

2015 INCOME TAX ORGANIZER

Taxpayer's Name			Social Security Number		
Spouse's Name			Social Security Number		
Taxpayer's Occupation		Date of Birth (D.O.B.)		Blind?	
Spouse's Occupation		Date of Birth (D.O.B.)		Blind?	
Address				e-mail address	
City	State	Zip	Home Phone	Work Phone	

DEPENDENT CHILDREN (who lived with you more than 6 months)

1) Name	Social Security No.	D.O.B.	2) Name	Social Security No.	D.O.B.
3) Name	Social Security No.	D.O.B.	4) Name	Social Security No.	D.O.B.

OTHER DEPENDENTS

1) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others
2) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others

THINGS TO BRING (if applicable) :



- | | |
|--|--|
| <input type="checkbox"/> Last Year's Tax Return (if new client) | <input type="checkbox"/> Property Tax Statements |
| <input type="checkbox"/> W-2 Forms for Wages | <input type="checkbox"/> IRA Year-end Statements |
| <input type="checkbox"/> 1099-R for Retirement | <input type="checkbox"/> 1098 - Mortgage Interest, Tuition, Contributions |
| <input type="checkbox"/> 1099s for Interest, Dividends, and Other Income | <input type="checkbox"/> Closing Papers for Purchases & Sales, including purchase and sale dates & amounts |
| <input type="checkbox"/> K-1s from Partnerships, Corporations or Estates | <input type="checkbox"/> All Other Statements Showing Income |
| <input type="checkbox"/> Social Security Benefits Statement | <input type="checkbox"/> Last Pay Stub of the Year |
| <input type="checkbox"/> Voided Check for Direct Deposit | <input type="checkbox"/> Proof of Health Insurance |
| <input type="checkbox"/> Statements of any Foreign Accounts/Assets | |

◆ RENTAL/SELF-EMPLOYMENT/FARMING INCOME & EXPENSE

Total Received: \$ _____

Expenses:

- Taxes
- Utilities.....
- Interest
- Insurance.....
- Repairs.....
- Supplies.....
- Equipment
- Advertising.....
- Other

Business Mileage (on back)

Home Office Information (exclusive use):

Office sq. footage _____ House sq. footage _____

- Utilities paid.....
- Insurance paid.....
- Repairs.....
- Improvements.....

Sale of Stock or Other Property	Cost	Sale \$

Please bring supporting documents. *Dates are important!*

OTHER INCOME

- ★ Wages (Forms W-2)
- ★ Interest (Forms 1099)
- ★ Dividends (Forms 1099).....
- Tips.....
- ◆ Child Care.....
- ★ Pensions/Annuities/Roth Conversions ...
- Jury Duty
- ★ Gambling Winnings
- ★ Unemployment (1099-G).....
- Alimony Received.....
- ★ Prizes (1099-Misc.).....
- ★ Debt Cancellation
- ★ Partnerships & S Corporations
- ★ Estates & Trusts.....
- ★ Social Security/RR Retirement
- Scholarships & Fellowships.....
- ★ State Tax Refunds.....
- ★ Royalties.....
- Disability
- Veteran's Payments.....
- ★ Withdrawals from MSA/HSA.....
- ★ Hobby Income.....
- ★ Foreign Income, Other.....

★ Bring statements for marked items.

◆ If you need a more detailed worksheet or assistance in compiling records, please call.

Deductions and Credit Items

ADJUSTMENTS

Payments to an IRA Regular Roth
 Taxpayer Amount \$ SEP SIMPLE
 Spouse Amount \$

Penalty for Early Withdrawal

Alimony Paid \$: SS#: - -

Self-Employed Health Insurance

Student Loan Interest

Job Related Moving Expenses:

Travel & Lodging—Move..... _____
 Costs of Moving Household Items..... _____
 Reimbursement..... _____

Pymts to MSA/HSA: Taxpayer _____ Spouse _____

MEDICAL EXPENSES

Insurance & Medicare (not pretax)..... _____
 Long Term Care Insurance _____
 Prescriptions..... _____
 Eyeglasses, Hearing Aids & Batteries..... _____
 Doctors..... _____
 Dentists _____
 Hospital / Ambulance..... _____
 Auto Mileage..... _____ miles
 Other Medical Expenses, Travel..... _____
 Reimbursement _____
 Did you receive reimbursement at work? _____

TAXES

Real Estate Taxes..... _____
 State taxes paid in '15 for '14 or earlier .. _____
 Sales tax paid on vehicles, boats, planes _____
 Sales tax paid (from receipts)..... _____
2015 State Tax Estimates
 date pd. ___ \$ _____ date pd. ___ \$ _____
 date pd. ___ \$ _____ date pd. ___ \$ _____
2015 Federal Tax Estimates
 date pd. ___ \$ _____ date pd. ___ \$ _____
 date pd. ___ \$ _____ date pd. ___ \$ _____
 Vehicle License Tabs, Pers. Prop. Tax.. _____

INTEREST EXPENSE

Home Mortgage—Paid to Financial Institutions (**Form 1098**)
First Mortgage/Refinance..... _____
Loan Origination Fee/Discount Fee..... _____
Second Mortgage..... _____
Home Equity..... _____
 Second Home Interest Payments _____
 Home Mortgage—Pd. to Individuals _____
 (name, address, Social Security number) _____
 Investment Interest: *Margin Account* _____
Other Investment Interest..... _____

HIGHER EDUCATION EXPENSES

Post Secondary Tuition/Req. Fees Paid _____
 Date: _____ Year in School..... _____

ADOPTION EXPENSES

Amt. Paid: _____ Date Finalized: _____ (bring papers)

Please sign here _____ date _____

CONTRIBUTIONS

Churches (received)..... _____
 Other Contributions of Money (received) . _____
 Charitable Auto Mileage..... _____
 Volunteer Expenses (received)..... _____
 Property Donated (for which you have
 receipts (fair market value)—
 bring documentation if over \$500) _____
 Auto, Boat Donations (Form 1098C) _____
 Other _____
 Other _____

CASUALTY & THEFT LOSSES

Cost of Property Lost..... _____
 Fair Market Value of Property..... _____
 Insurance Reimbursement Received _____
 Ponzi-style scheme loss..... _____

JOB RELATED AUTOMOBILE EXPENSE

Total Miles _____
 Business Miles _____
 Commuting Miles _____
 Personal Miles _____
 Jan. 1, 2015 Odometer Beginning:..... _____
 Dec. 31, 2015 Odometer Ending:..... _____
 Gas & Oil..... _____
 Interest _____
 Tolls & Local Transportation..... _____
 Lease Payments _____
 Other _____

JOB / INVESTMENT RELATED DEDUCTIONS

LIMITED: Dues & Subscriptions..... _____
 Education (incl. miles above) ... _____
 Safety Equipment/Uniforms _____
 Job Seeking Expense
 (incl. miles above)..... _____
 Legal/Accounting Fees _____
 Tools/Equipment/Supplies..... _____
 Business Entertainment _____
 Investment & Tax Advice _____
 Safe Deposit Box _____
 Hobby Expenses..... _____
 Other/IRA Fees..... _____
 Gambling Losses..... _____
 Impairment Related Work Expenses..... _____
 Classroom materials for Educators _____

CHILD CARE EXPENSES

Names, addresses, and ID#s of provider(s), amount paid.

 Do you have a dependent care benefit plan at work? _____

ENERGY CREDITS

Qualified Energy-saving Home Improvements – Type,
 Cost _____