

PERSONAL DATA

Your name		SSN	
Spouse's Name		SSN	
Address			
Address			
City	State	Zip	
County	School District		
Evening Phone	Daytime Phone		
Cell Phone	Email Address		
Occupation	Spouse's Occupation		
Do you want \$3 to go to the Presidential Campaign Fund?		D.O.B	Blind
Does your spouse want \$3 to go to the Presidential Campaign Fund?		D.O.B	Blind
Date and time of last year's appointment _____			

Your Dependents

Dependent #1		Dependent #2		Dependent #3	
First Name		First Name		First Name	
Last Name		Last Name		Last Name	
Social Security Number		Social Security Number		Social Security Number	
Relationship		Relationship		Relationship	
No. of months lived with you		No. of months lived with you		No. of months lived with you	
Age/DOB		Age/DOB		Age/DOB	
1 Qualifying child care expenses incurred and paid in 2015		1 Qualifying child care expenses incurred and paid in 2015		1 Qualifying child care expenses incurred and paid in 2015	
2 Portion of qualifying expense provided by your employer		2 Portion of qualifying expense provided by your employer		2 Portion of qualifying expense provided by your employer	
3 Hope Credit qualified expenses paid		3 Hope Credit qualified expenses paid		3 Hope Credit qualified expenses paid	
4 Lifetime Learning Credit qualified expense paid		4 Lifetime Learning Credit qualified expense paid		4 Lifetime Learning Credit qualified expense paid	

Does your minor child have income over \$850?

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

Miscellaneous Information

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?

Comments: _____

E-mail address: _____

Wages and Salary

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		
Did you receive third-party sick pay?	_____	_____			

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		
Did you receive third-party sick pay?	_____	_____			

1099-R

Name:

SSN:

1099-R is for: _____

Payer's name: _____

Address: _____

City, State, Zip _____

	2015	2014	State	2015	2014
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		

1099-R is for: _____

Payer's name: _____

Address: _____

City, State, Zip _____

	2015	2014	State	2015	2014
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		

Name: _____ SSN: _____

Business: _____

Self-Employed Business Expenses Con. (Schedule C)

		Current year Amount	Prior Year Amount
Expenses			
41	Advertising	41	
42	Contract labor	42	
43	Commissions and fees	43	
44	Depletion	44	
45	Employee benefit programs (other than on line 51)	45	
46	Insurance (other than health)	46	
Interest:			
47	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	
53	Equipment rental or lease	53	
54	-----	54	
55	-----	55	
56	-----	56	
57	Other business property rental or lease	57	
58	-----	58	
59	-----	59	
60	Repairs and maintenance	60	
61	Supplies (not included in inventory cost of goods sold)	61	
62	Taxes and licenses	62	
Travel, Meals, and Entertainment:			
63	Lodging	63	
64	Transportation	64	
65		65	
66		66	
Meals and entertainment			
67	Enter an "X" in the box if subject to DOT hours of service limits	67	
68	Meals	68	
69		69	
70		70	
71		71	
72	Utilities	72	
73	Wages	73	
Other Expenses			
74	Dues & publications	74	
75	Telephone	75	
76	Delivery expense	76	
77	Simulator	77	
78	Auto rental	78	
79	Uniform	79	
80		80	
81		81	

