PERSONAL DATA

Your name				SSN		
Spouse's Name				SSN		
Address						
Address						
City	State		Zip			
County		School Dist	rict			
Evening Phone		Daytime Ph	one			
Cell Phone		Email Addr	ess			
Occupation		Spouse's Oc	ccupation			
Do you want \$3 to go to the Presidential Camp	paign Fund?		D.O.B		Blind	Active Military
Does your spouse want \$3 to go to the Preside	ntial Campaign	Fund?	D.O.B		Blind	Active Military
Date and time of last year's appointment						
Your Dependents						
Dependent #1		Dependen	t #2			Dependent #3
First Name	First Name				First Na	me
Last Name	Last Name				Last Na	me
Social Security Number	Social Security	y Number			Social S	ecurity Number
Relationship	Relationship				Relation	ship
No. of months lived with you	No. of months	lived with yo	ou		No. of n	nonths lived with you
Age/DOB	Age/DOB		l		Age/DO	В
1 Qualifying child care expenses incurred and paid in 2015	1 Qualifying chi incurred and p	aid in 2015			incurre	ring child care expenses d and paid in 2015
2 Portion of qualifying expense	2 Portion of qua					of qualifying expense
provided by your employer		your employe	r			ed by your employer
3 Hope Credit qualified	3 Hope Credit q					Credit qualified
expenses paid 4 Lifetime Learning Credit	expenses pai 4 Lifetime Learn					ses paid le Learning Credit
qualified expense paid	qualified expe					ed expense paid
Does your minor child have income over \$850		noe para			quann	от опропос рана

Income Taxes Paid	F	Federal		ate	Local	
2016 Estimates: April 15, 2015	Amount paid	Date paid	Amount paid	Date paid	Amount paid	Date paid
June 15, 2015						
Sept. 15, 2015						
Jan. 16, 2016						
2014 overpayment applied						
2014 Balance due						
2014 Refund						

٦	Ticco	llaneous	Inform	nation
13	/11804	HAHEOHS		1121111111

Name:	SSN:	

Yes	No	Did any births, adoptions, marriages, divorces, or deaths occur in your family during the year?
		Can you or your spouse be claimed as a dependent by someone else?
		Have you received all W-2's from all employers? How many? Please attach.
		Have you received any disability income during the year? \$
		Did you or your spouse receive any social security benefits during the year? Please attach Form(s) SSA-1099
		Did you have a change in residence or job location during the year?
		Did you use your vehicle on the job other than for commuting to work?
		Did you have an employer-provided vehicle which you drove home Or used personally? If so, enter the lease value. \$
		Did you work out of town at any time during the year?
		Did you start a new business or purchase any rental property during 2015?
		Did you purchase, sell, or refinance your principal home or your second home or make a home equity loan during the year? If yes, please bring escrow papers and other pertinent information.
		Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please List on attached sheet. Also, please bring escrow papers for purchases of real estate.
		Did you dispose of any business assets (including real estate)? If yes, list on attached sheet.
		Did you receive any notices from the IRS or the state? If yes, list on attached sheet.
		Did you have an interest in or signature over a bank or brokerage account in a foreign country, or were you a grantor of or transferor to a foreign trust?
		Did you receive any type of prize award during 2015?
		Did you engage in any bartering transactions in 2015?
		Did you surrender any U.S. Savings Bonds during 2015?
		Does anyone owe you money which has become uncollectible?
		Did you incur a loss due to damaged or stolen property?
		Did you or your spouse "rollover" a profit-sharing or retirement plan distribution into another plan?
		Did you make any gifts over \$13,000 to any one person in 2015?
		Did you purchase any gasoline, diesel, or special fuels for non-highway business area?
		Did you receive any income not shown in this organizer? If so, please list.
		If you owned rental property, what percentage of time did you spend managing your rentals?
		Did you have any household employees? (babysitter, housekeeper, nanny, etc.)
		Do you or your spouse have any IRA accounts?

	Did you re-characterize any IRA's this year?
	Did you have child care expenses?
Com	nments:
Em	ail address:
L-111	an address.

	Wages a	and Sala	ary		
Name:			SSN:		
W-2 is for					
Employer's name and address:					
	2015	2014	¬ ~	2015	2014
Wages, salary, or type			State		
Federal tax withheld			State wages		
S.S. wages			State income tax		
S.S. tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
S.S. tips			State		
Allocated tips			State wages		
Advance E.I.C. payment			State income tax		
Dependent care benefits			Locality name		
Are you a statutory employee?			Local wages		
Are you covered by a pension plan?			Local income tax		
Are you covered by a pension plan? Did you receive third-party sick pay?			Local income tax		
Did you receive third-party sick pay?			Local income tax		
Did you receive third-party sick pay? W-2 is for			Local income tax		
Did you receive third-party sick pay?		2014	Local income tax	2015	2014
Did you receive third-party sick pay? W-2 is for Employer's name and address:	2015	2014		2015	2014
Did you receive third-party sick pay? W-2 is for		2014	Local income tax State State wages	2015	2014
Did you receive third-party sick pay? W-2 is for		2014	State	2015	2014
Did you receive third-party sick pay? W-2 is for		2014	State State wages	2015	2014
Did you receive third-party sick pay? W-2 is for Employer's name and address: Wages, salary, or type Federal tax withheld S.S. wages		2014	State State wages State income tax	2015	2014
Did you receive third-party sick pay? W-2 is for		2014	State State wages State income tax Locality name	2015	2014
Did you receive third-party sick pay? W-2 is for Employer's name and address: Wages, salary, or type Federal tax withheld S.S. wages S.S. tax withheld Medicare wages and tips Medicare tax withheld		2014	State State wages State income tax Locality name Local wages	2015	2014
Did you receive third-party sick pay? W-2 is for Employer's name and address: Wages, salary, or type Federal tax withheld S.S. wages S.S. tax withheld Medicare wages and tips Medicare tax withheld S.S. tips		2014	State State wages State income tax Locality name Local wages Local income tax State	2015	2014
Did you receive third-party sick pay? W-2 is for		2014	State State wages State income tax Locality name Local wages Local income tax State State wages	2015	2014
Did you receive third-party sick pay? W-2 is for		2014	State State wages State income tax Locality name Local wages Local income tax State State wages State income tax	2015	2014
Did you receive third-party sick pay? W-2 is for		2014	State State wages State income tax Locality name Local wages Local income tax State State wages State income tax Locality name	2015	2014
Did you receive third-party sick pay? W-2 is for		2014	State State wages State income tax Locality name Local wages Local income tax State State wages State income tax	2015	2014

