

From:

To:

Raese, Strickland, Berry, Grubb & Nuske
316 North Court Street
Medina, OH 44256
| | | | | | | | | | | | | | | | | | | | | |

2015 Client Organizer

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature _____ Date _____

Spouse signature _____ Date _____

Questions

Please check the appropriate box. If you do not understand one of the questions please circle it and the preparer will contact you during the preparation of your tax return to discuss if needed.

	Yes	No
Personal Information		
Did your marital status change during the year?	p	p
If yes, explain: _____		
Did your address change from last year?	p	p
Can you be claimed as a dependent by another taxpayer?	p	p
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	p	p
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	p	p
Dependent Information		
Were there any changes in dependents from the prior year?	p	p
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?	p	p
Do you have dependents who must file a tax return?	p	p
Did you provide over half the support for any other person(s) other than your dependent children during the year?	p	p
Did you pay for child care while you worked or looked for work?	p	p
Did you pay any expenses related to the adoption of a child during the year?	p	p
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	p	p
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	p	p
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	p	p
Did you acquire a new or additional interest in a partnership or S corporation?	p	p
Did you sell, exchange, or purchase any real estate during the year?	p	p
Did you purchase or sell a principal residence during the year?	p	p
Did you foreclose or abandon a principal residence or real property during the year?	p	p
Did you acquire or dispose of any stock during the year?	p	p
Did you take out a home equity loan this year?	p	p
Did you refinance a principal residence or second home this year?	p	p
Did you sell an existing business, rental, or other property this year?	p	p
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	p	p
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	p	p
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	p	p
Income Information		
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	p	p
Did you receive any income from property sold prior to this year?	p	p
Did you receive any unemployment benefits during the year?	p	p

Did you receive any disability income during the year?	p	p
Did you receive tip income not reported to your employer this year?	p	p
Did any of your life insurance policies mature, or did you surrender any policies?	p	p
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	p	p
Do you expect a large fluctuation in income, deductions, or withholding next year?	p	p

Retirement Information

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

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	p	p
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?	p	p
Did anyone in your family receive a scholarship of any kind during the year?	p	p
Did you make any withdrawals from an education savings or 529 Plan account?	p	p
Did you pay any student loan interest this year?	p	p
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	p	p
Did you make any contributions to an education savings or 529 Plan account?	p	p

Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.	p	p
If you had qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family, was everyone covered for every month of 2015? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.	p	p
Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption.	p	p
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.	p	p
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?	p	p
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	p	p
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	p	p
Did you pay long-term care premiums for yourself or your family?	p	p
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.	p	p
Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.	p	p
If you are a business owner, did you pay health insurance premiums for your employees this year?	p	p

Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?	p	p
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	p	p
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.	p	p
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization.	p	p
Did you have an expense account or allowance during the year?	p	p
Did you use your car on the job, for other than commuting?	p	p
Did you work out of town for part of the year?	p	p
Did you have any expenses related to seeking a new job during the year?	p	p
Did you make any major purchases during the year (cars, boats, etc.)?	p	p
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	p	p

Miscellaneous Information

Did you make gifts of more than \$14,000 to any individual?	p	p
Did you utilize an area of your home for business purposes?	p	p
Did you engage in any bartering transactions?	p	p
Did you retire or change jobs this year?	p	p
Did you incur moving costs because of a job change?	p	p
Did you pay any individual as a household employee during the year?	p	p
Did you make energy efficient improvements to your main home this year?	p	p
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	p	p
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	p	p
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	p	p
Did you receive correspondence from the State or the IRS? If yes, explain: _____	p	p
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	p	p
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	p	p

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____[1]
 Mark if you were married but living apart all year _____[2]
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____[3]

	Taxpayer	Spouse
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]	

Present Mailing Address

Address _____ [38]
 Apartment number _____ [39]
 City, state postal code, zip code _____ [40] _____ [41] _____ [42]
 Foreign country name _____ [44]
 In care of addressee _____ [47]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name ^[48]	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	***Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent _____ [49]
 Social security number of qualifying person _____ [50]

Dependent Codes

- | | |
|---|---|
| *Basic 1 = Child who lived with you
2 = Child who did not live with you
3 = Other dependent
5 = Qualifying child for Earned Income Credit only
6 = Children who lived with you, but do not qualify for Earned Income Credit
7 = Children who lived with you, but do not qualify for Child Tax Credit
8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit | **Other 1 = Student (Age 19 - 23)
2 = Disabled dependent
3 = Dependent who is both a student and disabled |
|---|---|
- ***Months 77 = Reported on odd year return
 88 = Reported on even year return
 99 = Not reported on return

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Fax telephone number _____ [11] _____ [19]

Mobile telephone number _____ [12] _____ [20]

Mobile telephone #2 number _____ [13] _____ [21]

Pager number _____ [14] _____ [22]

Other: _____ [15] _____ [23]

Telephone number _____ [16] _____ [24]

Extension _____ [17] _____ [25]

Preferred method of contact:
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____ [18] _____ [26]

NOTES/QUESTIONS:

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Primary account:

Financial institution routing transit number _____ [1]
 Name of financial institution _____ [2]
 Your account number _____ [3]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [4]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [5]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [6]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [7] or Percent (xxx.xx) _____ [8]

Secondary account #1:

Financial institution routing transit number _____ [23]
 Name of financial institution _____ [24]
 Your account number _____ [25]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [26]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [27]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [28]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [9] or Percent (xxx.xx) _____ [10]

Secondary account #2:

Financial institution routing transit number _____ [29]
 Name of financial institution _____ [30]
 Your account number _____ [31]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [32]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [33]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [34]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [13] or Percent (xxx.xx) _____ [14]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [15] or Percent (xxx.xx) _____ [16]

Owner's name (First Last) _____ [36] _____ [37]

Co-owner or beneficiary (First Last) _____ [38] _____ [39]

Mark if the name listed above is a beneficiary _____ [40]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [19] or Percent (xxx.xx) _____ [20]

Owner's name (First Last) _____ [41] _____ [42]

Co-owner or beneficiary (First Last) _____ [43] _____ [44]

Mark if the name listed above is a beneficiary _____ [45]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) _____[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[7]

Spouse self-selected Personal Identification Number (PIN) _____[8]

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification) _____ [1]

Identification number _____ [2]

Issue date _____ [3]

Expiration date _____ [4]

Location of issuance _____ [5]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification) _____ [6]

Identification number _____ [7]

Issue date _____ [8]

Expiration date _____ [9]

Location of issuance _____ [10]

NOTES/QUESTIONS:

If you have an overpayment of 2015 taxes, do you want the excess:

Refunded _____ [52]

Applied to 2016 estimated tax liability _____ [53]

Do you expect a considerable change in your 2016 income? (Y, N) _____ [54]

If yes, please explain any differences:

_____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in your deductions for 2016? (Y, N) _____ [59]

If yes, please explain any differences:

_____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a considerable change in the amount of your 2016 withholding? (Y, N) _____ [64]

If yes, please explain any differences:

_____ [65]

_____ [66]

_____ [67]

_____ [68]

Do you expect a change in the number of dependents claimed for 2016? (Y, N) _____ [69]

If yes, please explain any differences:

_____ [70]

_____ [71]

_____ [72]

_____ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes _____ [74]

2015 Federal Estimated Tax Payments

2014 overpayment applied to 2015 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/15/15	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/15/15	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/15/15	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/15/16	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]	_____	_____

*Method of payment indicated in prior year
 EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System
 Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 State postal code _____ [2]

Amount paid with 2014 return + _____ [3]
 2014 overpayment applied to '15 estimates + _____ [4]
 Treat calculated amounts as paid _____ [8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____ [9]	+ _____ [10]	_____
2nd quarter payment _____ [11]	+ _____ [12]	_____
3rd quarter payment _____ [13]	+ _____ [14]	_____
4th quarter payment _____ [15]	+ _____ [16]	_____
Additional payment _____ [17]	+ _____ [18]	_____

2015 City Estimated Tax Payments

<p>City #1</p> <p>City name _____ [28]</p> <p>Amount paid with 2014 return + _____ [31]</p> <p>2014 overpayment applied to '15 estimates + _____ [32]</p> <p>Treat calculated amounts as paid _____ [36]</p>	<p>City #2</p> <p>City name _____ [50]</p> <p>Amount paid with 2014 return + _____ [53]</p> <p>2014 overpayment applied to '15 estimates + _____ [54]</p> <p>Treat calculated amounts as paid _____ [58]</p>
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4th quarter payment _____ [43]	+ _____ [44]																				
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1st quarter payment _____ [59]	+ _____ [60]																				
2nd quarter payment _____ [61]	+ _____ [62]																				
3rd quarter payment _____ [63]	+ _____ [64]																				
4th quarter payment _____ [65]	+ _____ [66]																				

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

<p>City #3</p> <p>City name _____ [72]</p> <p>Amount paid with 2014 return + _____ [75]</p> <p>2014 overpayment applied to '15 estimates + _____ [76]</p> <p>Treat calculated amounts as paid _____ [80]</p>	<p>City #4</p> <p>City name _____ [94]</p> <p>Amount paid with 2014 return + _____ [97]</p> <p>2014 overpayment applied to '15 estimates + _____ [98]</p> <p>Treat calculated amounts as paid _____ [102]</p>
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<table border="1"> <thead> <tr> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment _____ [81]</td> <td>+ _____ [82]</td> </tr> <tr> <td>2nd quarter payment _____ [83]</td> <td>+ _____ [84]</td> </tr> <tr> <td>3rd quarter payment _____ [85]</td> <td>+ _____ [86]</td> </tr> <tr> <td>4th quarter payment _____ [87]</td> <td>+ _____ [88]</td> </tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [81]	+ _____ [82]	2nd quarter payment _____ [83]	+ _____ [84]	3rd quarter payment _____ [85]	+ _____ [86]	4th quarter payment _____ [87]	+ _____ [88]	<table border="1"> <thead> <tr> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment _____ [103]</td> <td>+ _____ [104]</td> </tr> <tr> <td>2nd quarter payment _____ [105]</td> <td>+ _____ [106]</td> </tr> <tr> <td>3rd quarter payment _____ [107]</td> <td>+ _____ [108]</td> </tr> <tr> <td>4th quarter payment _____ [109]</td> <td>+ _____ [110]</td> </tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [103]	+ _____ [104]	2nd quarter payment _____ [105]	+ _____ [106]	3rd quarter payment _____ [107]	+ _____ [108]	4th quarter payment _____ [109]	+ _____ [110]
Date Paid	Amount Paid																				
1st quarter payment _____ [81]	+ _____ [82]																				
2nd quarter payment _____ [83]	+ _____ [84]																				
3rd quarter payment _____ [85]	+ _____ [86]																				
4th quarter payment _____ [87]	+ _____ [88]																				
Date Paid	Amount Paid																				
1st quarter payment _____ [103]	+ _____ [104]																				
2nd quarter payment _____ [105]	+ _____ [106]																				
3rd quarter payment _____ [107]	+ _____ [108]																				
4th quarter payment _____ [109]	+ _____ [110]																				

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Wages and Salaries #1

Please provide all copies of Form W-2.

2015 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Employer name	_____		[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)			[5]
Mark if this is your current employer			[6]
Federal wages and salaries (Box 1)	+	_____	[10]
Federal tax withheld (Box 2)	+	_____	[12]
Social security wages (Box 3) (if different than federal wages)	+	_____	[14]
Social security tax withheld (Box 4)		+ _____	[16]
Medicare wages (Box 5) (if different than federal wages)	+	_____	[18]
Medicare tax withheld (Box 6)	+	_____	[21]
SS tips (Box 7)	+	_____	[23]
Allocated tips (Box 8)		+ _____	[25]
Dependent care benefits (Box 10)		+ _____	[27]
Box 13 -			
Statutory employee			[29]
Retirement plan			[30]
Third-party sick pay			[31]
State postal code (Box 15)		_____	[32]
State wages (Box 16) (if different than federal wages)	+	_____	[34]
State tax withheld (Box 17)	+	_____	[36]
Local wages (Box 18)	+	_____	[38]
Local tax withheld (Box 19)		+ _____	[40]
Name of locality (Box 20)	_____		[43]

	Control Totals +	
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Wages and Salaries #2

Please provide all copies of Form W-2.

2015 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Employer name	_____		[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)			[5]
Mark if this your current employer			[6]
Federal wages and salaries (Box 1)	+	_____	[10]
Federal tax withheld (Box 2)	+	_____	[12]
Social security wages (Box 3) (if different than federal wages)	+	_____	[14]
Social security tax withheld (Box 4)		+ _____	[16]
Medicare wages (Box 5) (if different than federal wages)	+	_____	[18]
Medicare tax withheld (Box 6)	+	_____	[21]
SS tips (Box 7)	+	_____	[23]
Allocated tips (Box 8)		+ _____	[25]
Dependent care benefits (Box 10)		+ _____	[27]
Box 13 -			
Statutory employee			[29]
Retirement plan			[30]
Third-party sick pay			[31]
State postal code (Box 15)		_____	[32]
State wages (Box 16) (if different than federal wages)	+	_____	[34]
State tax withheld (Box 17)	+	_____	[36]
Local wages (Box 18)	+	_____	[38]
Local tax withheld (Box 19)		+ _____	[40]
Name of locality (Box 20)	_____		[43]

	Control Totals +	
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Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code <small>(**See codes below)</small>	Interest Income [1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Dividend Income

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	(**See codes below)	Ordinary Dividends	[2] Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer												
	+												
2	Payer												
	+												
3	Payer												
	+												
4	Payer												
	+												
5	Payer												
	+												
6	Payer												
	+												
7	Payer												
	+												
8	Payer												
	+												
9	Payer												
	+												
10	Payer												
	+												

**Dividend Codes	
Blank = Other	3 = Nominee

Seller Financed Mortgage Interest Income

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

2015 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____

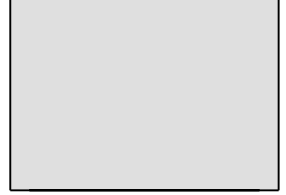
Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2015 + _____ [1]



Taxpayer/Spouse/Joint (T, S, J) _____

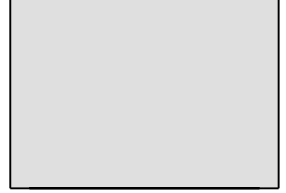
Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2015 + _____ [1]



Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2015 + _____ [1]



Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2015 + _____ [1]



Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2015 + _____ [1]



Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2015 + _____ [1]



Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2015 + _____ [1]



Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2015 + _____ [1]



Please provide all Schedules O.

