## 2015 Tax Organizer Personal and Dependent Information

Persor	nal Information											
	Name				SSN	Date	e of Birth	Occupation		Healthcare coverage ALL year		
Taxpaye	er											
Spouse	Doutime Phane	Evening Dhone	Call I	Thomas					Fmail			
	Daytime Phone	Evening Phone	Cell F	Phone					Email			
Taxpaye	er .											
Spouse												
Street ac	Street address, city, state, and ZIP											
Marital Status at end of 2015 Tax					ayer	<u>Spouse</u>						
Marrie	Married					Yes No You are blind?						
Marrie	ed filing separately			Yes	s No							
Single	•			Yes	s No							
Widov	v(er), Date of Spouse's [	Death		Yes	s 🗌 No	Volument \$2 to go to the					nd?	
Depen	dent Information										·	
	First and last name	e	SSN	Rei	lationship	_	nths ome	Date of Birth	Disabled	Full- time	Required to file	Healthcare coverage
							OIIIE			Student	a return	ALL year
Child a	and Other Depende	ent Care Expense	es			'	'		1			
	Name of care provider				Address						Am	ount Paid
										EIN		
Other	Information											
	Information ion to bring to your a	ppointment									,	
Informat					☐ Ca	anceled	chec	king or saving	gs slip (fo	or direct c	leposit or de	bit of
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## 2015 Tax Organizer Income

Wages & Salaries			Form 1099-Mis	c Income		
Attach all copies of Form W-2			Attach all copies of		С	
Empleyer name		2015 federal	Daver			2015
Employer name		wages	Payer	name		amount
_						
Interest Income Attach all copies of Form 1099-IN	T, 1099-OID and other st	atements that	Retirement Attach all copies of	Form 1099-R		
report interest income		2015				2015
Payer name		interest	Payer na	ame		distribution
If any interest income listed above provide the payer's ID number and	is from a seller-financed daddress.	mortgage,				
Dividend Income						
Provide all copies of Form 1099-D	OIV and other statements	that report divide	end income			
	2015 ordinary	2015 qualified		namo	2015 ordinary	2015 qualified
Payer name	dividends	dividends	Payer r	iame	dividends	dividends
Sale of Capital Assets (Not		099-B)				
Also provide all brokerage statem  Description of property			Date purchased	Date sold	Cost	Sales price
			_			

## 2015 Tax Organizer Other Income & Adjustments

Entity Name	EIN	Entity Name	EIN
ther Income			
		2015 Taxpa	
holarships or grants not reported on W-2 .		· · · · · · · · · · · · · · · · · · ·	
ate income tax refund (attach Forms 1099-G)	)	· · · · · · · · · · · · · · · · · · ·	
mony received		· · · · · · · · · · · · · · · · · · ·	
nemployment compensation (attach Forms 10	99-G)		
nemployment compensation repaid in 2015			
cial Security Benefits (attach Forms 1099-S	SA)		
ailroad Retirement Benefits (attach Forms 109	99-RRB)	· · · · · · · · · · · · · · · · · · ·	
ailroad Retirement Benefits (attach Forms 109 ambling winnings (attach Forms W2-G) . aska Permanent Fund			
ambling winnings (attach Forms W2-G) . aska Permanent Fund			
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ambling winnings (attach Forms W2-G) . aska Permanent Fund			2015
ambling winnings (attach Forms W2-G) .  aska Permanent Fund		2015 Taxpa	2015
ambling winnings (attach Forms W2-G)  aska Permanent Fund  her income  djustments  ucator expenses (If you are an educator, ent	er the amount you paid for classro	2015 Taxpa	2015 ayer Spouse
ambling winnings (attach Forms W2-G)  aska Permanent Fund  ther income  adjustments  ducator expenses (If you are an educator, enterprise ontributions made to a Health Savings Account	er the amount you paid for classront (HSA)	2015 Taxpa	2015 ayer Spouse
ambling winnings (attach Forms W2-G)  aska Permanent Fund  ther income  Adjustments  ducator expenses (If you are an educator, enterprise on tributions made to a Health Savings Account on tributions made to a Self-Employed Pension	er the amount you paid for classront (HSA)	2015 Taxpa  oom supplies)	2015 ayer Spouse
ambling winnings (attach Forms W2-G)  aska Permanent Fund  ther income  Adjustments  ducator expenses (If you are an educator, enterprise on tributions made to a Health Savings Account on tributions made to a Self-Employed Pension	er the amount you paid for classront (HSA)	2015 Taxpa  com supplies)	2015 ayer Spouse
ambling winnings (attach Forms W2-G)  aska Permanent Fund  her income  ducator expenses (If you are an educator, enterprise and the action are made for Self-Employed Pension are made for Self-Employed Health Insuration paid Name:	er the amount you paid for classront (HSA)	2015 Taxpa oom supplies)	2015 ayer Spouse
ambling winnings (attach Forms W2-G) .  aska Permanent Fund	er the amount you paid for classront (HSA)	2015 Taxpa oom supplies)	ayer Spouse
ambling winnings (attach Forms W2-G)  aska Permanent Fund  ther income  djustments  ducator expenses (If you are an educator, enterprison and to a Health Savings Account ontributions made to a Self-Employed Pension syments made for Self-Employed Health Insurancy paid Name:  Name:  untributions made to an Individual Retirement	er the amount you paid for classront (HSA)	2015 Taxpa oom supplies)	ayer Spouse
ambling winnings (attach Forms W2-G)  aska Permanent Fund  ther income  Adjustments  ducator expenses (If you are an educator, enterportributions made to a Health Savings Account ayments made for Self-Employed Pension ayments made for Self-Employed Health Insurationary paid Name:  Name:  ontributions made to an Individual Retirement contributions made to a Roth IRA	er the amount you paid for classront (HSA)	2015 Taxpa oom supplies)	2015 Spouse
ambling winnings (attach Forms W2-G)  aska Permanent Fund  her income  diucator expenses (If you are an educator, enteributions made to a Health Savings Account ontributions made to a Self-Employed Pension ayments made for Self-Employed Health Insurance in the	er the amount you paid for classront (HSA)	2015 Taxpa  coom supplies)	ayer Spouse

