| 2015 | 1040 | US | Client Information | 1 |
|---|---|---|---|---|

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## Tax Return Appointment

**Date:**
**Time:**
**Location:**

**This tax organizer will assist you in gathering information necessary for the preparation of your 2015 tax return. Please add, change, or delete information as appropriate.**

## CLIENT INFORMATION

| | | |
|---|---|---|
| Filing Status | Filing status (table) | 1 |
| | 1=married filing separate and lived with spouse | |
| | Year spouse died, if qualifying widow(er) (2013 or 2014) | |
| Taxpayer | First name and initial | |
| | Last name | |
| | Title/suffix | |
| | Social security number | |
| | Occupation | |
| | Date of birth (m/d/y) | |
| | Date of death (m/d/y) | |
| | 1=blind | |
| Spouse | First name and initial | |
| | Last name | |
| | Title/suffix | |
| | Social security number | |
| | Occupation | |
| | Date of birth (m/d/y) | |
| | Date of death (m/d/y) | |
| | 1=blind | |
| Address | In care of | |
| | Street address | |
| | Apartment number | |
| | City | |
| | State | MA |
| | ZIP code | |
| Foreign Address | Region | |
| | Postal code | |
| | Country | |

**Filing Status**

1 = Single
2 = Married filing joint
3 = Married filing separate
4 = Head of household
5 = Qualifying widow(er)

| 2015 | 1040 | US | Client Information (continued) | 1 p2 |
|---|---|---|---|---|

**Please add, change or delete information for 2015.**

## CLIENT INFORMATION

| | | |
|---|---|---|
| Taxpayer Contact Information | Home phone | |
| | Work phone | |
| | Work extension | |
| | Daytime phone (table) | 1 |
| | Mobile phone | |
| | Pager number | |
| | Fax number | |
| | E-mail address | |
| Spouse Contact Information | Home phone | |
| | Work phone | |
| | Work extension | |
| | Daytime phone (table) | |
| | Mobile phone | |
| | Pager number | |
| | Fax number | |
| | E-mail address | |

**Daytime Phone**

1 = Work
2 = Home
3 = Mobile

| 2015 | 1040 | US/MA | Dependents | 2 |
|---|---|---|---|---|

Please add, change or delete information for 2015.

## DEPENDENTS

| | Dependent | Dependent |
|---|---|---|
| First name | | |
| Last name | | |
| Title/suffix | | |
| Date of birth (m/d/y) | | |
| Date of death | | |
| Social security number | | |
| Relationship | | |
| Months lived at home | | |
| Type of dependent (see table) | | |
| Earned income credit (see table) | | |
| Claimed by: 1=taxpayer, 2=spouse | | |
| 1=disabled | | |

| | Dependent | Dependent |
|---|---|---|
| First name | | |
| Last name | | |
| Title/suffix | | |
| Date of birth (m/d/y) | | |
| Date of death | | |
| Social security number | | |
| Relationship | | |
| Months lived at home | | |
| Type of dependent (see table) | | |
| Earned income credit (see table) | | |
| Claimed by: 1=taxpayer, 2=spouse | | |
| 1=disabled | | |

| | Dependent | Dependent |
|---|---|---|
| First name | | |
| Last name | | |
| Title/suffix | | |
| Date of birth (m/d/y) | | |
| Date of death | | |
| Social security number | | |
| Relationship | | |
| Months lived at home | | |
| Type of dependent (see table) | | |
| Earned income credit (see table) | | |
| Claimed by: 1=taxpayer, 2=spouse | | |
| 1=disabled | | |

| | Dependent | Dependent |
|---|---|---|
| First name | | |
| Last name | | |
| Title/suffix | | |
| Date of birth (m/d/y) | | |
| Date of death | | |
| Social security number | | |
| Relationship | | |
| Months lived at home | | |
| Type of dependent (see table) | | |
| Earned income credit (see table) | | |
| Claimed by: 1=taxpayer, 2=spouse | | |
| 1=disabled | | |

### Type of Dependent

1 = Child living w/taxpayer
2 = Child not living w/taxpayer
3 = Dependent other than child
4 = Head of household only, not a dependent
5 = Earned income credit only, not a dependent