Taxpayer/Spouse/Joint (T, S, J)

__[1]

Name of activity

Employer identification number

State postal code

__

Taxpayer/Spouse/Joint (T, S, J)

__[1]

Name of activity

Employer identification number

State postal code

__

NOTES/QUESTIONS:

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[13]
Royalties (Box 2)	+ _____	[15]
Other income (Box 3)	+ _____	[17]
Federal income tax withheld (Box 4)	+ _____	[19]
Fishing boat proceeds (Box 5)	+ _____	[21]
Medical and health care payments (Box 6)	+ _____	[23]
Nonemployee compensation (Box 7)	+ _____	[25]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[27]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[29]
Crop Insurance proceeds (Box 10)	+ _____	[31]
Excess golden parachute payments (Box 13)	+ _____	[36]
Gross proceeds paid to an attorney (Box 14)	+ _____	[38]
Section 409A deferrals (Box 15a)	+ _____	[40]
Section 409A income (Box 15b)	+ _____	[42]
State tax withheld (Box 16)	+ _____	[44]
State/Payer's state no. (Box 17)	_____	[46]
State income (Box 18)	+ _____	[47]

Control Totals +

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[13]
Royalties (Box 2)	+ _____	[15]
Other income (Box 3)	+ _____	[17]
Federal income tax withheld (Box 4)	+ _____	[19]
Fishing boat proceeds (Box 5)	+ _____	[21]
Medical and health care payments (Box 6)	+ _____	[23]
Nonemployee compensation (Box 7)	+ _____	[25]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[27]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[29]
Crop Insurance proceeds (Box 10)	+ _____	[31]
Excess golden parachute payments (Box 13)	+ _____	[36]
Gross proceeds paid to an attorney (Box 14)	+ _____	[38]
Section 409A deferrals (Box 15a)	+ _____	[40]
Section 409A income (Box 15b)	+ _____	[42]
State tax withheld (Box 16)	+ _____	[44]
State/Payer's state no. (Box 17)	_____	[46]
State income (Box 18)	+ _____	[47]

Control Totals +

NOTES/QUESTIONS:

Please provide all Forms 1099-PATR

		Preparer use only
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Name of payer		[3]
Taxpayer/Spouse/Joint (T, S, J)		[5]
State postal code		[6]
Patron dividends (Box 1)	+ _____	[10]
Nonpatronage distributions (Box 2)	+ _____	[12]
Per-unit retain allocations (Box 3)	+ _____	[14]
Federal income tax withheld (Box 4)	+ _____	[16]
Redemption of nonqualified notices and retain allocations (Box 5)	+ _____	[18]
Domestic production activities deductions (Box 6)	+ _____	[20]
Investment credit (Box 7)	+ _____	[22]
Work opportunity credit (Box 8)	+ _____	[24]
Patron's AMT adjustments (Box 9)	+ _____	[26]
Other credits and deductions #1 (Box 10)	+ _____	[28]
Other credits and deductions #2 (Box 10)	+ _____	[30]

	Control Totals +	
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Please provide all Forms 1099-PATR

		Preparer use only
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Name of payer		[3]
Taxpayer/Spouse/Joint (T, S, J)		[5]
State postal code		[6]
Patron dividends (Box 1)	+ _____	[10]
Nonpatronage distributions (Box 2)	+ _____	[12]
Per-unit retain allocations (Box 3)	+ _____	[14]
Federal income tax withheld (Box 4)	+ _____	[16]
Redemption of nonqualified notices and retain allocations (Box 5)	+ _____	[18]
Domestic production activities deductions (Box 6)	+ _____	[20]
Investment credit (Box 7)	+ _____	[22]
Work opportunity credit (Box 8)	+ _____	[24]
Patron's AMT adjustments (Box 9)	+ _____	[26]
Other credits and deductions #1 (Box 10)	+ _____	[28]
Other credits and deductions #2 (Box 10)	+ _____	[30]

	Control Totals +	
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NOTES/QUESTIONS:

Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [51]

Taxpayer/Spouse/Joint (T, S, J) _____ [5]

State postal code _____ [6]

Name of creditor/lender _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____ [10]

Amount of debt discharged (Box 2) + _____ [11]

Interest if included in box 2 (Box 3) + _____ [12]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) _____ [14]

Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]

Balance of principal outstanding (Box 2) + _____ [17]

Fair market value of property (Box 4) + _____ [18]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [19]

	Control Totals +	
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Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [51]

Taxpayer/Spouse/Joint (T, S, J) _____ [5]

State postal code _____ [6]

Name of creditor _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____ [10]

Amount of debt discharged (Box 2) + _____ [11]

Interest if included in box 2 (Box 3) + _____ [12]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) _____ [14]

Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]

Balance of principal outstanding (Box 2) + _____ [17]

Fair market value of property (Box 4) + _____ [18]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [19]

	Control Totals +	
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NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

2015 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Payer name	_____	[3]	
State postal code	_____	[4]	
Mark if professional gambler		__ [9]	
Gross winnings (Box 1)	+ _____	[11]	
Date won (Box 2)	_____	[13]	
Type of wager (Box 3)	_____	[15]	
Federal withholding (Box 4)	+ _____	[17]	
Transaction (Box 5)	_____	[19]	
Race (Box 6)	_____	[21]	
Identical wager winnings (Box 7)	+ _____	[23]	
Cashier (Box 8)	_____	[25]	
Taxpayer identification number (Box 9)	_____	[27]	
Window (Box 10)	_____	[28]	
First ID (Box 11)	_____	[30]	
Second ID (Box 12)	_____	[31]	
Payer's state ID no. (Box 13)	_____	[32]	
State winnings (Box 14)	+ _____	[33]	
State withholding (Box 15)	+ _____	[35]	
Local winnings (Box 16)	+ _____	[37]	
Local withholding (Box 17)	+ _____	[39]	
Name of locality (Box 18)	_____	[42]	

Control Totals +

Gambling Winnings #2

Please provide all copies of Form W-2G.

2015 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Payer name	_____	[3]	
State postal code	_____	[4]	
Mark if professional gambler		__ [9]	
Gross winnings (Box 1)	+ _____	[11]	
Date won (Box 2)	_____	[13]	
Type of wager (Box 3)	_____	[15]	
Federal withholding (Box 4)	+ _____	[17]	
Transaction (Box 5)	_____	[19]	
Race (Box 6)	_____	[21]	
Identical wager winnings (Box 7)	+ _____	[23]	
Cashier (Box 8)	_____	[25]	
Taxpayer identification number (Box 9)	_____	[27]	
Window (Box 10)	_____	[28]	
First ID (Box 11)	_____	[30]	
Second ID (Box 12)	_____	[31]	
Payer's state ID no. (Box 13)	_____	[32]	
State winnings (Box 14)	+ _____	[33]	
State withholding (Box 15)	+ _____	[35]	
Local winnings (Box 16)	+ _____	[37]	
Local withholding (Box 17)	+ _____	[39]	
Name of locality (Box 18)	_____	[42]	

Control Totals +

NOTES/QUESTIONS:

Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

	2015 Information	Prior Year Information	
Taxpayer/Spouse (T, S) _____	_____ [1]	<div style="border: 1px solid black; height: 100%;"></div>	
RIC or REIT name _____	_____ [3]		
State postal code _____	_____ [4]		
Total undistributed long-term capital gains (Box 1a)	+ _____ [9]		
Unrecaptured section 1250 gain (Box 1b)	+ _____ [11]		
Section 1202 gain (Box 1c)	+ _____ [13]		
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)			_____ [15]
Collectibles (28%) gain (Box 1d)	+ _____ [17]		
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [19]		
Control Totals +			

Shareholders Undistributed Capital Gain #2

Please provide all copies of Form 2439

	2015 Information	Prior Year Information	
Taxpayer/Spouse (T, S) _____	_____ [1]	<div style="border: 1px solid black; height: 100%;"></div>	
RIC or REIT name _____	_____ [3]		
State postal code _____	_____ [4]		
Total undistributed long-term capital gains (Box 1a)	+ _____ [9]		
Unrecaptured section 1250 gain (Box 1b)	+ _____ [11]		
Section 1202 gain (Box 1c)	+ _____ [13]		
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)			_____ [15]
Collectibles (28%) gain (Box 1d)	+ _____ [17]		
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [19]		
Control Totals +			

Shareholders Undistributed Capital Gain #3

Please provide all copies of Form 2439

	2015 Information	Prior Year Information	
Taxpayer/Spouse (T, S) _____	_____ [1]	<div style="border: 1px solid black; height: 100%;"></div>	
RIC or REIT name _____	_____ [3]		
State postal code _____	_____ [4]		
Total undistributed long-term capital gains (Box 1a)	+ _____ [9]		
Unrecaptured section 1250 gain (Box 1b)	+ _____ [11]		
Section 1202 gain (Box 1c)	+ _____ [13]		
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)			_____ [15]
Collectibles (28%) gain (Box 1d)	+ _____ [17]		
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [19]		
Control Totals +			

NOTES/QUESTIONS:

Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint) __ [1]
 Mark to indicate all the elections that apply:
 Mixed straddle election __ [2]
 Mixed straddle account election (Attach explanation) __ [3]

 Straddle-by-straddle identification election __ [4]
 Net section 1256 contracts loss election __ [5]

Section 1256 Contracts Marked to Market

Identification of Account A _____ [6]
 Identification of Account B _____
 Identification of Account C _____

	Account A	Account B	Account C
Taxpayer/Spouse/Joint (T, S, J)	—	—	—
State postal code	_____	_____	_____
-Loss/Gain for entire year (Enter losses as a negative amount)	+ _____	+ _____	+ _____
Total Form 1099-B adjustment	+ _____	+ _____	+ _____
Total net 1256 contract loss carryback	+ _____	+ _____	+ _____

Gains and Losses From Straddles

Description of Property A _____ [7]
 Name of Contract _____
 Component _____ Type _____

Description of Property B _____
 Name of Contract _____
 Component _____ Type _____

Description of Property C _____
 Name of Contract _____
 Component _____ Type _____

Description of Property D _____
 Name of Contract _____
 Component _____ Type _____

	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	—	—	—	—
State postal code	_____	_____	_____	_____
Date entered into/acquired	_____	_____	_____	_____
Date closed out/sold	_____	_____	_____	_____
Gross sales price	+ _____	+ _____	+ _____	+ _____
Cost plus expense of sale	+ _____	+ _____	+ _____	+ _____
Unrecognized gain	+ _____	+ _____	+ _____	+ _____

Unrecognized Gain From Positions Held on Last Business Day

Description of Property A _____ [8]
 Description of Property B _____
 Description of Property C _____

	Property A	Property B	Property C
Date acquired	_____	_____	_____
Fair market value on last business day	+ _____	+ _____	+ _____
Cost or other basis as adjusted	+ _____	+ _____	+ _____

Enter foreign employer compensation that was not reported to you on Form 1099-MISC.

Taxpayer/Spouse (T/S) _____ [3]
 State _____ [4]

Foreign Employer Identification (ID) number _____ [1]
 Foreign Employer Name _____ [2]
 Foreign Employer Address _____
 Foreign street address _____ [6]
 Foreign city _____ [7]
 Foreign country code/name _____ [8] _____ [9]
 Foreign province/county _____ [10]
 Foreign postal code _____ [11]
 Name "in care of" _____ [12]

Employee address, if different from home address on Organizer Form ID: 1040
 Enter U.S. (street, city, state, zip code) OR foreign (street, city, country, province, postal code)
 Street address _____ [13]
 City, state, zip code _____ [14] _____ [15] _____ [16]
 Foreign country code/name _____ [17] _____ [18]
 Foreign province/county _____ [19]
 Foreign postal code _____ [20]

Income

	2015 Information	Prior Year Information
Foreign employer compensation	_____ [22]	<input type="text"/>

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2015 Information

Prior Year Information

Taxpayer/Spouse (T, S)	__	[1]	
Name of payer _____		[3]	
State postal code _____		[5]	
Gross distributions received (Box 1)	+ _____	[7]	
Taxable amount received (Box 2a)	+ _____	[9]	
Federal withholding (Box 4)	+ _____	[11]	
Distribution code (Box 7)		[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		[16]	
State withholding (Box 12)	+ _____	[17]	
Local withholding (Box 15)	+ _____	[19]	
Amount of rollover	+ _____	[21]	
Mark if distribution was due to a pre-retirement age disability		[23]	

Prior Year Information

	Control Totals +	
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Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2015 Information

Prior Year Information

Taxpayer/Spouse (T, S)	__	[1]	
Name of payer _____		[3]	
State postal code _____		[5]	
Gross distributions received (Box 1)	+ _____	[7]	
Taxable amount received (Box 2a)	+ _____	[9]	
Federal withholding (Box 4)	+ _____	[11]	
Distribution code (Box 7)		[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		[16]	
State withholding (Box 12)	+ _____	[17]	
Local withholding (Box 15)	+ _____	[19]	
Amount of rollover	+ _____	[21]	
Mark if distribution was due to a pre-retirement age disability		[23]	

Prior Year Information

	Control Totals +	
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Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2015 Information

Prior Year Information

Taxpayer/Spouse (T, S)	__	[1]	
Name of payer _____		[3]	
State postal code _____		[5]	
Gross distributions received (Box 1)	+ _____	[7]	
Taxable amount received (Box 2a)	+ _____	[9]	
Federal withholding (Box 4)	+ _____	[11]	
Distribution code (Box 7)		[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		[16]	
State withholding (Box 12)	+ _____	[17]	
Local withholding (Box 15)	+ _____	[19]	
Amount of rollover	+ _____	[21]	
Mark if distribution was due to a pre-retirement age disability		[23]	

Prior Year Information

	Control Totals +	
--	------------------	--

NOTES/QUESTIONS:

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____ [1]

State postal code _____ [2]

Social Security Benefits

	2015 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2015 (Box 3 minus Box 4) (Box 5)	+ _____ [8]	
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

Tier 1 Railroad Benefits

	2015 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2015 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2015 or receive any prior year benefits in 2015. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

_____ [40]

_____ [41]

_____ [42]

_____ [43]

_____ [44]

NOTES/QUESTIONS:

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2015	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2015	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2016 for use in 2015	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2015:		
_____	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

Please provide copies of any 1998 through 2014 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2015	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2015	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2014	+ _____ [41]	+ _____ [42]
Enter the total Roth IRA contribution recharacterizations for 2015	+ _____ [43]	+ _____ [44]
Enter the Roth conversion IRA basis on December 31, 2014	+ _____ [45]	+ _____ [46]
Value of all your Roth IRA's on December 31, 2015:		
_____	+ _____ [47]	+ _____ [48]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

Preparer use only

Business activity or profession name _____ [3]

Taxpayer/Spouse (T, S) _____ [4]

State postal code _____ [5]

Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]

Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]

Enter the total amount of contributions made to a Keogh plan in 2015 + _____ [8]

Enter the total amount of contributions made to a Solo 401(k) plan in 2015 + _____ [9]

Enter the total amount of contributions made to a SEP plan in 2015 + _____ [10]

