

**Prepared By:**

Accounting & Tax Solutions Inc.  
710 Kipling St Ste 305  
Lakewood, CO 80215-8006

**2015 Client Organizer**

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 \_\_\_\_\_

Social security number \_\_\_\_\_

**Taxpayer**

**Spouse**

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.

**INTEREST/DIVIDENDS/CAPITAL GAINS/OTHER INCOME**

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

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

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
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Educator expenses:

_____	_____	_____	_____
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Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____

**Personal Information**

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 <sup>(48)</sup>	Last Name	Date of Birth	Social Security No.	Relationship	Months in home <sup>***</sup>	Dep Codes <sup>**</sup>	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**

<p><b>*Basic</b></p> <ul style="list-style-type: none"> <li>1 = Child who lived with you</li> <li>2 = Child who did not live with you</li> <li>3 = Other dependent</li> <li>5 = Qualifying child for Earned Income Credit only</li> <li>6 = Children who lived with you, but do not qualify for Earned Income Credit</li> <li>7 = Children who lived with you, but do not qualify for Child Tax Credit</li> <li>8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit</li> </ul> <p><b>***Months</b></p> <ul style="list-style-type: none"> <li>77 = Reported on odd year return</li> <li>88 = Reported on even year return</li> <li>99 = Not reported on return</li> </ul>	<p><b>**Other</b></p> <ul style="list-style-type: none"> <li>1 = Student (Age 19 - 23)</li> <li>2 = Disabled dependent</li> <li>3 = Dependent who is both a student and disabled</li> </ul>
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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]

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**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:**

### 2015 State Estimated Tax Payments

Taxpayer/Spouse/Joint (r, 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><b>City #1</b></p> <p>City name _____ [28]                  Amount paid with 2014 return + _____ [31]                  2014 overpayment applied to '15 estimates + _____ [32]                  Treat calculated amounts as paid _____ [36]</p>	<p><b>City #2</b></p> <p>City name _____ [50]                  Amount paid with 2014 return + _____ [53]                  2014 overpayment applied to '15 estimates + _____ [54]                  Treat calculated amounts as paid _____ [58]</p>
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	Date Paid		Amount Paid		Date Paid		Amount Paid	
1st quarter payment	_____ [37]	+	_____ [38]		1st quarter payment	_____ [59]	+	_____ [60]
2nd quarter payment	_____ [39]	+	_____ [40]		2nd quarter payment	_____ [61]	+	_____ [62]
3rd quarter payment	_____ [41]	+	_____ [42]		3rd quarter payment	_____ [63]	+	_____ [64]
4th quarter payment	_____ [43]	+	_____ [44]		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><b>City #3</b></p> <p>City name _____ [72]                  Amount paid with 2014 return + _____ [75]                  2014 overpayment applied to '15 estimates + _____ [76]                  Treat calculated amounts as paid _____ [80]</p>	<p><b>City #4</b></p> <p>City name _____ [94]                  Amount paid with 2014 return + _____ [97]                  2014 overpayment applied to '15 estimates + _____ [98]                  Treat calculated amounts as paid _____ [102]</p>
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	Date Paid		Amount Paid		Date Paid		Amount Paid	
1st quarter payment	_____ [81]	+	_____ [82]		1st quarter payment	_____ [103]	+	_____ [104]
2nd quarter payment	_____ [83]	+	_____ [84]		2nd quarter payment	_____ [105]	+	_____ [106]
3rd quarter payment	_____ [85]	+	_____ [86]		3rd quarter payment	_____ [107]	+	_____ [108]
4th quarter payment	_____ [87]	+	_____ [88]		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]	_____
<b>Box 13 -</b>		
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 +

## 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]	_____
<b>Box 13 -</b>		
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 +

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.

Type T/S/J Code (**See codes below)	Interest (1) Income	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  
 3 = Nominee Distribution  
 4 = Accrued Interest  
 5 = OID Adjustment  
 6 = ABP 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	(1) 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												
2												
3												
4												
5												
6												
7												
8												
9												
10												

\*\*Dividend Codes  
 Blank = Other      3 = Nominee







### Social Security, Tier 1 Railroad Benefits

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

Taxpayer/Spouse (T, S)

\_\_ [1]

State postal code

\_\_ [2]

#### Social Security Benefits

If you received a Form SSA - 1099, please complete the following information:

2015 Information

Prior Year 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

If you received a Form RRB - 1099, please complete the following information:

2015 Information

Prior Year 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:

**Traditional IRA**

Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)

**Taxpayer**

**Spouse**

\_\_[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

Mark if you want to contribute the maximum Roth IRA contribution

**Taxpayer**

**Spouse**

\_\_[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:**

Alimony Paid:

T/S/J			Recipient name	Recipient SSN	2015 Information	Prior Year Information
					+	(1)
Address						
					+	
Address						
					+	
Address						

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

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

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]		
---	_____ + _____		
---	_____ + _____		

Control Totals +

Charitable Contributions

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]	_____
—	_____	+ _____	_____

Control Totals +

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. Please provide all copies of Form(s) 1095-B and/or 1095-C

Was your entire family covered for the full year with minimum essential health care coverage? (Y, N)  [3]  [7]

If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage. Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming. Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.

Table with columns: Social Security No., First Name, Last Name, Exemption Certificate Number, Other Exemption Type \*, Full Year, Start Month, End Month. Includes a grid for entering family member information.

\*Other Exemption Type Codes
A = Unaffordable coverage
B = Short coverage gap
C = Exempt noncitizen
D = Health care sharing ministry
E = Indian tribe member
F = Incarcerated individual
G = Hardship (combined coverage unaffordable, initial open enrollment, CHIP)
H = Medicaid/TRICARE/Fiscal year employer plan
X = Insured with minimum essential coverage (coverage info found on Form(s) 1095-B or 1095-C)

Table for premium information with columns: 2015 Information (Taxpayer, Spouse), Prior Year Information. Rows for Self-employed health insurance premiums and Self-employed long-term care premiums.

NOTES/QUESTIONS: