds and plants purchased Storage and warehousing. Supplies purchased. Taxes (not entered elsewhere). Utilities. Veterinary, breeding, and medicine.	2015 Amount	2014 Amor	unt
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Rent - other (land, animals, etc.)  Repairs and maintenance  Seeds and plants purchased  Storage and warehousing  Supplies purchased.  Taxes (not entered elsewhere)  Utilities  Veterinary, breeding, and medicine			
Repairs and maintenance  Seeds and plants purchased  Storage and warehousing  Supplies purchased.  Taxes (not entered elsewhere)  Utilities  Veterinary, breeding, and medicine			
Seeds and plants purchased  Storage and warehousing  Supplies purchased.  Taxes (not entered elsewhere)  Utilities  Veterinary, breeding, and medicine			
Storage and warehousing			
Supplies purchased.  Taxes (not entered elsewhere).  Utilities.  Veterinary, breeding, and medicine.			
Taxes (not entered elsewhere)  Utilities  Veterinary, breeding, and medicine			
Utilities			
Veterinary, breeding, and medicine			
Capitalized preproductive period expenses (also enter below)			
Other expenses:			
		1	
		+	
		+	
NOTE: If you purchased or disposed of any business assets,		22.	
	please complete Sheet		

TI CONTINUE EIT					I dqC I I
2015	1040	US	Vehicle Expenses	No.	<b>22</b> p3

Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION	2015 Amount	2014 Amount
Description of vehicle		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=vehicle used primarily by more than 5% owner		
Number of months of business use if changed from 100% personal use		
AUTOMOBILE MILEAGE		
Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year).		
Average daily round-trip commute		
Average daily round-trip commute		
Average daily round-trip commute		
ACTUAL EXPENSES		
ACTUAL EXPENSES  Parking fees and tolls (business portion only).		
Average daily round-trip commute  ACTUAL EXPENSES  Parking fees and tolls (business portion only)  Gasoline, lube, oil		
ACTUAL EXPENSES  Parking fees and tolls (business portion only).  Gasoline, lube, oil.  Repairs.		
Average daily round-trip commute  ACTUAL EXPENSES  Parking fees and tolls (business portion only).  Gasoline, lube, oil  Repairs.  Tires.		
Average daily round-trip commute  ACTUAL EXPENSES  Parking fees and tolls (business portion only).  Gasoline, lube, oil  Repairs.  Tires.		
ACTUAL EXPENSES  Parking fees and tolls (business portion only).  Gasoline, lube, oil.  Repairs.  Tires.  Insurance.  Miscellaneous.		
ACTUAL EXPENSES  Parking fees and tolls (business portion only).  Gasoline, lube, oil.  Repairs.  Tires.  Insurance.  Miscellaneous.  Auto license (other than personal property taxes).		
ACTUAL EXPENSES  Parking fees and tolls (business portion only).  Gasoline, lube, oil.  Repairs.  Tires.  Insurance.  Miscellaneous.  Auto license (other than personal property taxes).  Personal property taxes (based on car's value).		
ACTUAL EXPENSES  Parking fees and tolls (business portion only).  Gasoline, lube, oil.  Repairs.  Tires.  Insurance.  Miscellaneous.  Auto license (other than personal property taxes).  Personal property taxes (based on car's value).  Interest (car loan) (for Schedule C, E & F).		

MUANIZEN				raye	$\perp$ $\cup$
2015	1040	US	Adjustments to Income	24	

Please enter all pertinent 2015 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS	. 2015 Amo	unt	2014 A	mount
TRADITIONAL IRA CONTRIBUTIONS	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered.				
2015 payments from 1/1/16 to 4/15/16				
ROTH IRA CONTRIBUTIONS				
Roth IRA contributions you made or expect to				
Roth IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).				
Contributions made to date				
SEP, SIMPLE AND QUALIFIED PLAN	IS (KEOGH)			
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you				
made or expect to make (1=maximum)				
Defined benefit contributions you expect to make				
Self-employed SEP (25%/1.25) contributions you				
made or expect to make (1=maximum)				
Individual 401k: SE elective deferrals (except Roth) (1=max.)				
Individual 401k: SE designated Roth contributions (1=max.)				
SIMPLE contributions:		,		
Self-employed SIMPLE contributions you				
made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
Contributions made to date				
ADJUSTMENTS TO INCOME				
Self-employed health insurance:  Total premiums (excluding long-term care)				
Long-term care premiums				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12)				
Jury duty pay given to employer				
Expenses from rental of personal property				
Other adjustments to income:				
Alimony paid: Taxpayer		Spouse		
Recipient's first name				
Recipient's last name				
Recipient's SSN	2014 amt:		2014 amt:	
	£v 14 aiiit.		∠u 14 aiiit:	

2015 1040 US Itemized Deductions 25

Please enter all pertinent 2015 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

#### **MEDICAL AND DENTAL EXPENSES**

2015 Amount TS 2014 Amount	NOTE:Enter self-employed health insurance premiums on Sheet 24 and			
Doctors, deritists and nurses Hospitals and nursing homes. Insurance premiums to entered elsewhere (axid. LT care & amis, paid w/pre-tax dollars). Long-term care premiums - taxpayer. Long-term care premiums - spouse. Insurance reimbursement (enter as a positive number). Lodging and transportation: Out-of-pocket expenses. Medical miles driven. Other medical and dental expenses:	Medicare insurance premiums on Sheet 14.	2015 Amount	TS	2014 Amount
Hospitals and nursing homes. Insurance premiums not entered elsewhere (excl. LT care & amits, paid w/pre-tax dollars). Long-term care premiums - stapayer. Long-term care premiums - stapayer. Long-term care premiums - spouse. Insurance reimbursement (enter as a positive number). Lodging and transportation: Out-of-pockel expenses. Medical miles driven.  Other medical and dental expenses:  Medical miles driven.  TAXES PAID (State and local withholding and 2015 estimates are automatic.)  State income taxes - 1/15 payment on 2014 state estimate. State income taxes - paid with 2014 state return extension. State income taxes - paid of the 2014 state return extension. State income taxes - paid for prior years and/or to other state. City/local income taxes - paid with 2014 state return. State income taxes - paid with 2014 city/local estimate. City/local income taxes - paid with 2014 city/local estimate. City/local income taxes - paid with 2014 city/local estimate. City/local income taxes - paid with 2014 city/local estimate. City/local income taxes - paid with 2014 city/local estimate. City/local income taxes - paid with 2014 city/local estimate. City/local income taxes - paid with 2014 city/local estimate. City/local income taxes - paid with 2014 city/local estimate. City/local income taxes - paid with 2014 state return.  SALES AND USE TAXES PAID  State and local sales taxes (except autos and special items) Use taxes paid on 2015 purchases.  Use taxes paid with 2014 state return. Sales tax on autos not included above. Sales tax on autos not included above. Sales tax on autos not included above. Sales tax on the paid of the special items.  OTHER TAXES PAID  Real estate taxes - principal residence:  Foreign income taxes.  Foreign income taxes.	Prescription medicines and drugs.			
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Use taxes paid on 2015 purchases.  Use taxes paid with 2014 state return.  Sales tax on autos not included above.  Sales tax on boats, aircraft, other special items.  OTHER TAXES PAID  Real estate taxes - principal residence:  Real estate taxes - property held for investment.  Personal property taxes (including auto fees in some states. Provide a copy of tax notice).  Foreign income taxes.	SALES AND USE TAXES PAID			
Use taxes paid on 2015 purchases.  Use taxes paid with 2014 state return.  Sales tax on autos not included above.  Sales tax on boats, aircraft, other special items.  OTHER TAXES PAID  Real estate taxes - principal residence:  Real estate taxes - property held for investment.  Personal property taxes (including auto fees in some states. Provide a copy of tax notice).  Foreign income taxes.	State and local sales taxes (except autos and special items)			
Use taxes paid with 2014 state return.  Sales tax on autos not included above.  Sales tax on boats, aircraft, other special items.  OTHER TAXES PAID  Real estate taxes - principal residence:  Real estate taxes - property held for investment.  Personal property taxes (including auto fees in some states. Provide a copy of tax notice).  Foreign income taxes.				
Sales tax on autos not included above.  Sales tax on boats, aircraft, other special items.  OTHER TAXES PAID  Real estate taxes - principal residence:  Real estate taxes - property held for investment.  Personal property taxes (including auto fees in some states. Provide a copy of tax notice).  Foreign income taxes.				
Sales tax on boats, aircraft, other special items  OTHER TAXES PAID  Real estate taxes - principal residence:  Real estate taxes - property held for investment.  Personal property taxes (including auto fees in some states. Provide a copy of tax notice).  Foreign income taxes.				
OTHER TAXES PAID  Real estate taxes - principal residence:  Real estate taxes - property held for investment				
Real estate taxes - principal residence:  Real estate taxes - property held for investment	·		<u> </u>	
Real estate taxes - property held for investment	OTHER TAXES PAID			
Real estate taxes - property held for investment	Real estate taxes - principal residence:			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)	Thouse sociate takes printing at residence.			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)				
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)				
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)				
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)	Real estate taxes - property held for investment			
Foreign income taxes.				
	——————————————————————————————————————			
	Other taxes.			
			1 1	