Enter the total amount of contributions made to a SARSEP plan in 2015 + _____ [11]

Enter the total amount of contributions made to a defined benefit plan in 2015 + _____ [12]

Enter the total amount of contributions made to a profit-sharing plan in 2015 + _____ [13]

Enter the total amount of contributions made to a money purchase plan in 2015 + _____ [14]

Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2015 + _____ [15]

Enter the total amount of contributions to a SIMPLE IRA plan in 2015 + _____ [16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2015 + _____ [17]

Enter the amount of catch-up contributions made to a SIMPLE Plan in 2015 + _____ [18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2015 + _____ [19]

Enter the amount of elective deferrals designated as Roth contributions in 2015 + _____ [20]

NOTES/QUESTIONS:

Preparer use only

	2015 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J) _____	_____[2]	
Employer identification number _____	_____[3]	
Business name _____	_____[5]	
Principal business/profession _____	_____[6]	
Business code _____	_____[11]	
Business address, if different from home address on Organizer Form ID: 1040		
Address _____	_____[14]	
City/State/Zip _____ [15] _____ [16] _____	_____[17]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____	_____[18]	—
If other: _____	_____[20]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____	_____[21]	—
If other enter explanation: _____	_____[23]	

Enter an explanation if there was a change in determining your inventory: _____	_____[24]	

Did you "materially participate" in this business? (Y, N) _____	_____[25]	—
If not, number of hours you did significantly participate _____	_____[27]	—
Mark if you began or acquired this business in 2015 _____	_____[29]	
Did you make any payments in 2015 that require you to file Form(s) 1099? (Y, N) _____	_____[30]	—
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	_____[32]	—
Mark if this business is considered related to qualified services as a minister or religious worker _____	_____[34]	—
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____	_____[36]	—
Medical insurance premiums paid by this activity + _____	_____[40]	
Long-term care premiums paid by this activity + _____	_____[44]	
Amount of wages received as a statutory employee + _____	_____[47]	

Business Income

	2015 Information	Prior Year Information
Gross receipts and sales		
_____	+ _____ [52]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [55]	
Other income:		
_____	+ _____ [57]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Cost of Goods Sold

	2015 Information	Prior Year Information
Beginning inventory	+ _____ [59]	
Purchases	+ _____ [61]	
Labor:		
_____	+ _____ [63]	
_____	+ _____	
Materials	+ _____ [65]	
Other costs:		
_____	+ _____ [67]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [69]	

Control Totals +

Preparer use only

Principal business or profession _____

Preparer use only Carryovers	Regular		AMT	
Operating	+	[12]	+	[13]
Short-term capital	+	[14]	+	[15]
Long-term capital	+	[16]	+	[17]
28% rate capital	+	[18]	+	[19]
Section 1231 loss	+	[20]	+	[21]
Ordinary business gain/loss	+	[22]	+	[23]
Section 179	+	[24]	+	[25]

NOTES/QUESTIONS:

Preparer use only

	2015 Information	Prior Year Information	
Description _____	[2]	<div style="border:1px solid black; height:100%; width:100%;"></div>	
Taxpayer/Spouse/Joint (T, S, J) __[3]	State postal code _____		[4]
Physical address: Street _____	[5]		
City, state, zip code _____	[6] ____ [7]_____		[8]
Foreign country _____	[10]		
Foreign province/county _____	[11]		
Foreign postal code _____	[12]		
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) _____	[13]		
Description of other type (Type code #8) _____	[14]		
Did you make any payments in 2015 that require you to file Form(s) 1099? (Y,N) _____	[16]		---
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]		---
Fair rental days (if not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]		
Percentage of ownership if not 100% _____	[22]		
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]		

Rent and Royalty Income

	2015 Information	Prior Year Information
Rents and royalties _____	+ _____ [33]	<div style="border:1px solid black; height:100%; width:100%;"></div>
_____	_____	<div style="border:1px solid black; height:100%; width:100%;"></div>

Rent and Royalty Expenses

	2015 Information	Percent if not 100%	Prior Year Information
Advertising + _____	[35]	[36]	<div style="border:1px solid black; height:100%; width:100%;"></div>
Auto + _____	[38]	[39]	
Travel + _____	[41]	[42]	
Cleaning and maintenance + _____	[44]	[45]	
Commissions: _____	+ _____ [47]	[49]	
_____	+ _____	_____	
Insurance: _____	+ _____ [50]	[52]	
_____	+ _____	_____	
Legal and professional fees + _____	[54]	[55]	
Management fees: _____	+ _____ [57]	[59]	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098) _____	+ _____ [60]	[62]	
_____	+ _____	_____	
Other mortgage interest + _____	[63]	[65]	
Qualified mortgage insurance premiums + _____	[66]	[67]	
Other interest: _____	+ _____ [69]	[71]	
_____	+ _____	_____	
Repairs + _____	[72]	[73]	
Supplies + _____	[75]	[76]	
Taxes: _____	+ _____ [78]	[80]	
_____	+ _____	_____	
Utilities + _____	[81]	[82]	
Depreciation + _____	[84]	[85]	
Depletion + _____	[87]	[88]	
Other expenses: _____	+ _____ [90]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	

Control Totals +

Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

	2015 Information	Prior Year Information
Refinancing points paid -		
Recipient's/Lender's name _____ [92]		
Date of refinance _____		
Total # Payments _____		
Reported on 1098 in 2015 _____		
Total points paid _____		
Points deemed as paid in current year (Preparer use only) _____		
Refinancing points paid -		
Recipient's/Lender's name _____		
Date of refinance _____		
Total # Payments _____		
Reported on 1098 in 2015 _____		
Total points paid _____		
Points deemed as paid in current year (Preparer use only) _____		
Refinancing points paid -		
Recipient's/Lender's name _____		
Date of refinance _____		
Total # Payments _____		
Reported on 1098 in 2015 _____		
Total points paid _____		
Points deemed as paid in current year (Preparer use only) _____		

Vacation Home Information

	2015 Information	Prior Year Information
Number of days home was used personally _____ [6]		
Number of days home was rented _____ [8]		
Number of day home owned, if not 365 _____ [10]		
Carryover of disallowed operating expenses into 2015 + _____ [20]		
Carryover of disallowed depreciation expenses into 2015 + _____ [21]		

Passive and Other Information

Preparer use only Carryovers	Regular	AMT
Operating	+ [29]	+ [30]
Short-term capital	+ [31]	+ [32]
Long-term capital	+ [33]	+ [34]
28% rate capital	+ [35]	+ [36]
Section 1231 loss	+ [37]	+ [38]
Ordinary business gain/loss	+ [39]	+ [40]
Comm revitalization	+ [41]	+ [42]
Section 179	+ [43]	+ [44]

Please provide all Forms 1099-K

Preparer use only

	2015 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
Principal Product	_____ [5]	
State postal code	_____ [6]	
Accounting method (1 = Cash, 2 = Accrual)	_____ [7]	
Agricultural activity code	_____ [9]	
Did you "materially participate" in this business? (Y, N)	_____ [12]	
Did you make any payments in 2015 that require you to file Form(s) 1099? (Y, N)	_____ [14]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [16]	
Mark if Schedule F net income or loss should be excluded from self-employment income	_____ [18]	
Medical insurance premiums paid by this activity	+ _____ [22]	_____
Long-term care premiums paid by this activity	+ _____ [26]	_____

Schedule F Income

Sales Code**	Income description	2015 Information	Prior Year Information
—	_____	+ _____ [36]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

** Sales Codes	
1 = Cash sales of items bought for resale	4 = Custom hire (machine work)
2 = Cash sales of items raised	5 = Other income
3 = Accrual sales	

	2015 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____ [38]	
Beginning inventory of livestock and other items (Accrual method)	+ _____ [40]	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [42]	
Ending Inventory of livestock and other items (Accrual method)	+ _____ [44]	
Total cooperative distributions you received	+ _____ [46]	
Taxable cooperative distributions you received	+ _____ [48]	

	2015 Total	2015 Taxable	Prior Year Information
Agricultural program payments			
_____ + _____		+ _____ [51]	
_____ + _____		+ _____	

	2015 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	+ _____ [53]	
Commodity credit loans reported under election:		
_____	+ _____ [55]	
_____	+ _____	
Total commodity credit loans forfeited	+ _____ [57]	
Taxable commodity credit loans forfeited	+ _____ [59]	

	2015 Total	2015 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2015			
_____ + _____		+ _____ [62]	
_____ + _____		+ _____	
Mark if electing to defer crop insurance proceeds to 2016			_____ [64]
Crop insurance proceeds deferred from 2014		+ _____ [66]	

Control Totals +

Preparer use only

Description

	2015 Information	Prior Year Information
Car and truck expenses	+ _____ [5]	_____
Chemicals	+ _____ [7]	_____
Conservation expenses	+ _____ [9]	_____
Custom hire (machine work)	+ _____ [11]	_____
Depreciation	+ _____ [13]	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+ _____ [15]	_____
Feed purchased	+ _____ [17]	_____
Fertilizers and lime	+ _____ [19]	_____
Freight and trucking	+ _____ [21]	_____
Gasoline, fuel, and oil	+ _____ [23]	_____
Insurance (Other than health)	+ _____ [26]	_____
_____	+ _____	_____
_____	+ _____	_____
Mortgage interest (Paid to banks, etc.)	+ _____ [28]	_____
_____	+ _____	_____
_____	+ _____	_____
Other interest	+ _____ [30]	_____
Labor hired (Less employment credit)	+ _____ [32]	_____
Pension and profit sharing	+ _____ [34]	_____
Rent - vehicles, machinery, and equipment	+ _____ [36]	_____
Rent - other	+ _____ [38]	_____
Repairs and maintenance	+ _____ [40]	_____
Seed and plants purchased	+ _____ [42]	_____
Storage and warehousing	+ _____ [44]	_____
Supplies purchased	+ _____ [46]	_____
Taxes:	+ _____ [48]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Utilities	+ _____ [50]	_____
Veterinary, breeding, and medicine	+ _____ [52]	_____
Other expenses:	+ _____ [54]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Preproductive period expenses	+ _____ [56]	_____

Preparer use only

Description _____

Preparer use only Carryovers	Regular		AMT	
Operating	+	[13]	+	[14]
Short-term capital	+	[15]	+	[16]
Long-term capital	+	[17]	+	[18]
28% rate capital	+	[19]	+	[20]
Section 1231 loss	+	[21]	+	[22]
Ordinary business gain/loss	+	[23]	+	[24]
Section 179	+	[25]	+	[26]
Excess farm loss	+	[29]	+	[30]

NOTES/QUESTIONS:

Preparer use only

Description

2015 Information

Prior Year Information

Car and truck expenses	+	_____	[6]
Chemicals	+	_____	[8]
Conservation expenses	+	_____	[10]
Custom hire (machine work)	+	_____	[12]
Depreciation	+	_____	[14]
Employee benefit programs	+	_____	[16]
Feed purchased	+	_____	[18]
Fertilizers and lime	+	_____	[20]
Freight and trucking	+	_____	[22]
Gasoline, fuel, and oil	+	_____	[24]
Insurance (Other than health):			
_____	+	_____	[26]
_____	+	_____	
_____	+	_____	
Mortgage interest (Paid to banks, etc.):			
_____	+	_____	[28]
_____	+	_____	
_____	+	_____	
Other interest	+	_____	[31]
Labor hired (Less employment credit)	+	_____	[33]
Pension and profit sharing	+	_____	[35]
Rent - vehicles, machinery, and equipment	+	_____	[37]
Rent - other	+	_____	[39]
Repairs and maintenance	+	_____	[41]
Seed and plants purchased	+	_____	[43]
Storage and warehousing	+	_____	[45]
Supplies purchased	+	_____	[47]
Taxes:			
_____	+	_____	[49]
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
Utilities	+	_____	[51]
Veterinary, breeding, and medicine	+	_____	[53]
Other expenses:			
_____	+	_____	[55]
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
Preproductive period expenses	+	_____	[57]

Preparer use only Carryovers	Regular	AMT
Operating	+ [66]	+ [67]
Short-term capital	+ [68]	+ [69]
Long-term capital	+ [70]	+ [71]
28% rate capital	+ [72]	+ [73]
Section 1231 loss	+ [74]	+ [75]
Ordinary business gain/loss	+ [76]	+ [77]
Section 179	+ [78]	+ [79]
Excess farm loss	+ [82]	+ [83]

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [9]
 State postal code _____ [10]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [13]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[34]	[35]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [9]
 State postal code _____ [10]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [13]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[34]	[35]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [9]
 State postal code _____ [10]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [13]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[34]	[35]

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

Description _____ [11]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]
 State postal code _____ [6]
 Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) _____ [7]
 Date former residence was acquired _____ [9]
 Date former residence was sold _____ [10]
 Selling price of former residence + _____ [11]
 Expenses related to the sale of your old home + _____ [12]
 Original cost of home sold including capital improvements + _____ [13]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) _____ [19]
 Taxpayer Spouse
 Reduced exclusion days: (Enter only days within 5-year period ending on sale date)
 Number of days each person used property as main home _____ [21] _____ [22]
 Number of days each person owned property used as main home _____ [23] _____ [24]
 Number of days between date of sale of the other home and date of sale of this home _____ [25] _____ [26]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [28]
 Total current year payments received + _____ [29]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [30]
 Address _____ [31]
 City, State and Zip _____ [32] _____ [33] _____ [34]
 Identifying number of related party _____ [35]
 Was the property sold as a marketable security? (Y, N) _____ [36]
 Enter date of second sale if more than 2 years after the first sale _____ [37]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [38]
 Selling price of property sold by a related party + _____ [40]

NOTES/QUESTIONS:

Preparer use only

	2015 Information	Prior Year Information
Description _____	[3]	
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[19]	
Date sold _____	[20]	
Gross sales price of property sold + _____	[21]	
Mortgage and other debts the buyer assumed + _____	[23]	
Cost or other basis + _____	[25]	
Commissions and other expenses of the sale + _____	[27]	
Gross profit percentage _____	[29]	
Total current year principal payments received + _____	[35]	
Prior year principal payments received + _____	[37]	
Total ordinary income to recapture + _____	[39]	
Total ordinary income previously recaptured + _____	[41]	
Control Totals +		

Prior Year Installment Sale

Preparer use only

	2015 Information	Prior Year Information
Description _____	[3]	
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[19]	
Date sold _____	[20]	
Gross sales price of property sold + _____	[21]	
Mortgage and other debts the buyer assumed + _____	[23]	
Cost or other basis + _____	[25]	
Commissions and other expenses of the sale + _____	[27]	
Gross profit percentage _____	[29]	
Total current year principal payments received + _____	[35]	
Prior year principal payments received + _____	[37]	
Total ordinary income to recapture + _____	[39]	
Total ordinary income previously recaptured + _____	[41]	
Control Totals +		

