



# 2015 TAX ORGANIZER

## General Information

	<b>Taxpayer</b>	<b>Spouse</b>
First Name . . . . .	<input type="text"/>	<input type="text"/>
Middle Initial . . . . .	<input type="text"/>	<input type="text"/>
Last Name . . . . .	<input type="text"/>	<input type="text"/>
Suffix . . . . .	<input type="text"/>	<input type="text"/>
Social Security Number . . . . .	<input type="text"/>	<input type="text"/>
Date of Birth . . . . .	<input type="text"/>	<input type="text"/>
Date of Death . . . . .	<input type="text"/>	<input type="text"/>
	<small>Check ("X") which phone number to list on return.</small>	
Home Phone . . . . .	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Work Phone . . . . .	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Cell Phone . . . . .	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Fax Number . . . . .	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Legally Blind . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Totally Disabled . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Claimed as a Dependent . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Presidential Election Fund (\$3) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Occupation . . . . .	<input type="text"/>	<input type="text"/>
E-mail address . . . . .	<input type="text"/>	<input type="text"/>
State of Residence as of 12/31 . . . . .	<input type="text"/>	<input type="text"/>
County of Residence as of 12/31 . . . . .	<input type="text"/>	<input type="text"/>
School District as of 12/31 . . . . .	<input type="text"/>	<input type="text"/>
Sales tax rate of locality in 2015 . . . . .	<input type="text"/> %	<input type="text"/> %
If Part Year, Period of Residency . . . . .	<input type="text"/> to <input type="text"/>	<input type="text"/> to <input type="text"/>

## Filing Status

Status on 2014 return :

Status as of 12/31/2015 :  **1** Single  
Enter ("X") in the box  **2** Married filing joint  
 **3** Married filing separately  
(Enter spouse's name and SSN above)  
 **4** Head of Household Non-dependent name: \_\_\_\_\_  
Non-dependent SSN: \_\_\_\_\_  
 **5** Qualifying widow(er) with minor child Year spouse died \_\_\_\_\_

## Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
If address is in a foreign country, enter that country . . . \_\_\_\_\_  
Foreign province/county . . . \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
If a bona fide resident of a U.S. territory, enter territory . . . \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Questions

Yes No

#### Basic Information

- 1 Did your marital status change since last year?
- 2 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2015?
- 3 Are there any changes in your dependents from last year?
- 4 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,050 in investment income?
- 5 Are all your dependents either US residents or citizens?
- 6 Did you provide over half of the support for someone you aren't claiming as a dependent?
- 7 Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- 8 Did you or a member of your family have minimum essential coverage in 2015? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)
- 9 Did you have a Health Insurance Marketplace granted coverage exemption or are you claiming a coverage exemption?
- 10 Were either you or your spouse in the military or National Guard?
- 11 Did you purchase or sell your principal residence?
- 12 Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
- 13 Were there any changes to a prior year's income, deductions, or credits?
- 14 Did you make gifts of more than \$14,000 to any one person?
- 15 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2015?
- 16 Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
- 17 Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?
- 18 Do you want to e-file your return?
- 19 If you are due a refund, how do you want to receive it?

Check sent to you in the mail  Other quick refund via a bank product

Apply to next year's estimates

Direct deposit (please provide voided blank check)

Type of account:  Checking  Savings

If you owe taxes, how do you want to pay them?

Paper check sent with my return  Credit card  Installment Agreement

Direct debit from my bank account (please provide a voided blank check)

Type of account:  Checking  Savings

- 20 Do you want to allow your tax preparer to discuss this year's return with the IRS?  
If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's name \_\_\_\_\_ Phone Number \_\_\_\_\_ Personal identification Number (5 digit PIN) \_\_\_\_\_

Yes No

#### Income

- 1 Did you have an interest in or signature authority over a financial account in a foreign country?
- 2 Were you the grantor of or transferor to a foreign trust?
- 3 Did you receive income from a foreign source or pay taxes to a foreign government?
- 4 Did you receive tip income NOT reported to your employer?
- 5 Did you barter your services for goods or services from someone else?
- 6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
- 7 Did you make a loan to someone at an interest rate below market rate?
- 8 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
- 9 Did you cash in any U.S. savings bonds?
- 10 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
- 11 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
- 12 Did you receive disability income?
- 13 Do you have gambling winnings? (If yes, be sure to include in gambling expenses)
- 14 Did you receive any unemployment benefits?
- 15 During 2015, did you receive payments from a Long-Term Care insurance contract?
- 16 Did you receive employer-provided adoption benefits for a previous year?
- 17 Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)
- 18 Did you rollover a retirement plan distribution into another plan?
- 19 Did you receive Social Security benefits?
- 20 During 2015, did you receive a housing allowance for ministerial services you provided?
- 21 Did you receive alimony?
- 22 Did you convert a traditional IRA to a Roth IRA?
- 23 Did you exchange any securities or investments for something other than cash?
- 24 Do you have any short sales, commodity sales, or straddles?