Supplemental Income and Loss Part I – Income or Loss From Rental Real F		ies
Name:	SSN:	
Type and location of rental real estate property: Was property used for personal purposes more than the greater of 15 days or 10% of total	al days rented at FMV?	Yes No
If yes, was this your main home?		Yes No
Did you actively participate in the operation of this rental during 2015?		Yes No
Does the property qualify as "Real Estate Professional" property?		Yes No
Income:	2015	2014
Rents received		
Royalties received		
Expenses:		
Advertising		
Auto and Travel		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and other professional fees		
Management loss		
Mortgage interest paid to banks, etc.		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Other:		

1099-R					
Name:			SSN:		
1099-R is for:Payer's name:					
Address: City, State, Zip				2015	2014
City, State, Zip	2015	2014	State		
Disability indicator			State income tax withheld		
Reported as wages on 1040			State distribution		
Gross distribution			Local income tax withheld		
Taxable amount			Name of locality		
Total distribution			Local distribution		
Capital gain			State		
Federal income tax withheld			State income tax withheld		
Employee contributions or insurance			State distribution		
premiums Distribution code(s)			Local income tax withheld		
IRA/SEP/SIMPLE			Name of locality		
Your percentage of total distribution			Local distribution		
1000 P is for:					
1099-R is for:					
Payer's name:					
Address:					
City, State, Zip				2015	2014
	2015	2014	State		
Disability indicator			State income tax withheld		
Reported as wages on 1040		_	State distribution		
Gross distribution			Local income tax withheld		
Taxable amount			Name of locality		
Total distribution			Local distribution		
Capital gain			State		
Federal income tax withheld			State income tax withheld		
Employee contributions or insurance premiums			State distribution		
Distribution code(s)			Local income tax withheld		
IRA/SEP/SIMPLE			Name of locality		
Your percentage of total distribution			Local distribution		

	Business:		
Self	E-Employed Business Expenses Con. (Schedule C)		
		Current year	Prior Year
_		Amount	Amount
Expe			
	Advertising 41		
	Contract labor 42		
	Commissions and fees 43		
	Depletion 44		
	Employee benefit programs (other than on line 51) 45		
46	Insurance (other than health) 46		
Inter			
	Mortgage (paid to banks, etc.) 47		
48	Other 48		
49	Legal and professional services 49		
50	Office expense 50		
51	Pension and profit-sharing plans 51		
	Rent or Lease:		
52	Machinery rental or lease 52		
	Equipment rental or lease 53		
	54		
55			
	5 ₆		
	Other business property rental or lease		
57	57		
	58		
	59		
60	Repairs and maintenance		
	Supplies (not included in inventory cost of goods sold)		
	Taxes and licenses		
	Travel, Meals, and Entertainment:		
	Travely friendly and Embervalence		
63	Lodging 63		
64	Transportation		
65	65		
66	66		
90	Meals and entertainment		
67	Enter an "X" in the box if subject to DOT hours of service limits		
	Meals		
69	69		
70	70		
70	70		
/1			
72	Litilities 71		
	Utilities		
13			
71	Other Expenses Dues & multipartients		
	Dues & publications		
	Telephone		
	Delivery expense		
	Simulator		
	Auto rental		
	Uniform		
80	80		
81	81		

Name: _____ SSN:____

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	Schedule A – Itemized Deduct	ions	
Name:		SSN:	

Name:	2015	2014	SSN:	2015	2014
MEDICAL and DENTAL	2015	2014	GIFTS TO CHARITY (receipts available)	2015	2014
Health insurance premiums			Gifts by cash or check		
Long term care premiums			Qualified contributions included on 15a		
Medical miles			Other than by cash or check		
Other Medical & Dental Expenses			Charitable miles		
			Katrina miles		
			Carryover from prior year		
			50%		
			30%		
			20%		
			JOB EXPENSES		
TAXES					
State and local income taxes					
Real estate taxes					
Personal property taxes					
OTHER TAXES:					
INTEREST					
Home mort. Int. & points on Form 1098					
Home mort. Int. not on Form 1098					
Name:			Tax preparation fees		
Address:			OTHER MISC. DEDUCTIONS		
SSN/EIN					
Points not reported on Form 1098					
Investment interest					
			2% MISCELLANEOUS DEDUCTIONS		
	<u> </u>				

Interest and Dividend Income Please attach all 1099(s) relating to interest or dividend income									
Na	me:			SSN:					
	Part I – Interest Income								
	Name and SSN of payer								
TSJ	Address of payer				2015	2013			
Part II – Dividend Income 2015 2015 2015									
		Ordinary	Qualified	2015	Foreign tax				
TSJ	Name of payer	Dividends	Dividends	Capital Gains	withheld				