NOTES/QUESTIONS:

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 Preparer use only

Description	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[9]
State postal code	_____	[10]
Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1	_____	[15]
Mark if disposition is due to casualty or theft	_____	[19]
Mark if disposition was to a related party	_____	[21]

Sale Information

Date acquired	_____	[23]
Date sold	_____	[24]
Gross sales price or insurance proceeds received	+ _____	[25]
Cost or other basis	+ _____	[26]
Commissions and other expenses of sale	+ _____	[27]
Depreciation allowed or allowable	+ _____	[28]

Form 4797, Part III - Recapture

Additional depreciation after 1975 (Section 1250)	+ _____	[30]
Applicable percentage (if not 100%) (Section 1250)	_____	[31]
Additional depreciation after 1969 (Section 1250)	+ _____	[32]
Soil, water and land clearing expenses (Section 1252)	+ _____	[33]
Applicable percentage (if not 100%) (Section 1252)	_____	[34]
Intangible drilling and development costs (Section 1254)	+ _____	[35]
Applicable payments excluded from income under sec. 126 (Section 1255)	+ _____	[36]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed	+ _____	[37]
Total current year payments received	+ _____	[38]

Form 6252 - Related Party Installment Sale Information

Related party name	_____	[39]
Address	_____	[40]
State, City and Zip	_____ [41] _____ [42]	[43]
Identifying number of related party	_____	[44]
Was the property sold as a marketable security? (Y, N)	_____	[45]
Enter date of second sale	_____	[46]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)	_____	[47]
Selling price of property sold by a related party	+ _____	[49]

NOTES/QUESTIONS:

Preparer use only

Description of property given up _____ [4]
 _____ [5]
 Taxpayer/Spouse/Joint (T, S, J) _____ [6]
 State postal code _____ [7]
 Description of property received _____ [10]
 _____ [11]

Date Information

Date the like-kind property given up was acquired _____ [16]
 Date you transferred your property to the other party _____ [17]
 Date the like-kind property received was identified _____ [18]
 Date you received the like-kind property from the other party _____ [19]

Gain and Basis Information

Fair market value of other property given up + _____ [20]
 Adjusted basis of other property given up + _____ [21]
 Cash received + _____ [22]
 Fair market value of other (not like-kind) property received + _____ [23]
 Installment obligation received in like-kind exchange + _____ [24]
 Fair market value of like-kind property you received + _____ [25]
 Fair market value of non-section 1245 property you received + _____ [26]
 Liabilities, including mortgages, assumed by you + _____ [27]
 Cash paid + _____ [28]
 Adjusted basis of like-kind property given up + _____ [29]
 Adjusted basis of like-kind property from pass through entity
 Cost or other basis + _____ [30]
 Depreciation allowed or allowable excluding Section 179 + _____ [31]
 Section 179 expense deduction passed through + _____ [32]
 Section 179 carryover + _____ [33]
 Liabilities, including mortgages, assumed by the other party + _____ [34]
 Exchange expenses incurred by you + _____ [35]

Related Party Exchange Information

Name of related party _____ [38]
 Address of related party _____ [39]
 City _____ [40]
 State _____ [41]
 Zip code _____ [42]
 Identifying number of related party _____ [43]
 Relationship to you _____ [44]
 During this tax year, did the related party sell or dispose of the property received? (Y, N) _____ [45]
 During this tax year, did you sell or dispose of the like-kind property you received? (Y, N) _____ [46]
 Indicate if any special conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance) _____ [47]
 Mark if this exchange is a prior year like-kind exchange _____ [49]

NOTES/QUESTIONS:

This form is used to report other foreign assets (not held in a foreign financial account), as required by the Internal Revenue Service. Report foreign financial assets held in a foreign financial account on Organizer Form ID: FrgnAcct.

	2015 Information	Prior Year Information
Asset description	_____ [2]	
Asset identifying number or other designation	_____ [3]	
Date asset acquired	_____ [4]	
Date asset disposed	_____ [6]	
Asset jointly owned with spouse	_____ [7]	
Maximum value of asset	_____ [9]	

Asset foreign entity information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type of foreign entity: (P = Partnership, C = Corporation, T = Trust, E = Estate) _____ [14]
 Foreign entity name _____ [15]
 Foreign entity address _____ [16]
 City, state, zip code _____ [17] _____ [18] _____ [19]
 Foreign country code/name _____ [20] _____ [21]
 Foreign province/county _____ [22]
 Foreign postal code _____ [23]

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) _____ [24]
 Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) _____
 If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) _____
 Individual or organization name _____
 Address of issuer or counterparty _____
 City, state, zip code _____
 Foreign country code/name _____
 Foreign province/county _____
 Foreign postal code _____

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) _____
 Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) _____
 If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) _____
 Individual or organization name _____
 Address of issuer or counterparty _____
 City, state, zip code _____
 Foreign country code/name _____
 Foreign province/county _____
 Foreign postal code _____

NOTES/QUESTIONS:

This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.

Taxpayer/Spouse/Joint (T, S, J) _____

__[1]

	2015 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	__[4]	
Type of Account:		
Bank	__[5]	
Securities	__[6]	
Other	_____[7]	
Maximum value of account	_____[8]	_____
Account number or other designation	_____[10]	
Financial institution	_____[11]	
Address of financial institution	_____[12]	
City, state, zip code	_____[13] ____[14] _____[15]	
Foreign country code/name	_____[16] _____[17]	
For addresses in Mexico, enter state	_____[19]	
Foreign province/county	_____[22]	
Foreign postal code	_____[23]	
Account jointly owned with spouse	__[24]	
Account opened during the tax year	__[46]	__
Account closed during the tax year	__[48]	
Information is reported for a financial account which is:	__[26]	

2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest

Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account

Taxpayer identification number of account holder/joint owner	_____	[27]
Foreign identification number of account holder/joint owner (If no Taxpayer identification number)	_____	[28]
Last name or organization name of account holder/joint owner	_____	[29]
First name and middle initial of account holder/joint owner	_____	[30] [31]
Address and apartment	_____	[32] [33]
City, state, zip code	_____	[34] [35] [36]
Foreign country code/name	_____[37] _____	[38]
For addresses in Mexico, enter state	_____	[40]
Foreign postal code	_____	[43]
Number of joint owners (Not including taxpayer, if applicable)	_____	[44]
Filer's title with this owner (If applicable)	_____	[45]

NOTES/QUESTIONS:

Employer's name _____
 Taxpayer/Spouse (T, S) _____
 State postal code _____

Foreign Earned Income

*Please use the Foreign Earned Income Allocation Codes located below.

	Allocation Code	Amount
Noncash income:		
Home (lodging) _____	[10] _ [11] +	_____ [12]
Meals _____	[13] _ [14] +	_____ [15]
Car _____	[16] _ [17] +	_____ [18]
Other properties or facilities (Please enter code here and description and amount below):	_ [19]	
_____	+	_____ [20]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
Allowances, reimbursements or expenses paid on behalf:		
Cost of living and overseas differential _____	_ [21] +	_____ [22]
Family _____	_ [23] +	_____ [24]
Education _____	_ [25] +	_____ [26]
Home leave _____	_ [27] +	_____ [28]
Quarters _____	_ [29] +	_____ [30]
Other purposes (Please enter code here and description and amount below):	_ [31]	
_____	+	_____ [32]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
Other foreign earned income (Please enter code here and description and amount below):	_ [33]	
_____	+	_____ [34]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
Excludable meals and lodging under section 119 _____	+	_____ [35]

***Foreign Earned Income Allocation Codes**

1 = 100% foreign during assignment
 2 = 100% U.S. during assignment
 3 = U.S. and foreign days worked during assignment
 4 = U.S. and foreign days before/after assignment
 5 = Days worked before, during, and after assignment

Deductions Allocable to Foreign Earned Income

	Allocation Code	Amount
Other allocable deductions _____	_ [36] +	_____ [37]

Housing Exclusion/Deduction

Qualified housing expense _____	+ _____ [47]
---------------------------------	--------------

NOTES/QUESTIONS:

Preparer use only

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Miles driven to new home	_____	[13]
Total amount reimbursed for moving expenses	+ _____	[15]

NOTES/QUESTIONS:

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2015 Information	Prior Year Information
			+ [1]	
Address				
			+	
Address				
			+	
Address				

	2015 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:			
	+ [3]	+ [4]	
	+	+	
Other adjustments:			
	+ [6]	+ [7]	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	

NOTES/QUESTIONS:

Complete if you cashed qualified U.S. Savings bonds in 2015 that were issued after 1989, and you paid qualified higher education expenses in 2015 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J) _____

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2015 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2015 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

Taxpayer/Spouse/Joint (T, S, J) _____

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2015 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2015 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

Taxpayer/Spouse/Joint (T, S, J) _____

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2015 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2015 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2015 + _____ [3]

NOTES/QUESTIONS:

Complete this section if you paid interest on a qualified student loan in 2015 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2015. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2015 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	<div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px;"> _____ _____ _____ </div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

NOTES/QUESTIONS:

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) _____ [8]
 Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deduction) _____
 Student's social security number _____
 Student's first name _____
 Student's last name _____

Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number _____ [8]
 Institution's name _____
 Institution's street address _____
 Institution's city, state, zip code _____

Tuition Paid and Related Information

Amounts reported in Box 1 or Box 2 may not reflect the actual amount paid for the student during 2015.
 Enter the amount actually paid during 2015.

	2015 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ _____ [8]	_____
Tuition billed (Enter only the amount actually paid) (Box 2)	_____	
Educational institution changed its reporting method for 2015 (Box 3)	_____	
Adjustments made for a prior year (Box 4)	_____	
Scholarships or grants (Box 5)	_____	
Adjustments to scholarships or grants for a prior year (Box 6)	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2016 (Box 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9) (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund (Box 10)	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	

1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2015

NOTES/QUESTIONS:

Qualified Education Programs
Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [3]
 State postal code _____ [4]
 Type of account (1 = Private QTP, 2 = State QTP, 3 = ESA) _____ [6]
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____ [7]
 Final distribution _____ [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____ [11]
 First name _____ [12]
 Last name _____ [13]

	2015 Information	Prior Year Information
Amount contributed in current year	+ _____ [14]	_____ _____ _____
Basis of this account at 12/31/14	+ _____ [17]	
Value of this account at 12/31/15	+ _____ [19]	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____ [24]	

Payments from Qualified Education Programs

	2015 Information	Prior Year Information
Gross distribution (Box 1)	+ _____ [30]	_____ _____ _____ _____ _____ _____ _____ _____ _____
Earnings (Box 2)	+ _____ [32]	
Basis (Box 3)	+ _____ [34]	
Trustee-to-trustee rollover (Box 4)	_____ [36]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]	
Box 5 -		
Private QTP	_____ [39]	
State QTP	_____ [40]	
Coverdell ESA	_____ [41]	
Check if the recipient is not the designated beneficiary (Box 6)	_____ [42]	
Qualified education expenses	+ _____ [43]	
Elementary and secondary education expenses	+ _____ [45]	

NOTES/QUESTIONS:

Complete a FAFSA information section for both the parent and student. Both may be required to complete the FAFSA. If the parent or student tax return was prepared elsewhere, please provide the completed tax return.

This FAFSA information is for the: Preparer use only

	2015 Information	Prior Year Information
Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies? (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)	__ [1]	
The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)	__ [2]	
Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts	+ _____ [5]	
Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence	+ _____ [7]	
Taxpayer's (and spouse's) net worth in current businesses and/or investment farms	+ _____ [9]	
Child support paid because of divorce, separation, or a result of a legal requirement	+ _____ [11]	
Taxable earnings from need-based employment programs	+ _____ [13]	
Student grant and scholarship aid included in adjusted gross income	+ _____ [15]	
Earnings from work under a cooperative education program offered by a college	+ _____ [17]	
Child support received but do not include foster care or adoption payments	+ _____ [19]	
Veterans noneducation benefits	+ _____ [21]	
Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	+ _____ [23]	
Money received or paid on behalf of the student (For the student's worksheet only)	+ _____ [25]	

	Control Totals +	
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Federal Student Aid Application Information #2

This FAFSA information is for the: Preparer use only

	2015 Information	Prior Year Information
Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies? (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)	__ [1]	
The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)	__ [2]	
Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts	+ _____ [5]	
Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence	+ _____ [7]	
Taxpayer's (and spouse's) net worth in current businesses and/or investment farms	+ _____ [9]	
Child support paid because of divorce, separation, or a result of a legal requirement	+ _____ [11]	
Taxable earnings from need-based employment programs	+ _____ [13]	
Student grant and scholarship aid included in adjusted gross income	+ _____ [15]	
Earnings from work under a cooperative education program offered by a college	+ _____ [17]	
Child support received but do not include foster care or adoption payments	+ _____ [19]	
Veterans noneducation benefits	+ _____ [21]	
Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	+ _____ [23]	
Money received or paid on behalf of the student (For the student's worksheet only)	+ _____ [25]	

NOTES/QUESTIONS:

	Control Totals +	Form ID: FAFSA
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T/S/J	2015 Information	Prior Year Information
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received		
__ [1] _____	+ _____ [2]	_____
— _____	+ _____	_____
— _____	+ _____	_____
— _____	+ _____	_____
— _____	+ _____	_____
— _____	+ _____	_____
Medical insurance premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.)		
__ [4] _____	+ _____ [5]	_____
— _____	+ _____	_____
— _____	+ _____	_____
— _____	+ _____	_____
Long-term care premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.))		
__ [7] _____	+ _____ [8]	_____
— _____	+ _____	_____
Prescription medicines and drugs:		
__ [10] _____	+ _____ [11]	_____
— _____	+ _____	_____
— _____	+ _____	_____
__ [13] Miles driven for medical items	_____ [14]	_____

Schedule A - Tax Expenses

T/S/J	2015 Information	Prior Year Information
State/local income taxes paid:		
__ [18] _____	+ _____ [19]	_____
— _____	+ _____	_____
— _____	+ _____	_____
— _____	+ _____	_____
— _____	+ _____	_____
2014 state and local income taxes paid in 2015:		
__ [21] _____	+ _____ [22]	_____
— _____	+ _____	_____
— _____	+ _____	_____
Real estate taxes paid:		
__ [24] _____	+ _____ [25]	_____
— _____	+ _____	_____
— _____	+ _____	_____
Personal property taxes:		
__ [27] _____	+ _____ [28]	_____
— _____	+ _____	_____
Other taxes, such as: foreign taxes and State disability taxes		
__ [30] _____	+ _____ [31]	_____
— _____	+ _____	_____
— _____	+ _____	_____
Sales tax paid on major purchases:		
__ [36] _____	+ _____ [37]	_____
— _____	+ _____	_____
Sales tax paid on actual expenses:		
__ [39] _____	+ _____ [40]	_____
— _____	+ _____	_____
— _____	+ _____	_____

