

Miscellaneous Information

Name:

SSN:

Personal Information

Yes **No**

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

Dependent Information

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

Health Care Information

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

Income, Purchases, Sales, and Debt Information

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

Itemized Deduction Information

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

Miscellaneous Information

Name:

SSN:

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

Retirement Information

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

Education Information

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

Miscellaneous Information

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

Preparer Notes

Miscellaneous Notes

Personal and Dependent Information

Name: _____

SSN: _____

Personal Information

Name		SSN	Date of Birth	Occupation	Healthcare coverage ALL year
Taxpayer					
Spouse					
Daytime Phone		Evening Phone	Cell Phone	Email	
Taxpayer					
Spouse					
Street address, city, state, and ZIP					

Marital Status at end of 2015

- Married
- Married filing separately
- Single
- Widow(er), Date of Spouse's Death _____

Taxpayer

- Yes No
- Yes No
- Yes No
- Yes No

Spouse

- Yes No You are blind?
- Yes No You are disabled?
- Yes No You are a full-time student
- Yes No You want \$3 to go to the Presidential Election Camp Fund?

Dependent Information

First and last name	SSN	Relationship	Months in Home	Date of Birth	Disabled	Full-time Student	Required to file a return	Healthcare coverage ALL year

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

Appointment Information & Notes

Your 2015 appointment is scheduled for _____

Notes

** Indicates an associated detail worksheet

HealthCare Coverage Questionnaire

Name: _____

SSN: _____

HealthCare Information

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

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

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

If you had coverage for any part of the year:
 Where was the policy obtained?

 Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

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

YES NO Was your previous insurance policy cancelled in 2015?

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

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

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

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

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

YES NO Are you enrolled in TRICARE?

YES NO Did you apply for CHIP coverage?

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

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

Income

Name:

SSN:

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

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

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

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

Sale of Capital Assets (Not reported on Form 1099-B)				
Also provide all brokerage statements				
Description of property	Date purchased	Date sold	Cost	Sales price
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

** Indicates an associated detail worksheet

Other Income and Adjustments

Name: _____

SSN: _____

Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

Entity Name	EIN	Entity Name	EIN

Other Income

	2015 Taxpayer	2014 Taxpayer	2015 Spouse	2014 Spouse
Scholarships or grants not reported on W-2	_____	_____	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____	_____	_____
Alimony received	_____	_____	_____	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____	_____	_____
Unemployment compensation repaid in 2015	_____	_____	_____	_____
Social Security Benefits (attach Forms 1099-SSA)	_____	_____	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB)	_____	_____	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____	_____	_____
Alaska Permanent Fund	_____	_____	_____	_____
Other income: _____	_____	_____	_____	_____

Adjustments

	2015 Taxpayer	2014 Taxpayer	2015 Spouse	2014 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____	_____	_____
Contributions made to a Health Savings Account (HSA)	_____	_____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP)	_____	_____	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____	_____	_____
Alimony paid				
Name: _____ SSN: _____	_____	_____	_____	_____
Name: _____ SSN: _____	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____	_____	_____
Contributions made to a Roth IRA	_____	_____	_____	_____
Contributions made to a myRA	_____	_____	_____	_____
Interest paid on a student loan	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____

** Indicates an associated detail worksheet

Schedule A - Itemized Deductions

Name: _____

SSN: _____

Medical and Dental Expenses	
2015	2014
Health insurance premiums (paid by you) _____	_____
Long-term care premiums (you) . . . _____	_____
Long-term care premiums (your spouse) _____	_____
Long-term care premiums (dependents) _____	_____
Mileage driven for medical purposes . . _____	_____
Medical and dental expenses (list) . . . _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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

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

Interest paid	
Mortgage interest paid (attach Form 1098) _____	_____
Mortgage interest paid to an individual _____	_____
Paid to:	
Name _____	
Address _____	
City, State, ZIP _____	
SSN or EIN _____	
Qualified mortgage insurance premiums _____	_____
Investment interest _____	_____

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

** Indicates an associated detail worksheet

Other Information

Name: _____

SSN: _____

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

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

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

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

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