#### 2015 Tax Organizer Schedule A - Itemized Deductions

Medical and Dental Expenses	Charitable Contributions				
Health insurance premiums (paid by you)	_ Donations to Charity Cash Noncash Amount				
Long-term care premiums (you)	Boy or Girl Scouts				
Long-term care premiums (your spouse) · · · · · · ·					
Long-term care premiums (dependents)	Goodwill				
Mileage driven for medical purposes	Red Cross				
Medical and dental expenses (list)	Salvation Army				
Doctor, dental, etc	United Way				
Prescription medicines	Veterans				
Insulin	Hospital				
Glasses and contacts	University				
Hearing aids	Other				
Braces	Miles driven for charitable purposes				
Medical equipment & supplies	Job Expenses & Certain Misc. Deductions  Necessary job expenses you paid that were not reimbursed by your				
Hospital services	employer (list)				
Laboratory services	Safety equipment, tools, & supplies				
Nursing services	Uniforms				
Other	Protective clothing (shoes, hardhats, glasses, etc.)				
Taxes Paid	Dues to professional organizations				
State and local income taxes	Books & subscriptions				
Sales tax	Other				
Real estate taxes	Tax preparation fees				
Personal property taxes	Other nonpersonal expenses related to taxable income (list)				
Other taxes (list)	Safe deposit box fees				
	Investment expenses				
	Other				
Interest paid	Other Misc. Deductions				
Mortgage interest paid (attach Form 1098)	Amortizable bond premiums				
Mortgage interest paid to an individual	Federal estate tax				
Paid to: Name	Gambling losses				
Address	Impairment-related work expenses				
00.1.710	Claim repayments				
CON FIN	Unrecovered pension investments				
	Loss from other activities from Schedule K-1				
Qualified mortgage insurance premiums	Ordinary loss debt instrument				
Investment interest	_				

## 2015 Tax Organizer Expenses Related to Business

Auto Expense					
Name of business vehicle is used for  Description of vehicle			vehicle was placed in service		
Another vehicle is available for personal use  This vehicle is available for use during off-duty hours		re is evidence to support your deduction evidence is written			
Number of miles the vehicle was driven during 2015  Business Commuting	Total				
Garage rent		Property tax			
Gas		_ Repairs			
Insurance		Tires			
Licenses		Tolls			
Oil		Other expenses			
Parking fees		<u> </u>			
Lease payments					
Interest					
Business Use of Home					
What is the total square footage of your home For daycare facilities, not used exclusively for business, completed How many days during the year was the area used The daycare facility was in operation for the entire year.			r day was the area used		
Expenses Office Mortgage interest	ice expenses	•	In the "Office expenses" column, enter those		
Real estate taxes			expenses that pertain exclusively to your office; in the "Home expenses" column, enter those		
Excess mortgage interest		_	expenses that pertain to the entire dwelling.		
Insurance		_			
Rent					
Repairs & maintenance					
Utilities					
Other expenses					
Employee Business Expense Not Reimbursed by	Your Empl	oyer			
Rural mail carrier expenses		Other business expe	enses		
Parking fees, tolls, local transportation					
Meals & entertainment					
You used your personal vehicle in your job during 2015					
		state or local governme mployee with impairmen	nt official t-related work expenses		

# 2015 Tax Organizer Other Information

Job-related Moving Expenses		Estimated payments		
	Amount	Federa		
Number of miles from old home to old workplace		Overpayment applied from 2014	Date Paid	Amount
Number of miles from old home to new workplace		-		
Expense to move household goods & personal effects ·		First Quarter		
Lodging expenses while traveling to your new home (Do not include cost of meals) · · · · · · · · · · · · · · · · · · ·		Second Quarter		
This was a military move		Third Quarter		
Education Expenses		Fourth Quarter		
Attach all copies of Form 1098-T		Additional Payments		
Student Name		Resident S	State	
Type of Expense	Amount	Overpayment applied from 2014	Date Paid	Amount
		First Quarter		
		Second Quarter		
Student Name		Third Quarter		
Type of Expense	Amount	Fourth Quarter		
		- Additional Payments		
		Resident		
		=	Date Paid	Amount
Casualties and Thefts		Overpayment applied from 2014		
Property description		First Quarter		
Property location		Second Quarter		
Date property was damaged or stolen		Third Quarter		
Cost of property damaged or stolen		Fourth Quarter		
Amount of damage		Additional Payments		
Insurance reimbursement		_		
Mortgage Interest				
Attach all copies of Form 1098		2045	0045	
Lender's name		2015 Mortgage Interest Received	2015 Mortgage Insurance Premiums	2015 Real Estate Taxes Paid
		······································		