Interest Expenses

T/S/J	2015 Interest Paid ^{2]}	2015 Points Paid	Type*	2015 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1]	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home
 1 = Not used to buy, build, improve home or investment
 2 = Used to pay off previous mortgage
 3 = Used to pay off previous mortgage, excess proceeds invested
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Payee's Name	SSN or EIN	2015 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
	Address			
	City, state and zip code			
			+	
	Address			
	City, state and zip code			

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

Payer's/Borrower's name _____ [7]
 Street Address _____
 City/State/Zip code _____

Refinancing Points paid in 2015 -
 Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2015 (Preparer use only) + _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2015 _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2015 (Preparer use only) + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2015 _____

T/S/J	2015 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
[15]	+	[16]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

T/S/J	2015 Information	Prior Year Information
Contributions made by cash or check (including out-of-pocket expenses)		
[2] _____	+ _____ [3]	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
[5] Volunteer miles driven _____	_____ [6]	
Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		
[8] _____	+ _____ [9]	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	

Miscellaneous Deductions

T/S/J	2015 Information	Prior Year Information	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses			
[11] _____	+ _____ [12]		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
Union dues:			
[14] _____	+ _____ [15]		
— _____	+ _____		
[17] Tax preparation fees _____	+ _____ [18]		
Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees			
[20] _____	+ _____ [21]		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
[23] Safe deposit box rental _____	+ _____ [24]		
Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:			
[26] _____	+ _____ [27]		
— _____	+ _____		
— _____	+ _____		
Other expenses, not subject to the 2% AGI limit:			
[30] _____	+ _____ [31]		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
Gambling losses: (Enter only if you have gambling income)			
[33] _____	+ _____ [34]		
— _____	+ _____		

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

	2015 Information	Prior Year Information
Description of loan/property _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
Fair market value of home + _____	[5]	
Number of months loan was outstanding in 2015, if not 12 _____	[7]	
Number of months home was a qualifying home _____ (if different from number of months loan was outstanding)	[9]	
Principal paid in 2015 + _____	[11]	
Interest paid during 2015 + _____	[13]	
Points reported on Form 1098 for 2015 + _____	[15]	
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name _____	[18]	
Recipient SSN or EIN _____	[19]	
Recipient address _____	[20]	
Recipient city, state, zip code _____ [21] _____ [22] _____	[23]	
Grandfather debt as of 12/31/14 (or first day mortgage was outstanding) + _____	[24]	
Grandfather debt as of 12/31/15 (or last day mortgage was outstanding) + _____	[26]	
Home acquisition/improvement debt as of 12/31/14 (or first day mortgage was outstanding)+ _____	[28]	
Home acquisition/improvement debt as of 12/31/15 (or last day mortgage was outstanding) + _____	[30]	
Home equity debt as of 12/31/14 (or first day mortgage was outstanding) + _____	[32]	
Home equity debt as of 12/31/15 (or last day mortgage was outstanding) + _____	[34]	
Average balance in 2015 of grandfather debt + _____	[37]	
Average balance in 2015 of home acquisition/improvement debt + _____	[39]	
Average balance for 2015 all types of debt + _____	[41]	

NOTES/QUESTIONS:

Preparer use only

Taxpayer/Spouse (T, S) _____ [2]

Occupation in which expenses were incurred _____ [3]

State postal code _____ [4]

Vehicle Questions

If you used your automobile for work purposes, please answer the following questions:

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable) _____ [5]

Was another vehicle available for personal use? (Y, N) _____ [7]

Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No) _____ [9]

2015 Information

Prior Year Information

	—
	—

Vehicle Information

Vehicle 1 -	Date placed in service	_____	[11]
	Description	_____	[12]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[62]
	Description	_____	[63]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[109]
	Description	_____	[110]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[156]
	Description	_____	[157]
	Comments	_____	

Vehicles Actual Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	_____ [20]		_____ [69]		_____ [116]		_____ [163]	
Business mileage	_____ [24]		_____ [71]		_____ [118]		_____ [165]	
Average daily round trip commuting mileage	_____ [26]		_____ [73]		_____ [120]		_____ [167]	
Total commuting mileage	_____ [28]		_____ [75]		_____ [122]		_____ [169]	
Gasoline	+ _____ [30]		+ _____ [77]		+ _____ [124]		+ _____ [171]	
Oil	+ _____ [32]		+ _____ [79]		+ _____ [126]		+ _____ [173]	
Repairs	+ _____ [34]		+ _____ [81]		+ _____ [128]		+ _____ [175]	
Maintenance	+ _____ [36]		+ _____ [83]		+ _____ [130]		+ _____ [177]	
Tires	+ _____ [38]		+ _____ [85]		+ _____ [132]		+ _____ [179]	
Car washes	+ _____ [40]		+ _____ [87]		+ _____ [134]		+ _____ [181]	
Insurance	+ _____ [42]		+ _____ [89]		+ _____ [136]		+ _____ [183]	
Interest	+ _____ [44]		+ _____ [91]		+ _____ [138]		+ _____ [185]	
Registration	+ _____ [46]		+ _____ [93]		+ _____ [140]		+ _____ [187]	
Licenses	+ _____ [48]		+ _____ [95]		+ _____ [142]		+ _____ [189]	
Property taxes (Plates, tags, etc)	_____ [50]		+ _____ [97]		+ _____ [144]		+ _____ [191]	
Vehicle rentals	+ _____ [52]		+ _____ [99]		+ _____ [146]		+ _____ [193]	
Inclusion amt (Preparer only)	_____ [54]		+ _____ [101]		+ _____ [148]		+ _____ [195]	
Other vehicle expenses	+ _____ [56]		+ _____ [103]		+ _____ [150]		+ _____ [197]	
Value of employer provided vehicle	+ _____ [58]		+ _____ [105]		+ _____ [152]		+ _____ [199]	
Depreciation	+ _____ [60]		+ _____ [107]		+ _____ [154]		+ _____ [201]	

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)	_____	[1]
Donated property description	_____	[4]
Name of donee organization	_____	[5]
Address of donee organization	_____	[6]
City	_____	[7]
State postal code	_____	[8]
Zip code	_____	[9]
Date contributed	_____	[10]
Date acquired by donor	_____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	_____	[12]
Donor's cost or basis	_____	[13]
Fair market value	_____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	_____	[15]
If other:	_____	[16]

Control Totals +

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)	_____	[1]
Donated property description	_____	[4]
Name of donee organization	_____	[5]
Address of donee organization	_____	[6]
City	_____	[7]
State postal code	_____	[8]
Zip code	_____	[9]
Date contributed	_____	[10]
Date acquired by donor	_____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	_____	[12]
Donor's cost or basis	_____	[13]
Fair market value	_____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	_____	[15]
If other:	_____	[16]

Control Totals +

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)	_____	[1]
Donated property description	_____	[4]
Name of donee organization	_____	[5]
Address of donee organization	_____	[6]
City	_____	[7]
State postal code	_____	[8]
Zip code	_____	[9]
Date contributed	_____	[10]
Date acquired by donor	_____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	_____	[12]
Donor's cost or basis	_____	[13]
Fair market value	_____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	_____	[15]
If other:	_____	[16]

Control Totals +

Please provide all Forms 1098-C. If you received a different acknowledgement from the donee organization in lieu of Form 1098-C, enter the equivalent donation information in the fields provided below.

Taxpayer/Spouse (T, S)	_____	[1]
Donee's name	_____	[4]
State postal code	_____	[3]
Date of contribution (Box 1)	_____	[9]
Odometer mileage (Box 2a)	_____	[10]
Year of vehicle (Box 2b)	_____	[11]
Make of vehicle (Box 2c)	_____	[12]
Model of vehicle (Box 2d)	_____	[13]
Vehicle or other identification number (Box 3)	_____	[14]
Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a)		[15]
Date of sale (Box 4b)	_____	[16]
Gross proceeds from sale (Box 4c)	+ _____	[17]
Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use (Box 5a)		[18]
Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose (Box 5b)		[19]
Detailed description of material improvements or significant intervening use and duration of use (Box 5c)	_____ _____ _____	[20]
Did you provide goods or services in exchange for the vehicle? (Box 6a)	Yes [21] No [22]	
Value of goods and services provided in exchange for the vehicle (Box 6b)	+ _____	[23]
Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c)		[24]
Description of goods and services (Box 6c)	_____ _____ _____	[25]
Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked (Box 7)		[26]

Other Information for Donated Property

Overall physical condition of property	_____	[31]
Date property was acquired by donor	_____	[32]
How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange)		[33]
Donor's cost or basis	+ _____	[34]
Fair market value on date of contribution	+ _____	[35]
Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)		[36]
If other:	_____	[37]
Bargain sale amount received	_____	[38]
Donee's address, and ZIP code	_____	[42]
	_____ [43] _____ [44] _____	[45]
Donee's telephone number	_____	[46]

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [7]

Casualty and Theft - Business/Income Producing Properties

Description of casualty or theft - Property A _____ [10]
 Description of casualty or theft - Property B _____ [23]
 Description of casualty or theft - Property C _____ [36]
 Description of casualty or theft - Property D _____ [49]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	____ [13]	____ [26]	____ [39]	____ [52]
Date acquired	____ [17]	____ [30]	____ [43]	____ [56]
Cost or other basis of property	+ ____ [18]	+ ____ [31]	+ ____ [44]	+ ____ [57]
Insurance or other reimbursement	+ ____ [19]	+ ____ [32]	+ ____ [45]	+ ____ [58]
Fair market value before casualty	+ ____ [20]	+ ____ [33]	+ ____ [46]	+ ____ [59]
Fair market value after casualty	+ ____ [21]	+ ____ [34]	+ ____ [47]	+ ____ [60]

Business/Income Use Replacement Information

Description of replacement property A _____ [61]
 Description of replacement property B _____ [65]
 Description of replacement property C _____ [69]
 Description of replacement property D _____ [73]

	A	B	C	D
Mark if property was acquired from a related party	____ [62]	____ [66]	____ [70]	____ [74]
Date acquired	____ [63]	____ [67]	____ [71]	____ [75]
Cost of replacement property	+ ____ [64]	+ ____ [68]	+ ____ [72]	+ ____ [76]

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [8]

Casualty and Theft - Personal Use Properties

Description of casualty or theft - Property A _____ [17]
 Description of casualty or theft - Property B _____ [29]
 Description of casualty or theft - Property C _____ [41]
 Description of casualty or theft - Property D _____ [52]

	A	B	C	D
Date acquired	_____ [23]	_____ [35]	_____ [47]	_____ [58]
Cost or other basis of property	+ _____ [24]	+ _____ [36]	+ _____ [48]	+ _____ [59]
Insurance or other reimbursement	+ _____ [25]	+ _____ [37]	+ _____ [49]	+ _____ [60]
Fair market value before casualty	+ _____ [27]	+ _____ [39]	+ _____ [50]	+ _____ [61]
Fair market value after casualty	+ _____ [28]	+ _____ [40]	+ _____ [51]	+ _____ [62]

Personal Use Replacement Information

Description of replacement property A _____ [63]
 Description of replacement property B _____ [67]
 Description of replacement property C _____ [71]
 Description of replacement property D _____ [75]

	A	B	C	D
Mark if property was acquired from a related party	_____ [64]	_____ [68]	_____ [72]	_____ [76]
Date acquired	_____ [65]	_____ [69]	_____ [73]	_____ [77]
Cost of replacement property	+ _____ [66]	+ _____ [70]	+ _____ [74]	+ _____ [78]

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [6]

Prior Year Casualty and Theft - Business/Income Producing Properties (Cont'd)

Description of casualty or theft - Property A _____ [8]
 Description of casualty or theft - Property B _____ [17]
 Description of casualty or theft - Property C _____ [26]
 Description of casualty or theft - Property D _____ [35]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	___ [9]	___ [18]	___ [27]	___ [36]
Date acquired	_____ [12]	_____ [21]	_____ [30]	_____ [39]
Cost or other basis of property	+ _____ [13]	+ _____ [22]	+ _____ [31]	+ _____ [40]
Insurance or other reimbursement	+ _____ [14]	+ _____ [23]	+ _____ [32]	+ _____ [41]
Fair market value before casualty	+ _____ [15]	+ _____ [24]	+ _____ [33]	+ _____ [42]
Fair market value after casualty	+ _____ [16]	+ _____ [25]	+ _____ [34]	+ _____ [43]

Current Year Business/Income Use Replacement Information

Description of replacement property A _____ [44]
 Description of replacement property B _____ [50]
 Description of replacement property C _____ [56]
 Description of replacement property D _____ [62]

	A	B	C	D
Date acquired	_____ [45]	_____ [51]	_____ [57]	_____ [63]
Prior year cost of replacement property	+ _____ [46]	+ _____ [52]	+ _____ [58]	+ _____ [64]
Cost of replacement property	+ _____ [47]	+ _____ [53]	+ _____ [59]	+ _____ [65]
Postponed gain	+ _____ [48]	+ _____ [54]	+ _____ [60]	+ _____ [66]
Adjusted basis of replacement property	+ _____ [49]	+ _____ [55]	+ _____ [61]	+ _____ [67]

NOTES/QUESTIONS:

Occurrence description _____ [1]
 Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 State postal code _____ [3]
 Date of casualty or theft _____ [4]
 Damage to personal residence from corrosive drywall _____ [5]
 Amount paid to repair damage to home or household appliances + _____ [6]
 25% loss available from 2014 + _____ [7]

Prior Year Casualty and Theft - Personal Use Properties (Cont'd)

Description of casualty or theft - Property A _____ [15]
 Description of casualty or theft - Property B _____ [23]
 Description of casualty or theft - Property C _____ [31]
 Description of casualty or theft - Property D _____ [39]

	A	B	C	D
Date acquired	_____ [17]	_____ [25]	_____ [33]	_____ [41]
Cost or other basis of property	+ _____ [18]	+ _____ [26]	+ _____ [34]	+ _____ [42]
Insurance or other reimbursement	+ _____ [19]	+ _____ [27]	+ _____ [35]	+ _____ [43]
Principal residence exclusion taken	+ _____ [20]	+ _____ [28]	+ _____ [36]	+ _____ [44]
Fair market value before casualty	+ _____ [21]	+ _____ [29]	+ _____ [37]	+ _____ [45]
Fair market value after casualty	+ _____ [22]	+ _____ [30]	+ _____ [38]	+ _____ [46]

Personal Use Replacement Information

Description of replacement property A _____ [47]
 Description of replacement property B _____ [53]
 Description of replacement property C _____ [59]
 Description of replacement property D _____ [65]