### Earned Income Credit

1 = When applicable (default)
2 = Student age 19 to 23
3 = Disabled
4 = Force
5 = Suppress

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:

1. School records or statement
2. Landlord or property management statement
3. Health care provider statement
4. Medical records
5. Child care provider records
6. Placement agency statement
7. Social service records or statement
8. Place of worship statement
9. Indian tribe office statement
10. Employer statement

NOTE: If your child is disabled, please provide one of the following forms of proof of disability:

1. Doctor statement
2. Other health care provider statement
3. Social services agency or program statement

| 2015 | 1040 | US/MA | Direct Deposit & Estimates (Form 1040 ES) | 3, 6 |
|---|---|---|---|---|

Please enter all pertinent 2015 information.

## DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

| | |
|---|---|
| 1=direct deposit of federal tax refund into bank account | |
| 1=electronic payment of balance due | |
| 1=electronic payment of estimated tax | |
| 1=state direct deposit | |
| 1=state electronic payment of balance due | |

## BANK INFORMATION

| Name of Bank | Percent to Deposit (xx.xx) | Routing Number | Account Number | Type of Account (Table 1) | Type of Invest. (Table 2) |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

## 2015 ESTIMATED TAX / 1040-ES (6)

### Federal

| | Amount Paid | Date Paid | TS | 2015 Voucher Amount |
|---|---|---|---|---|
| Overpayment applied from 2014 | | | | |
| 1st quarter payment | | | | |
| 2nd quarter payment | | | | |
| 3rd quarter payment | | | | |
| 4th quarter payment | | | | |
| Additional Estimated Tax Payments | | | | |
| | | | | |
| | | | | |
| | | | | |
| Paid with extension | | | | |
| Former spouse SSN if joint estimates | | | | |

### State

| | Amount Paid | Date Paid | TS | 2015 Voucher Amount |
|---|---|---|---|---|
| Overpayment applied from 2014 | | | | |
| 1st quarter payment | | | | |
| 2nd quarter payment | | | | |
| 3rd quarter payment | | | | |
| 4th quarter payment | | | | |
| Additional Estimated Tax Payments | | | | |
| | | | | |
| | | | | |
| | | | | |
| Paid with extension | | | | |

**1 Type of Account**

1 = Savings
2 = Checking

**2 Type of Investment**

1 = Checking or savings (default)
2 = Taxpayer's IRA (next year limits)
3 = Spouse's IRA (next year limits)
4 = Health savings account (HSA)
5 = Archer MSA
6 = Coverdell savings account (ESA)
7 = Other
8 = Taxpayer's IRA (current year limits)
9 = Spouse's IRA (current year limits)

3, 6

| 2015 | 1040 | US | Direct Deposit & Estimates (Form 1040 ES) (cont.) | 7.1 |
|---|---|---|---|---|

**Please enter all pertinent 2015 information.**

## APPLICATION OF 2015 OVERPAYMENT (7.1)

If you have an overpayment of 2015 taxes, do you want the excess refunded? . . ☐ or applied to 2016 estimate? . . . ☐

Other (please explain): ____________________

## 2016 ESTIMATED TAX INFORMATION

Do you expect your 2016 taxable income to be different from 2015? . . . . . . . . Yes ☐ No ☐

If "yes" explain any differences in income, deductions, dependents, etc.: ____________________

Do you expect your 2016 withholding to be different from 2015? . . . . . . . . Yes ☐ No ☐

If "yes" explain any differences: ____________________

| 2015 | 1040 | US | Wages, Pensions, Gambling Winnings | 10, 13.1, 13.2 |
|---|---|---|---|---|

**Please enter all pertinent 2015 amounts & attach all W-2, W-2G and 1099-R forms.**
**Last year's amounts are provided for your reference.**