ORGANIZER Page 17 **25** p2 **Itemized Deductions (continued)** US 2015 1040 Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference. **INTEREST PAID** Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098: 2015 Amount 2014 Amount Home mortgage interest not reported on Form 1098: Payee's name ..... Payee's SSN or FEIN. . . Payee's street address. Payee's city..... Payee's state..... Payee's ZIP code . . . . . Payee's region..... Payee's postal code.... Payee's country..... Amount paid..... Points not reported on Form 1098: Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . . Investment interest (interest on margin accounts): Certain home mortgage interest included above (6251)..... NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

#### **CASH CONTRIBUTIONS**

Contributions by cash or check:

NOT	E: No deduction i									communication
	from the done	e, showing t	the name of	the organization	ation, contrib	ution date	(s), and contr	ibution amo	unt(s).	

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Volunteer expenses (out-of-pocket)			
Number of charitable miles			
Veterans' organizations, fraternal societies, nonprofit cemeteries, and contributions by cash or check:	ertain private nonoperating found	atior	ns (30% limitation):

**25** p2

2015 1040 US Itemized Deductions (continued) 25 p3

Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.

MONCAG	H CONTRIBUT	IONIC

NOTE:Use	Sheet 26	if total	noncash	contributions	are over	\$500.	No deduction	n is allow	ved for	contribution	ons of	clothing	and hou	sehold	items
that	are not in	aood i	used cond	dition or bette	er. In add	lition. a	a deduction	for any it	em with	h minimal	monet	tarv valŭ	e may be	e denied	d.

50% limitation (see above):	2015 Amount	TS	2014 Amount
30% limitation (see above):			
30% capital gain property (gifts of capital gain property to 50% limit orgs.):			
·			
	L		
MICOELL ANEOUS DEDUCTIONS			
MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)			
WIISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit) Union and professional dues			
Union and professional dues			
Union and professional dues			
Union and professional dues			
Union and professional dues			
Union and professional dues			
Union and professional dues			
Union and professional dues			
Union and professional dues			
Union and professional dues			
Union and professional dues			
Union and professional dues			
Union and professional dues			
Union and professional dues  Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expen			
Union and professional dues  Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expen			
Union and professional dues  Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expen  Investment expense:  Tax return preparation fee  Safe deposit box rental  Miscellaneous deductions (2% AGI) (certain legal and accounting fees.			
Union and professional dues  Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expen  Investment expense:  Tax return preparation fee  Safe deposit box rental  Miscellaneous deductions (2% AGI) (certain legal and accounting fees,			
Union and professional dues  Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expen  Investment expense:  Tax return preparation fee  Safe deposit box rental  Miscellaneous deductions (2% AGI) (certain legal and accounting fees,			
Union and professional dues  Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expen  Investment expense:  Tax return preparation fee  Safe deposit box rental  Miscellaneous deductions (2% AGI) (certain legal and accounting fees,			

**25** p3

2015	1040	US	Itemized Deductions (continued)	25 n4

Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.

THER MISCELLANEOUS DEDUCTIONS	2015 Amount	TS	2014 Amount
ate tax, section 691(c)			
er miscellaneous deductions:			
-			
	_		
	_		
-			
	_		
	_		
-			
-			
		1 1	

2015 1040 US Itemized Deductions (continued) 25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- 1. Total home equity debt exceeded \$100,000 at any time during 2015 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
- 2. Total home acquisition debt exceeded \$1,000,000 at any time during 2015 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

# Please enter all pertinent 2015 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

<u>-</u>	2015 Amount	TS	2014 Amount
air market value of the property on the date that the last debt was secured			
ome acquisition and grandfather debt on the date that the last debt was secured			
OAN INFORMATION			
.oan #1			
Lender's name.			
Form (see table)		+	
Number of form.			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2015			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2015			
Grandfather debt balance - beginning of year			
oan #2			
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid.			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2015.			
Home equity debt balance - beginning of year.			
Home equity debt borrowed in 2015.			
Grandfather debt balance - beginning of year			