	A	B	C	D
Date acquired	_____ [48]	_____ [54]	_____ [60]	_____ [66]
Prior year cost of replacement property	+ _____ [49]	+ _____ [55]	+ _____ [61]	+ _____ [67]
Cost of replacement property	+ _____ [50]	+ _____ [56]	+ _____ [62]	+ _____ [68]
Postponed gain	+ _____ [51]	+ _____ [57]	+ _____ [63]	+ _____ [69]
Adjusted basis of replacement property	+ _____ [52]	+ _____ [58]	+ _____ [64]	+ _____ [70]

NOTES/QUESTIONS:

Preparer use only

Principal business or profession _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]

Business Use of Home

	2015 Information	Prior Year Information
Total area of home	_____ [14]	_____
Area used exclusively for business	_____ [16]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [18]	_____
Total hours used this year, if less than 8760	_____ [20]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [22]	_____
Area used partly for day-care business	_____ [24]	_____

List as direct expenses any expenses which are attributable only to the business part of your home.
 List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2015 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	+ _____ [29]	+ _____ [31]	_____
Mortgage insurance premiums	+ _____ [34]	+ _____ [35]	_____
Real estate taxes:	+ _____ [37]	+ _____ [39]	_____
Excess mortgage interest and insurance premiums	+ _____ [42]	+ _____ [43]	_____
Insurance	+ _____ [45]	+ _____ [47]	_____
Rent	+ _____ [51]	+ _____ [52]	_____
Repairs & maintenance	+ _____ [54]	+ _____ [55]	_____
Utilities	+ _____ [57]	+ _____ [58]	_____
Other expenses, such as: Supplies & Security system	+ _____ [60]	+ _____ [61]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [63]	_____
Carryovers:			_____
Operating expenses		+ _____ [64]	_____
Casualty losses		+ _____ [65]	_____
Depreciation		+ _____ [67]	_____
Business expenses not from business use of home, such as:			_____
Travel, Supplies, Business telephone expenses		+ _____ [68]	_____
Depreciation		+ _____ [72]	_____

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____ [3]

Vehicles

Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	__ [60]	<input type="checkbox"/>	__ [62]	<input type="checkbox"/>	__ [64]	<input type="checkbox"/>	__ [66]	<input type="checkbox"/>
Was another vehicle available for personal use? (Y, N)	__ [68]	<input type="checkbox"/>	__ [70]	<input type="checkbox"/>	__ [72]	<input type="checkbox"/>	__ [74]	<input type="checkbox"/>
Do you have evidence to support your deduction? (Y, N)	__ [76]	<input type="checkbox"/>	__ [78]	<input type="checkbox"/>	__ [80]	<input type="checkbox"/>	__ [82]	<input type="checkbox"/>
Is this evidence written? (Y, N)	__ [84]	<input type="checkbox"/>	__ [86]	<input type="checkbox"/>	__ [88]	<input type="checkbox"/>	__ [90]	<input type="checkbox"/>

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]	<input type="checkbox"/>	_____ [34]	<input type="checkbox"/>	_____ [36]	<input type="checkbox"/>	_____ [38]	<input type="checkbox"/>
Commuting miles	_____ [42]	<input type="checkbox"/>	_____ [44]	<input type="checkbox"/>	_____ [46]	<input type="checkbox"/>	_____ [48]	<input type="checkbox"/>
Business miles	_____ [52]	<input type="checkbox"/>	_____ [54]	<input type="checkbox"/>	_____ [56]	<input type="checkbox"/>	_____ [58]	<input type="checkbox"/>
Parking fees	+ _____ [92]	<input type="checkbox"/>	+ _____ [94]	<input type="checkbox"/>	+ _____ [96]	<input type="checkbox"/>	+ _____ [98]	<input type="checkbox"/>
Tolls	+ _____ [100]	<input type="checkbox"/>	+ _____ [102]	<input type="checkbox"/>	+ _____ [104]	<input type="checkbox"/>	+ _____ [106]	<input type="checkbox"/>
Gasoline	+ _____ [108]	<input type="checkbox"/>	+ _____ [110]	<input type="checkbox"/>	+ _____ [112]	<input type="checkbox"/>	+ _____ [114]	<input type="checkbox"/>
Oil	+ _____ [116]	<input type="checkbox"/>	+ _____ [118]	<input type="checkbox"/>	+ _____ [120]	<input type="checkbox"/>	+ _____ [122]	<input type="checkbox"/>
Repairs	+ _____ [124]	<input type="checkbox"/>	+ _____ [126]	<input type="checkbox"/>	+ _____ [128]	<input type="checkbox"/>	+ _____ [130]	<input type="checkbox"/>
Maintenance	+ _____ [132]	<input type="checkbox"/>	+ _____ [134]	<input type="checkbox"/>	+ _____ [136]	<input type="checkbox"/>	+ _____ [138]	<input type="checkbox"/>
Tires	+ _____ [140]	<input type="checkbox"/>	+ _____ [142]	<input type="checkbox"/>	+ _____ [144]	<input type="checkbox"/>	+ _____ [146]	<input type="checkbox"/>
Car washes	+ _____ [148]	<input type="checkbox"/>	+ _____ [150]	<input type="checkbox"/>	+ _____ [152]	<input type="checkbox"/>	+ _____ [154]	<input type="checkbox"/>
Insurance	+ _____ [156]	<input type="checkbox"/>	+ _____ [158]	<input type="checkbox"/>	+ _____ [160]	<input type="checkbox"/>	+ _____ [162]	<input type="checkbox"/>
Interest	+ _____ [164]	<input type="checkbox"/>	+ _____ [166]	<input type="checkbox"/>	+ _____ [168]	<input type="checkbox"/>	+ _____ [170]	<input type="checkbox"/>
Registration	+ _____ [172]	<input type="checkbox"/>	+ _____ [174]	<input type="checkbox"/>	+ _____ [176]	<input type="checkbox"/>	+ _____ [178]	<input type="checkbox"/>
Licenses	+ _____ [180]	<input type="checkbox"/>	+ _____ [182]	<input type="checkbox"/>	+ _____ [184]	<input type="checkbox"/>	+ _____ [186]	<input type="checkbox"/>
Property taxes	+ _____ [188]	<input type="checkbox"/>	+ _____ [190]	<input type="checkbox"/>	+ _____ [192]	<input type="checkbox"/>	+ _____ [194]	<input type="checkbox"/>
Other vehicle expenses	+ _____ [196]	<input type="checkbox"/>	+ _____ [198]	<input type="checkbox"/>	+ _____ [200]	<input type="checkbox"/>	+ _____ [202]	<input type="checkbox"/>
Vehicle rentals	+ _____ [204]	<input type="checkbox"/>	+ _____ [206]	<input type="checkbox"/>	+ _____ [208]	<input type="checkbox"/>	+ _____ [210]	<input type="checkbox"/>
Inclusion amt (Preparer only)	_____ [212]	<input type="checkbox"/>	+ _____ [214]	<input type="checkbox"/>	+ _____ [216]	<input type="checkbox"/>	+ _____ [218]	<input type="checkbox"/>
Depreciation	+ _____ [220]	<input type="checkbox"/>	+ _____ [222]	<input type="checkbox"/>	+ _____ [224]	<input type="checkbox"/>	+ _____ [226]	<input type="checkbox"/>

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]
 Part III Household Information -

	A. 2015 Monthly Premium Amount	Prior Year Information	B. 2015 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2015 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals +

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]
 Part III Household Information -

	A. 2015 Monthly Premium Amount	Prior Year Information	B. 2015 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2015 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals +

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

	2015 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	[]
Name of Trustee _____	_____ [4]	
State postal code _____	_____ [2]	
Indicate type of health or medical savings account:		
HSA	_____ [6]	
Archer MSA	_____ [7]	
MA (Medicare Advantage) MSA	_____ [9]	
Total HSA/MSA contributions made		
for 2015 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____ [10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	_____ [12]	
Number of months in qualified high deductible health plan in 2015	_____ [13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	_____ [14]	
Total HSA/MSA contribution to be made for 2015	+ _____ [15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____ [16]	
Excess contributions for 2014 taken as constructive contributions for 2015	+ _____ [19]	
Rollover contribution (Form 5498-SA, Box 4)	+ _____ [21]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+ _____ [24]	[]
Enter compensation from employer maintaining high deductible health plan	+ _____ [27]	
If self-employed, enter earned income from business under which plan was established	+ _____ [31]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2015? (Y, N) _____ [33]

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

	2015 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	<div style="border: 1px solid black; height: 100%;"></div>
Name of Trustee _____	_____[4]	
State postal code _____	_____[2]	
Gross distributions received (Box 1)	+ _____[7]	
Earnings on excess contributions (Box 2)	+ _____[9]	
Distribution code (Box 3)	_____[11]	
Fair Market Value on date of death (Box 4)	+ _____[12]	
Box 5 -		
HSA	_____[13]	
Archer MSA	_____[14]	
MA MSA	_____[15]	
All distributions were used to pay unreimbursed qualified medical expenses	_____[17]	
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2015	+ _____[19]	
Withdrawal of excess contributions by the due date of the return	+ _____[21]	
Amount of distribution rolled over for 2015	+ _____[23]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/14	+ _____[27]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2014 and in effect for the month of December 2014? (Y, N)	_____[29]	
Was the high deductible health plan coverage ended before 12/31/15? (Y, N)	_____[30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2015 Information	Prior Year Information
Name of the insured chronically ill individual _____	_____[39]	<div style="border: 1px solid black; height: 100%;"></div>
Social security number of insured _____	_____[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+ _____[42]	
Accelerated death benefits paid (Box 2)	+ _____[44]	
Check one (Box 3)		
Per diem	_____[46]	
Reimbursed amount	_____[47]	
Qualified contract (Box 4)	_____[48]	
Check, if applicable (Box 5)		
Chronically ill	_____[49]	
Terminally ill	_____[50]	
Are there other individuals who received LTC payments during 2015? (Y, N)	_____[52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	_____[53]	
Number of days during the long-term care period _____	_____[54]	
Cost incurred for qualified long-term care services during the long-term care period	+ _____[55]	

NOTES/QUESTIONS:

ABLE Account Information #1

Please provide all Forms 1099-QA and 5498-QA

2015 Information

Taxpayer/Spouse (T, S)			__	[1]
Payer name	_____			[3]
State postal code	_____			[4]
Recipient's Social Security Number	_____			[7]
Recipient's Name	_____	[8]		[9]
Gross distribution (Form 1099-QA Box 1)		+	_____	[10]
Earnings (Form 1099-QA Box 2)		+	_____	[12]
Basis (Form 1099-QA Box 3)		+	_____	[14]
Program-to-program transfer (Form 1099-QA Box 4)			_____	[16]
Check if ABLE account terminated in 2015 (Form 1099-QA Box 5)			_____	[17]
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)			_____	[18]
Qualified disability expenses		+	_____	[19]
Amount of rollover		+	_____	[21]
Amount contributed in 2015 (Form 5498-QA Box 1)		+	_____	[23]
Value of account on 12/31/15 (Form 5498-QA Box 4)		+	_____	[25]

	Control Totals +
--	------------------

ABLE Account Information #2

Please provide all Forms 1099-QA and 5498-QA

2015 Information

Taxpayer/Spouse (T, S)			__	[1]
Payer name	_____			[3]
State postal code	_____			[4]
Recipient's Social Security Number	_____			[7]
Recipient's Name	_____	[8]		[9]
Gross distribution (Form 1099-QA Box 1)		+	_____	[10]
Earnings (Form 1099-QA Box 2)		+	_____	[12]
Basis (Form 1099-QA Box 3)		+	_____	[14]
Program-to-program transfer (Form 1099-QA Box 4)			_____	[16]
Check if ABLE account terminated in 2015 (Form 1099-QA Box 5)			_____	[17]
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)			_____	[18]
Qualified disability expenses		+	_____	[19]
Amount of rollover		+	_____	[21]
Amount contributed in 2015 (Form 5498-QA Box 1)		+	_____	[23]
Value of account on 12/31/15 (Form 5498-QA Box 4)		+	_____	[25]

	Control Totals +
--	------------------

NOTES/QUESTIONS:

Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of \$20 or less in a month in 2015.

	2015 Information		Prior Year Information
	Taxpayer	Spouse	
Total cash and charge tips under \$20 per month and not reported to employer	+ _____ [3]	+ _____ [4]	

Complete if you received cash/charge tips of \$20 or more in a month and did not report all of those tips to your employer.

	Employer name	Employer identification number	Total tips received in 2015	Total tips reported in 2015
Taxpayer information [1]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Spouse information [2]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Social Security Tax on Unreported Wages

Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.

(**Please refer to Reason Codes located at the bottom)

	Firm name	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC received	Total wages received with no social security or Medicare tax withheld
Taxpayer information [6]	_____	_____	-	_____	-	_____
	_____	_____	-	_____	-	_____
	_____	_____	-	_____	-	_____
	_____	_____	-	_____	-	_____
Spouse information [7]	_____	_____	-	_____	-	_____
	_____	_____	-	_____	-	_____
	_____	_____	-	_____	-	_____
	_____	_____	-	_____	-	_____

**** Reason Codes**

A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.

C = I received other correspondence from the IRS that states I am an employee.

G = I filed Form SS-8 with the IRS and have not received a reply.

H = I received a Form W-2 and a Form 1099-MISC from this firm for 2015. The amount on Form 1099-MISC should have been included as wages on Form W-2.

State postal code Taxpayer ___[1] Spouse ___[2]

If you received a parsonage provided by the church, please complete the following information:
Fair rental value of parsonage provided by church + ___[5] + ___[6]
Actual parsonage utilities expense + ___[11] + ___[12]

If you received a rental or parsonage allowance provided by the church, please complete the following information:
Utilities allowance, if separate from parsonage allowance + ___[17] + ___[18]
Actual parsonage expense + ___[20] + ___[21]
Fair rental value of home + ___[23] + ___[24]
Actual utilities expense + ___[26] + ___[27]

Mark if you have claimed exemption from self-employment tax by filing Form 4361 with the IRS ___[29] ___[32]
If you are a self-employed minister, enter any tax-deductible contributions to a 403(b) retirement plan + ___[31] + ___[34]

Prior Year Information

NOTES/QUESTIONS:

Enter parent's information for children under age 19 on 1/1/16 or a full-time student under age 24 with unearned income of more than \$2,100.

Parent's social security number (Enter the name and social security number of the parent listed first on the return) _____ [2]

Parent's first name _____ [3]

Parent's last name _____ [4]

Parent's filing status (1 = Single, 2 = Married/filing jointly, 3 = Married separately, 4 = Head of household, 5 = Qualifying widow(er)) _____ [5]

All Other Children's Information

Enter information for each child with unearned income of more than \$2,100.