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 25 | Did you receive Form 2439?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 26 | Did you buy or sell any bonds?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 27 | Did you receive stock from a stock bonus plan with your employer?    |
| <input type="checkbox"/> | <input type="checkbox"/> | 28 | Did you sell any other personal assets at a gain?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 29 | Did you sell any real estate (other than your home) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 30 | Did you sell any assets using the installment method?                |
| <input type="checkbox"/> | <input type="checkbox"/> | 31 | Did you receive proceeds from a prior year installment sale?         |
| <input type="checkbox"/> | <input type="checkbox"/> | 32 | Did you purchase a rental property?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 33 | Did you exchange any property for other property?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 34 | Did you receive any income not reported in this Organizer?           |

**Yes**    **No**    **Business and Rental Property Income**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you start or acquire a new business?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you sell any part of an existing business, or sell business assets?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you cease operating any business or rental property?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you remove any of your business assets for personal use?              |

**Yes**    **No**    **Business and Rental Property Deductions**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you use part of your home for business purposes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you make any contributions to a Keogh or a self-employed SEP plan for 2015?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Do you pay for any health or long term care insurance through your business?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you purchase any furniture or equipment for your business?                                      |

**Yes**    **No**    **Other Deductions**

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2015?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you make any contributions to HSA (Health Savings Account) in 2015?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you use your car on the job (other than to and from work)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you work out of town for part of the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you incur any travel and entertainment expenses for business purposes?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you pay expenses for the care of your child or other dependent so you could work?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you lose property or have damage to a property due to a casualty, theft, or condemnation?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Did any security become worthless during 2015?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did any debts become uncollectible during 2015?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2015?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2015?    |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you contribute less than an entire interest in any property to charity?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you refinance a mortgage or take out a home equity loan during 2015?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you incur moving expenses during the year due to a change of employment?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you pay any educational tuition or fees for you or a dependent?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you pay any student loan interest?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 17 | Did you make any federal or state estimated payments?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 | Did you have a certain trade or business from which you figured your domestic production activities deduction? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19 | Did you pay alimony?   |
-





Name \_\_\_\_\_

SSN \_\_\_\_\_

# Wages

## W-2 Information

		Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
"X" if spouse	Employer's Name				
	1				
	2				
	3				
	4				
	5				
	6				
	7				
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Name \_\_\_\_\_

SSN \_\_\_\_\_

### Retirement Income

#### 1099-R Information

"X" if spouse		Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 14 State Distribution	Box 12 State Income Tax Withheld
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
<input type="checkbox"/>	12					
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<input type="checkbox"/>	53					
<input type="checkbox"/>	54					
<input type="checkbox"/>	55					

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
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**Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends		Qualified Dividends		Capital Gains	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
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	7						
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	9						
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Name \_\_\_\_\_

SSN \_\_\_\_\_

### Real Estate Rentals and Royalties

Property Description \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Foreign Country \_\_\_\_\_  
 Foreign Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_

	Current Year Info	Prior Year Info
<b>1a</b> Owner of property (Enter Filer, Spouse, or Joint) . . . . .		
<b>1b</b> Enter property type number (1 to 8) . . . . .	<input type="text"/>	<input type="text"/>
(1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other		
<b>2</b> Enter "X" if you actively participated? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a</b> If entered ("X"), enter the number of days of personal use? . . . . .	<input type="text"/>	<input type="text"/>
<b>3b</b> If entered ("X"), enter the number of days rented? . . . . .	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
<b>4</b> Royalty received . . . . .		
<b>5</b> Rent received . . . . .		
<b>a</b> If rental real estate, enter the percent of ownership if less than 100% . . . . .		
<b>b</b> Rental use percentage for property used partially for personal use only . . . . .		
<b>6</b> Other Income . . . . .		

Property Expense	Current Year Amounts	Prior Year Amounts
<b>7</b> Advertising . . . . .		
<b>8</b> Cleaning and maintenance . . . . .		
<b>9</b> Commissions . . . . .		
<b>10</b> Insurance . . . . .		
<b>11</b> Legal and other professional fees . . . . .		
<b>12</b> Management fees . . . . .		
<b>13 a</b> Qualified mortgage interest paid to banks, etc. . . . .		
<b>b</b> Other mortgage interest paid to banks, etc. . . . .		
<b>14</b> Other interest . . . . .		
<b>15</b> Repairs . . . . .		
<b>16</b> Supplies . . . . .		
<b>17 a</b> Real estate taxes . . . . .		
<b>b</b> Other Taxes . . . . .		
<b>18</b> Utilities . . . . .		

Assets Placed in Service This Year	Date Placed In Service	Purchase Amount
<b>A</b> Description: _____		
<b>B</b> _____		
<b>C</b> _____		
<b>D</b> _____		
<b>E</b> _____		
<b>F</b> _____		
<b>G</b> _____		