3 = Schedule E

25 p5

2015 1040 US Business Use of Home (Form 8829) No	29
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Please enter 2015 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME	2015 Amount	2014 Amount
orm		
lumber of form (e.g., enter 2 for Schedule C number 2)		
Business use area (square footage)		
otal area of home (square footage)		
Total hours facility used (for daycare facilities only)		
otal hours available (if not 8,760).		
% (.xx) or amount of gross income from home if not 100% (-1 if none)		
% (.xx) or amount of expenses from home if not 100% (-1 if none)		
NDIRECT EXPENSES		1
NOTE: Indirect expenses are for keeping up and running your entire home.  They benefit both the business and personal parts of your home.		
Mortgage interest.		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
nsurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Jtilities		
Excess mortgage interest.		
Other indirect expenses:		
All of Indirect expenses.		
		+
DIRECT EXPENSES		
	le	1
DIRECT EXPENSES  NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.	de	
NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.	de	
NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.  Mortgage interest.	de	
NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.  Mortgage interest.	de	
NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.  Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums	de	
NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.  Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.	de	
NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.  Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.	de	
NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.  Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.  Insurance  Miscellaneous	de	
NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.  Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.	de	
NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.  Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.  Insurance.  Miscellaneous  Rent.	de	
MOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.  Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums.  Casualty losses.  Insurance.  Miscellaneous.  Rent.  Repairs and maintenance.	de	
NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.  Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.  Insurance.  Miscellaneous  Rent.  Repairs and maintenance.  Utilities	de	
NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.  Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.  Insurance.  Miscellaneous  Rent  Repairs and maintenance.  Utilities  Excess mortgage interest	de	
NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.  Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums.  Casualty losses.  Insurance.  Miscellaneous  Rent.  Repairs and maintenance.  Utilities  Excess mortgage interest  Excess casualty losses.	de	
NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.  Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums.  Casualty losses.  Insurance.  Miscellaneous  Rent.  Repairs and maintenance.  Utilities  Excess mortgage interest  Excess casualty losses.	de	
NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.  Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.  Insurance  Miscellaneous	de	
NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.  Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums.  Casualty losses.  Insurance.  Miscellaneous.  Rent.  Repairs and maintenance.  Utilities.  Excess mortgage interest.  Excess casualty losses.	de	
NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.  Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums.  Casualty losses.  Insurance.  Miscellaneous.  Rent.  Repairs and maintenance.  Utilities.  Excess mortgage interest.  Excess casualty losses.	de	

				1490 2
2015	1040	US	Health Coverage Form	39.1

GENERAL INFORMATION	
1=entire household covered for all months, 2=no months	
Date married (if in current year)	
Sate married (if in current year)	
COVERED INDIVIDUAL (#1)	COVERED INDIVIDUAL (#2)
a) First name	(a) First name
(a) Last name	(a) Last name
b) ID number (SSN or TIN)	(b) ID number (SSN or TIN)
d) 1=covered all 12 months	(d) 1=covered all 12 months
e) Months of coverage:	(e) Months of coverage:
1=November 2014	1=November 2014
1=December 2014	1=December 2014
1=January	1=January
1=February	1=February
1=March	1=March
1=April	1=April
1=May	1=May
1=June	1=June
1=July	1=July
1=August	1=August
1=September	1=September
1=October	1=October
1=November	1=November
1=November	1=November
1=November 1=December  COVERED INDIVIDUAL (#3)  a) First name  a) Last name  b) ID number (SSN or TIN).  d) 1=covered all 12 months  e) Months of coverage:  1=November 2014  1=December 2014  1=January.  1=February.  1=February.  1=March  1=April  1=June  1=July  1=August	1=November
1=November	1=November
1=November 1=December  COVERED INDIVIDUAL (#3)  a) First name  a) Last name  b) ID number (SSN or TIN)  d) 1=covered all 12 months  e) Months of coverage:  1=November 2014  1=December 2014  1=January.  1=February.  1=February.  1=March  1=April.  1=May  1=July  1=August  1=September.  1=October.	1=November
1=November 1=December  1=December  2 OVERED INDIVIDUAL (#3)  a) First name  a) Last name  b) ID number (SSN or TIN)  d) 1=covered all 12 months  e) Months of coverage:  1=November 2014  1=December 2014  1=January.  1=February.  1=February.  1=March  1=April.  1=May  1=July  1=August  1=September.	1=November

39.1