Preparer - Enter on Screen 8615Sib

Child #1 social security number _____ [1]

Child #1 first name _____ [2]

Child #1 last name _____ [3]

Child #1 date of birth (mm/dd/yyyy) _____ [4]

Child #2 social security number _____ [1]

Child #2 first name _____ [2]

Child #2 last name _____ [3]

Child #2 date of birth (mm/dd/yyyy) _____ [4]

Child #3 social security number _____ [1]

Child #3 first name _____ [2]

Child #3 last name _____ [3]

Child #3 date of birth (mm/dd/yyyy) _____ [4]

Child #4 social security number _____ [1]

Child #4 first name _____ [2]

Child #4 last name _____ [3]

Child #4 date of birth (mm/dd/yyyy) _____ [4]

Child #5 social security number _____ [1]

Child #5 first name _____ [2]

Child #5 last name _____ [3]

Child #5 date of birth (mm/dd/yyyy) _____ [4]

Child #6 social security number _____ [1]

Child #6 first name _____ [2]

Child #6 last name _____ [3]

Child #6 date of birth (mm/dd/yyyy) _____ [4]

Child #7 social security number _____ [1]

Child #7 first name _____ [2]

Child #7 last name _____ [3]

Child #7 date of birth (mm/dd/yyyy) _____ [4]

Child #8 social security number _____ [1]

Child #8 first name _____ [2]

Child #8 last name _____ [3]

Child #8 date of birth (mm/dd/yyyy) _____ [4]

Child #9 social security number _____ [1]

Child #9 first name _____ [2]

Child #9 last name _____ [3]

Child #9 date of birth (mm/dd/yyyy) _____ [4]

Child #10 social security number _____ [1]

Child #10 first name _____ [2]

Child #10 last name _____ [3]

Child #10 date of birth (mm/dd/yyyy) _____ [4]

Child #11 social security number _____ [1]

Child #11 first name _____ [2]

Child #11 last name _____ [3]

Child #11 date of birth (mm/dd/yyyy) _____ [4]

Child #12 social security number _____ [1]

Child #12 first name _____ [2]

Child #12 last name _____ [3]

Child #12 date of birth (mm/dd/yyyy) _____ [4]

NOTES/QUESTIONS:

Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.
 Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number _____ [1]
 Child's date of birth _____ [2]
 Child's name _____ [4]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]

Type Code (**See codes below)	Payer	Interest Income [6]	Tax Exempt Income	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information
---	_____	+	_____	_____	_____	<div style="border: 1px solid black; padding: 2px;"> _____ _____ _____ _____ _____ _____ </div>
---	_____	+	_____	_____	_____	
---	_____	+	_____	_____	_____	
---	_____	+	_____	_____	_____	
---	_____	+	_____	_____	_____	
---	_____	+	_____	_____	_____	

**Interest Codes

Blank = Regular Interest 3 = Nominee Distribution 4 = Accrued Interest 5 = OID Adjustment 6 = ABP Adjustment

Children's Dividend Income

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

Type Code (** See codes below)	Ordinary [8] Dividends	Qualified Dividends	Total Capital Gain Distributions	Section 1250	Section 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information
1	Payer	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	_____
2	Payer	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	_____
3	Payer	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	_____
4	Payer	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	_____
5	Payer	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	_____
6	Payer	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	_____

**Dividend Codes

Blank = Other 3 = Nominee

Alaska Permanent Fund dividends:	2015 Information [10]	Prior Year Information
	+ _____	<div style="border: 1px solid black; padding: 2px;"> _____ </div>
	+ _____	

Complete if you paid cash wages of \$1,000 or more to any household employee.

Taxpayer/Spouse (T, S)	_____	[1]
Employer identification number	_____	[2]
Total cash wages subject to social security taxes	+ _____	[4]
Total cash wages subject to Medicare taxes	+ _____	[5]
Total cash wages subject to Additional Medicare Tax withholding	+ _____	[6]
Federal income tax withheld	+ _____	[7]
State disability plan social security & Medicare withheld	+ _____	[8]
Did you:		
(A) pay any household employee cash wages of \$1900 or more in 2015? (Y, N)	_____	[9]
(B) withhold Federal income tax for any household employee? (Y, N)	_____	[10]
(C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2014 or 2015? (Y, N)	_____	[11]

Federal Unemployment (FUTA) Tax

If you answered "Yes" to question (C) above, complete the following information.
Complete only items marked with an asterisk (*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.

Total cash wages subject to FUTA tax	+ _____	[12]
State #1 information		
State postal code where you have to pay unemployment contributions *	_____	[14]
State reporting number as shown on state unemployment tax return	_____	[15]
Taxable wages (as defined in state act)	+ _____	[16]
State experience rate period:		
From	_____	[17]
To	_____	[18]
State experience rate (xxx.xx)	_____	[19]
Contributions paid to state unemployment fund *	+ _____	[20]
Contributions for 2015 paid after 04/18/16	+ _____	[21]
State #2 information		
State postal code where you have to pay unemployment contributions	_____	[22]
State reporting number as shown on state unemployment tax return	_____	[23]
Taxable wages (as defined in state act)	+ _____	[24]
State experience rate period:		
From	_____	[25]
To	_____	[26]
State experience rate (xxx.xx)	_____	[27]
Contributions paid to state unemployment fund	+ _____	[28]
Contributions for 2015 paid after 04/18/16	+ _____	[29]

NOTES/QUESTIONS:

You are required to repay the First-Time Homebuyer credit if you claimed the credit in 2008. If the credit was claimed in 2009, 2010, or 2011, and the home is no longer used as your main residence, you may have to repay the credit.

Principal residence address, if different from home address on Organizer Form ID: 1040

Address _____ [1]

City/State/Zip code _____ [2] ____ [3] _____ [4]

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11) _____ [5]

Purchase price of the home _____ [6]

Date the home was sold or ceased being used as principal residence _____ [13]

If you sold your home, enter the selling price _____ [14]

If you sold your home, enter the expense of sale _____ [15]

Were you and your spouse married on the purchase date? (Y, N) _____ [18]

If your home was transferred to your ex-spouse due to a divorce settlement,
enter his or her full name _____ [19]

If you own the principal residence with another person enter their name and allocation percentage
Other owner name _____ [22]

Allocation percentage _____

NOTES/QUESTIONS:

Child and Dependent Care Expenses

Please enter all amounts paid in 2015 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2014 employer-provided dependent care benefits used during 2015 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2015	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2015		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____

Amount paid to care provider in 2015 _____ + _____ [7]

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____

Amount paid to care provider in 2015 _____ + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____

Amount paid to care provider in 2015 _____ + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____

Amount paid to care provider in 2015 _____ + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____

Amount paid to care provider in 2015 _____ + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Credit For The Elderly or Disabled

Please complete if you were age 65 or older at the end of 2015, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

	Taxpayer	Spouse
Nontaxable disability/pension income received in 2015	+ _____ [7]	+ _____ [8]
Taxable disability income received in 2015	+ _____ [9]	+ _____ [10]

NOTES/QUESTIONS:

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)		__	[1]
Were the costs incurred made to your main home located in the United States? (Y, N)		__	[2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)		__	[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	_____	[5]
Enter the total amount of costs for exterior windows	+	_____	[7]
Enter the total amount of costs for exterior doors	+	_____	[9]
Enter the total amount of costs for qualified metal roofs	+	_____	[11]
Enter the total amount of costs for energy-efficient building property	+	_____	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+	_____	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+	_____	[10]
Enter the total amount of costs for qualified solar electric property	+	_____	[12]
Enter the total amount of costs for qualified solar water heating property	+	_____	[14]
Enter the total amount of costs for qualified small wind energy property	+	_____	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+	_____	[13]
Enter the total amount of costs for qualified fuel cell property	+	_____	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property		_____	[17]

NOTES/QUESTIONS:

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2015.

Preparer use only

Description _____ [3]
 Taxpayer/Spouse (T, S) _____ [8]
 Category of income* _____ [10]
 Description of income _____ [11]

*Category of Income	
A = Passive category income	D = Certain income re-sourced by treaty
B = General category income	E = Lump-sum distributions
C = Section 901(j) income	

Foreign Income or Loss

Country code _____ [18]
 Country name _____ [19]

	Regular	AMT, if different
Foreign gross income	+ _____ [22]	+ _____ [23]
Definitely related expenses:		
_____	+ _____ [30]	+ _____ [31]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
Foreign source losses	+ _____ [44]	+ _____ [45]

Foreign Taxes Paid or Accrued

Foreign taxes paid or accrued:		
Date paid or accrued		_____ [46]
In foreign currency - taxes withheld on:		
Dividends		+ _____ [47]
Rents & royalties		+ _____ [48]
Interest		+ _____ [49]
Other foreign taxes		+ _____ [50]
In US dollars - taxes withheld on:		
Dividends		+ _____ [52]
Rents & Royalties		+ _____ [53]
Interest		+ _____ [54]
Other foreign taxes		+ _____ [55]

NOTES/QUESTIONS:

Complete this form if you paid qualified adoption expenses in 2015. Indicate if the adoption was final in or before 2015. Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home. Please provide copies of legal documents approving the adoption.

	Child 1 [1]	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '98 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2014 for this child	_____	_____	_____
Employer-provided benefits received in 2014 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2015 for this child	_____	_____	_____
Employer-provided benefits received in 2015 for this child	_____	_____	_____
Adoption final in (1 = '15, 2 = Pre '15)	_____	_____	_____

	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '98 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2014 for this child	_____	_____	_____
Employer-provided benefits received in 2014 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2015 for this child	_____	_____	_____
Employer-provided benefits received in 2015 for this child	_____	_____	_____
Adoption final in (1 = '15, 2 = Pre '15)	_____	_____	_____

If the adoption was incomplete or unsuccessful please provide information below:

_____ [7]
 _____ [8]
 _____ [9]

NOTES/QUESTIONS:

*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
Nontaxable use of gasoline -			
Off-highway business use		\$0.183	+ _____ [1]
Use on a farm		0.183	+ _____ [2]
Other nontaxable use	____ [3]	0.183	+ _____ [4]
Exported		0.184	+ _____ [5]
Nontaxable use of aviation gasoline -			
Commercial aviation		0.15	+ _____ [6]
Other nontaxable use	____ [7]	0.193	+ _____ [8]
Exported		0.194	+ _____ [9]
Leaking underground storage tank (LUST) tax		0.001	+ _____ [10]
Nontaxable use of undyed diesel fuel -			
Explanation of evidence of dyes:			_____ [11]

Other nontaxable use	____ [12]	0.243	+ _____ [13]
Use on a farm		0.243	+ _____ [14]
Trains		0.243	+ _____ [15]
Intercity / local bus		0.17	+ _____ [16]
Exported		0.244	+ _____ [17]
Nontaxable use of undyed kerosene (other than aviation) -			
Explanation of evidence of dyes:			_____ [18]

Other nontaxable use	____ [19]	0.243	+ _____ [20]
Use on a farm		0.243	+ _____ [21]
Intercity / local buses		0.17	+ _____ [22]
Exported		0.244	+ _____ [23]
Other nontaxable use taxed at \$.044	____ [24]	0.043	+ _____ [25]
Other nontaxable use taxed at \$.219	____ [26]	0.218	+ _____ [27]
Kerosene used in aviation -			
Kerosene taxed at \$.244		0.200	+ _____ [28]
Kerosene taxed at \$.219		0.175	+ _____ [29]
Other nontaxable use taxed at \$.244	____ [30]	0.243	+ _____ [31]
Other nontaxable use taxed at \$.219/.044	____ [32]	0.218	+ _____ [33]
Leaking underground storage tank (LUST) tax		0.001	+ _____ [34]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

*Select the Type of Use codes from the chart below

Type of Use*	Rate	Gallons
Sales by registered ultimate vendors of undyed diesel fuel -		
Registration Number _____		[1]
Explanation of evidence of dyes: _____		[2]

State / local government	0.243	+ _____ [3]
Intercity / local buses	0.17	+ _____ [4]
Sales by registered ultimate vendors of undyed kerosene -		
Registration Number _____		[5]
Explanation of evidence of dyes: _____		[6]

Use by state/local government	0.243	+ _____ [7]
Sales from a blocked pump	0.243	+ _____ [8]
Intercity / local buses	0.17	+ _____ [9]
Sales by registered ultimate vendors of kerosene in aviation -		
Registration Number _____		[10]
Commercial aviation taxed at \$.219 (Other than foreign trade)	0.175	+ _____ [11]
Commercial aviation taxed at \$.244 (Other than foreign trade)	0.200	+ _____ [12]
Nonexempt use in noncommercial aviation	0.025	+ _____ [13]
Other nontaxable uses taxed at \$.244 _____ [14]	0.243	+ _____ [15]
Other nontaxable uses taxed at \$.219/.044 _____ [16]	0.218	+ _____ [17]
Leaking underground storage tank (LUST) tax	0.001	+ _____ [18]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
Nontaxable use of alternative fuel -			
Liquefied petroleum gas (LPG)	___[1]	0.183	+ _____[2]
"P Series" fuels	___[3]	0.183	+ _____[4]
Compressed natural gas (CNG)	___[5]	0.183	+ _____[6]
Liquefied hydrogen	___[7]	0.183	+ _____[8]
Any liquid fuel derived from coal through the Fischer-Tropsch process	___[9]	0.243	+ _____[10]
Liquid hydrocarbons derived from biomass	___[11]	0.243	+ _____[12]
Liquefied natural gas (LNG)	___[13]	0.243	+ _____[14]
Liquefied gas derived from biomass	___[15]	0.183	+ _____[16]
Alternative fuel credit and alternative fuel mixture credit -			
Registration Number			_____ [17]
Liquefied hydrogen		0.50	+ _____ [18]
Registered credit card users -			
Registration Number			_____ [19]
Diesel for state / local government		0.243	+ _____ [20]
Kerosene for state / local government		0.243	+ _____ [21]
Kerosene for aviation use by state / local gov't taxed at \$.219/.044		0.218	+ _____ [22]
Nontaxable use of a diesel-water fuel emulsion -			
Other nontaxable use	___ [23]	0.197	+ _____ [24]
Exported		0.198	+ _____ [25]
Diesel-water fuel emulsion blending -			
Registration Number			_____ [26]
Blender credit		0.046	+ _____ [27]
Exported dyed fuels -			
Exported dyed diesel fuel		0.001	+ _____ [28]
Exported dyed kerosene		0.001	+ _____ [29]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

Instructions Enter carryovers from prior year(s) as positive numbers. Enter utilizations from prior year(s) as negative numbers.	Indefinite Carryovers	2014 to 2015 Amounts
	Excess section 179 for Sch A	+ _____ [1]
	Excess section 179 for Sch A - AMT	+ _____ [2]
	Minimum tax credit	+ _____ [3]
	Investment interest	+ _____ [4]
	Investment interest - AMT	+ _____ [5]
	Short-term capital loss	+ _____ [6]
	Short-term capital loss - AMT	+ _____ [7]
	Long-term capital loss	+ _____ [8]
	Long-term capital loss - AMT	+ _____ [9]
	Residential energy credit	+ _____ [10]
	D.C. first-time homebuyer credit	+ _____ [11]
	Tax credit bonds	+ _____ [12]

Charitable Contribution Carryover Items

Prior C/O Year	50% Contributions	30% Contributions	50/30% Cap Gain Prop	20% Contributions	50% Qualified Conservation Contributions	100% Qualified Conservation Contributions
2006					+ _____ [63]	+ _____ [81]
2007					+ _____ [64]	+ _____ [82]
2008					+ _____ [65]	+ _____ [83]
2009					+ _____ [66]	+ _____ [84]
2010	+ _____ [13]	+ _____ [18]	+ _____ [23]	+ _____ [28]	+ _____ [67]	+ _____ [85]
2011	+ _____ [14]	+ _____ [19]	+ _____ [24]	+ _____ [29]	+ _____ [68]	+ _____ [86]
2012	+ _____ [15]	+ _____ [20]	+ _____ [25]	+ _____ [30]	+ _____ [69]	+ _____ [87]
2013	+ _____ [16]	+ _____ [21]	+ _____ [26]	+ _____ [31]	+ _____ [70]	+ _____ [88]
2014	+ _____ [17]	+ _____ [22]	+ _____ [27]	+ _____ [32]	+ _____ [71]	+ _____ [89]

AMT Charitable Contribution Carryover Items

Prior C/O Year	50% AMT Contributions	30% AMT Contributions	50/30% AMT Cap Gain Prop	20% AMT Contributions	50% AMT Qual Conservation Contributions	100% AMT Qual Conservation Contributions
2006					+ _____ [72]	+ _____ [90]
2007					+ _____ [73]	+ _____ [91]
2008					+ _____ [74]	+ _____ [92]
2009					+ _____ [75]	+ _____ [93]
2010	+ _____ [33]	+ _____ [38]	+ _____ [43]	+ _____ [48]	+ _____ [76]	+ _____ [94]
2011	+ _____ [34]	+ _____ [39]	+ _____ [44]	+ _____ [49]	+ _____ [77]	+ _____ [95]
2012	+ _____ [35]	+ _____ [40]	+ _____ [45]	+ _____ [50]	+ _____ [78]	+ _____ [96]
2013	+ _____ [36]	+ _____ [41]	+ _____ [46]	+ _____ [51]	+ _____ [79]	+ _____ [97]
2014	+ _____ [37]	+ _____ [42]	+ _____ [47]	+ _____ [52]	+ _____ [80]	+ _____ [98]

Section 1231 Nonrecaptured Losses

	Section 1231 Nonrecaptured Losses	AMT Section 1231 Nonrecaptured Losses
2010	+ _____ [53]	+ _____ [58]
2011	+ _____ [54]	+ _____ [59]
2012	+ _____ [55]	+ _____ [60]
2013	+ _____ [56]	+ _____ [61]
2014	+ _____ [57]	+ _____ [62]

Description

A	_____	[2]
B	_____	[2]
C	_____	[2]
D	_____	[2]

Prior C/O Year	A _____ [1]	B _____ [1]	C _____ [1]	D _____ [1]
1998	+ _____ [3]	+ _____ [3]	+ _____ [3]	+ _____ [3]
1999	+ _____ [4]	+ _____ [4]	+ _____ [4]	+ _____ [4]
2000	+ _____ [5]	+ _____ [5]	+ _____ [5]	+ _____ [5]
2001	+ _____ [6]	+ _____ [6]	+ _____ [6]	+ _____ [6]
2002	+ _____ [7]	+ _____ [7]	+ _____ [7]	+ _____ [7]
2003	+ _____ [8]	+ _____ [8]	+ _____ [8]	+ _____ [8]
2004	+ _____ [9]	+ _____ [9]	+ _____ [9]	+ _____ [9]
2005	+ _____ [10]	+ _____ [10]	+ _____ [10]	+ _____ [10]
2006	+ _____ [11]	+ _____ [11]	+ _____ [11]	+ _____ [11]
2007	+ _____ [12]	+ _____ [12]	+ _____ [12]	+ _____ [12]
2008	+ _____ [13]	+ _____ [13]	+ _____ [13]	+ _____ [13]
2009	+ _____ [14]	+ _____ [14]	+ _____ [14]	+ _____ [14]
2010	+ _____ [15]	+ _____ [15]	+ _____ [15]	+ _____ [15]
2011	+ _____ [16]	+ _____ [16]	+ _____ [16]	+ _____ [16]
2012	+ _____ [17]	+ _____ [17]	+ _____ [17]	+ _____ [17]
2013	+ _____ [18]	+ _____ [18]	+ _____ [18]	+ _____ [18]
2014	+ _____ [22]	+ _____ [22]	+ _____ [22]	+ _____ [22]

NOTES/QUESTIONS:

Schedule F - Farm income/-loss:

2014	+ _____	[1]
2013	+ _____	[2]
2012	+ _____	[3]
2011	+ _____	[4]
2010	+ _____	[5]

Schedule C - Farm commodity processing income/-loss:

2014	+ _____	[6]
2013	+ _____	[7]
2012	+ _____	[8]
2011	+ _____	[9]
2010	+ _____	[10]

Schedule E - Partnership/S corporation farm income/-loss:

2014	+ _____	[11]
2013	+ _____	[12]
2012	+ _____	[13]
2011	+ _____	[14]
2010	+ _____	[15]

Form 4835 - Farm rent income/-loss:

2014	+ _____	[16]
2013	+ _____	[17]
2012	+ _____	[18]
2011	+ _____	[19]
2010	+ _____	[20]

Gain/-loss on sale of farming property:

2014	+ _____	[21]
2013	+ _____	[22]
2012	+ _____	[23]
2011	+ _____	[24]
2010	+ _____	[25]

AMT Gain/-loss on sale of farming property:

2014	+ _____	[26]
2013	+ _____	[27]
2012	+ _____	[28]
2011	+ _____	[29]
2010	+ _____	[30]

AMT Adjustments/Preferences to farm income/-loss:

2014	+ _____	[31]
2013	+ _____	[32]
2012	+ _____	[33]
2011	+ _____	[34]
2010	+ _____	[35]

NOTES/QUESTIONS:

Prior C/O Year	Net Operating Loss	AMT NOL
1998	+ _____ [1]	+ _____ [18]
1999	+ _____ [2]	+ _____ [19]
2000	+ _____ [3]	+ _____ [20]
2001	+ _____ [4]	+ _____ [21]
2002	+ _____ [5]	+ _____ [22]
2003	+ _____ [6]	+ _____ [23]
2004	+ _____ [7]	+ _____ [24]
2005	+ _____ [8]	+ _____ [25]
2006	+ _____ [9]	+ _____ [26]
2007	+ _____ [10]	+ _____ [27]
2008	+ _____ [11]	+ _____ [28]
2009	+ _____ [12]	+ _____ [29]
2010	+ _____ [13]	+ _____ [30]
2011	+ _____ [14]	+ _____ [31]
2012	+ _____ [15]	+ _____ [32]
2013	+ _____ [16]	+ _____ [33]
2014	+ _____ [17]	+ _____ [34]

NOTES/QUESTIONS:

This page has been prepared to present the details of prior year income tax returns and is provided for informational purposes only.

	2011 Amounts	2012 Amounts	2013 Amounts	2014 Amounts
Filing Status (1 = Single, 2 = MFJ, 3 = MFS, 4 = HOH, 5 = QW)	_____	_____	_____	_____
Salaries and wages	_____	_____	_____	_____
Interest income	_____	_____	_____	_____
Tax-exempt interest	_____	_____	_____	_____
Dividend income	_____	_____	_____	_____
Qualified dividends	_____	_____	_____	_____
Business income/loss	_____	_____	_____	_____
Capital gains and losses	_____	_____	_____	_____
Other gains and losses	_____	_____	_____	_____
IRA distributions, pensions, annuities	_____	_____	_____	_____
Rent, royalty, farm rental income	_____	_____	_____	_____
Partnership/S corp income	_____	_____	_____	_____
Estate or trust income	_____	_____	_____	_____
Farm income/loss	_____	_____	_____	_____
Other income/loss	_____	_____	_____	_____
Total income -	_____	_____	_____	_____
Total adjustments to income	_____	_____	_____	_____
Adjusted gross income -	_____	_____	_____	_____
Medical expenses	_____	_____	_____	_____
State and local taxes	_____	_____	_____	_____
Interest expenses	_____	_____	_____	_____
Charitable contributions	_____	_____	_____	_____
Other itemized deductions	_____	_____	_____	_____
Allowable itemized deductions	_____	_____	_____	_____
Standard deduction	_____	_____	_____	_____
Standard or itemized deduction taken -	_____	_____	_____	_____
Exemptions	_____	_____	_____	_____
Taxable income -	_____	_____	_____	_____
Tax on taxable income	_____	_____	_____	_____
Alternative minimum tax	_____	_____	_____	_____
Total credits	_____	_____	_____	_____
Net tax liability -	_____	_____	_____	_____
Self-employment taxes	_____	_____	_____	_____
Other taxes	_____	_____	_____	_____
Total tax -	_____	_____	_____	_____
Income tax withheld	_____	_____	_____	_____
Estimated tax payments	_____	_____	_____	_____
Other payments	_____	_____	_____	_____
Total payments -	_____	_____	_____	_____
Tax due/-refund -	_____	_____	_____	_____
Penalties and interest	_____	_____	_____	_____
Net tax due/-refund -	_____	_____	_____	_____
Refund applied to estimated tax payments	_____	_____	_____	_____
Refund received	_____	_____	_____	_____
Marginal tax rate -	_____ %	_____ %	_____ %	_____ %
Effective tax rate -	_____ %	_____ %	_____ %	_____ %

NOTES/QUESTIONS:

General: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____

Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

Taxpayer Spouse

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) _____

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y, N) _____

General: 1040, Contact

Present Mailing Address

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441

Child and Dependent Care Expenses

Provider information:

Business name _____

First and Last name _____

Street address _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____

Amount paid to care provider in 2015 _____

Taxpayer Spouse

Employer-provided dependent care benefits that were forfeited _____

General: Info

Direct Deposit/Electronic Funds Withdrawal Information

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:

Financial institution: Routing transit number _____ Name _____

Your account number _____ Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

If you would like to use a refund to purchase U.S. Series I Savings bonds (in increments of \$50), enter a maximum amount (up to \$5,000).** _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

**To purchase U.S. Series I Savings bonds in someone else's name, please contact our office.

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.
 Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.
 Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: K1, K1T

Schedules K-1

Please provide all copies of Schedule K-1 that you receive.
 Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.
 Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.
 Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___

Income: B1 **Interest Income**

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

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J _____ Payer's name _____ Payer's social security number _____
 Payer's address, city, state, zip code _____
 Amount received in 2015 _____ Amount received in 2014 _____

Income: B2 **Dividend Income**

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

	2015 Information		Prior Year Information
State and local income tax refunds	Taxpayer _____	Spouse _____	Prior Year Information _____
Alimony received	_____	_____	_____
Unemployment compensation	_____	_____	_____
Unemployment compensation repaid	_____	_____	_____
Social security benefits	_____	_____	_____
Medicare premiums to be reported on Schedule A	_____	_____	_____
Railroad retirement benefits	_____	_____	_____

T/S/J	2015 Information	Prior Year Information
Other Income:	_____	_____
_____	_____	_____
_____	_____	_____

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer

Spouse

Traditional IRA Contributions for 2015 -

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2015

Roth IRA Contributions for 2015 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2015

Educate: Educate2

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2015 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2015 Information	Prior Year Information
___	_____	_____	_____
___	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2015.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home because of a new principal work place.

Description of move	_____
Taxpayer/Spouse/Joint (T, S, J)	_____
Mark if the move was due to service in the armed forces	___
Number of miles from old home to new workplace	_____
Number of miles from old home to old workplace	_____
Mark if move is outside United States or its possessions	___
Transportation and storage expenses	_____
Travel and lodging (not including meals)	_____
Total amount reimbursed for moving expenses	_____

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Recipient name	Recipient SSN	2015 Information	Prior Year Information
___	_____	_____	_____	_____
Street address		_____	_____	_____
City, State and Zip code		_____	_____	_____

Taxpayer

Spouse

Prior Year Information

Educator expenses:

_____	_____	_____	_____
_____	_____	_____	_____

Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Itemized: A1

Medical and Dental Expenses

T/S/J		2015 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid***	_____	_____
—	Long-term care premiums you paid***	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items	_____	_____

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

Tax Expenses

T/S/J		2015 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2014 state and local income taxes paid in 2015	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2

Interest Expenses

T/S/J		2015 Information	Prior Year Information
—	Home mortgage interest From Form 1098	_____	_____
T/S/J	Other home mortgage interest paid to individuals:		
—	Payee's Name	_____	_____
—	SSN or EIN	_____	_____
—	Address	_____	_____
—	City	_____	_____
—	State	_____	_____
—	Zip Code	_____	_____
T/S/J	Investment interest expense, other than on Sch K-1s:	_____	_____
	Refinance #1	_____	_____
	Refinance #2	_____	_____
Refinancing Information:			
T/S/J	Recipient/Lender name	_____	_____
	Total points paid at time of refinance	_____	_____
	Date of refinance	_____	_____
	Term of new loan (in months)	_____	_____
	Reported on Form 1098 in 2015	_____	_____

Itemized: A3

Charitable Contributions

T/S/J		2015 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3

Miscellaneous Deductions

T/S/J		2015 Information	Prior Year Information
—	Unreimbursed expenses	_____	_____
—	Union dues	_____	_____
—	Tax preparation fees	_____	_____
—	Other expenses, subject to 2% AGI limitation:	_____	_____
—	_____	_____	_____
—	Safe deposit box rental	_____	_____
—	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT	_____	_____
—	Other expenses, not subject to the 2% AGI limitation:	_____	_____
—	_____	_____	_____
—	Gambling losses (enter only if you have gambling income)	_____	_____

Preparer use only

Activity name _____

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
EXAMPLE		2015 Model T - (EXAMPLE ASSET)	03/09/15	25,750
	Comments:	22,500 job-related miles, 25,000 total miles		
1	Comments:			
2	Comments:			
3	Comments:			
4	Comments:			
5	Comments:			
6	Comments:			
7	Comments:			
8	Comments:			
9	Comments:			
10	Comments:			
11	Comments:			
12	Comments:			
13	Comments:			
14	Comments:			
15	Comments:			
16	Comments:			
17	Comments:			
18	Comments:			
19	Comments:			
20	Comments:			
21	Comments:			
22	Comments:			
23	Comments:			
24	Comments:			
25	Comments:			