## WAGES, SALARIES, TIPS (10)

| No. | Name of Employer (Box c) | 1=retirement plan (Box 13) | 1=spouse | Wages, Tips, Other Compensation (Box 1) | Tax Withheld Federal (Box 2) | Social Security (Box 4) | Medicare (Box 6) | State (Box 17) | Local (Box 19) | 2014 Wages |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
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## PENSIONS, IRA DISTRIBUTIONS (13.1)

| No. | Name of Payer | 1=spouse | 1=IRA/SEP/SIMPLE | Distribution code #1 | Distribution code #2 | Gross Distribution (Box 1) | Taxable Amount (Box 2a) | Tax Withheld Federal (Box 4) | State (Box 12) | Value of all IRAs at 12/31/15 | 2014 Distribution |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |
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## GAMBLING WINNINGS (W-2G) (13.2)

| No. | Name of Payer | 1=spouse | Gross Winnings (Box 1) | Tax Withheld Federal (Box 4) | State (Box 15) | Local (Box 17) | 2014 Winnings |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

| | 2015 Amount | TS | 2014 Amount |
|---|---|---|---|
| Total gambling losses | | | |
| Winnings not reported on Form W-2G | | | |

**10, 13.1, 13.2**

| 2015 | 1040 | US/MA | Interest & Dividend Income | 11, 12 |
|---|---|---|---|---|

**Please enter all pertinent 2015 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.**
**Last year's amounts are provided for your reference.**

## INTEREST INCOME (11)

| No. | Name of Payer (also enter SSN & address for seller-financed mortgage) | 1=taxpayer 2=spouse | Interest Income: Interest (MA) (Banks, savings, etc.) | Interest Income: Interest (Banks, savings, etc.) (Box 1) | Interest Income: Seller-Financed Mtg. (Box 1) | Interest Income: U.S. Bonds, T-Bills (Box 3) | Tax-Exempt Interest: Total Municipal Bonds | Tax-Exempt Interest: In-state Municipal Bonds | Early Withdrawal Penalty (Box 2) |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
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## DIVIDEND INCOME (12)

| No. | Name of Payer | 1=tp 2=sp | Dividend Income: Total Ordinary Dividends (Box 1a) | Dividend Income: Qualified Dividends (Box 1b) | Dividend Income: Total Capital Gain Distrib. (Box 2a) | Dividend Income: U.S. Bonds (% or amt.) | Tax-Exempt Interest: Total Municipal Bonds | Tax-Exempt Interest: In-state Muni-bonds (% or amt.) | Foreign Tax Paid (Box 6) | 2014 Dividends |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
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| 2015 | 1040 | US | Miscellaneous Income | 14.1 |
|---|---|---|---|---|

**Please enter all pertinent 2015 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.**

## MISCELLANEOUS INCOME

| | 2015 Amount | | 2014 Amount | |
|---|---|---|---|---|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Social security benefits (SSA-1099, box 5) | | | | |
| Medicare premiums paid (SSA-1099) | | | | |
| Tier 1 RR retirement benefits (RRB-1099, box 5) | | | | |
| 1=lump-sum election for SS benefits | | | | |
| Alimony received | | | | |
| Taxable scholarships and fellowships | | | | |
| Jury duty pay | | | | |
| Household employee income not on W-2 | | | | |
| Excess minister's allowance | | | | |
| Alaska permanent fund dividends | | | | |
| Income from rental of personal property | | | | |
| Income subject to S/E tax: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Other income (1099-MISC, box 3, 8) | | | | |
| | | | | |
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| | | | | |
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| | | | | |
| | | | | |

## TAX WITHHELD (not entered elsewhere)

| | | | | |
|---|---|---|---|---|
| Federal income tax withheld | | | | |
| State income tax withheld | | | | |
| Local income tax withheld | | | | |

| 2015 | 1040 | US | State & Local Tax Refunds / Unemployment Compensation | 14.2 |
|---|---|---|---|---|

**Please add, change or delete 2015 information as appropriate.**
**Be sure to attach all 1099-G forms.**

## STATE AND LOCAL TAX REFUNDS / UNEMPLOYMENT COMPENSATION (Form 1099-G)

| No. | | 2015 1099-G Amount |
|---|---|---|
| | Name of payer | |
| | 1=spouse | |
| | Unemployment compensation: | |
| | Total received (Box 1) | |
| | 2015 Overpayment repaid | |
| | State and local refunds: | |
| | State and local income tax refund, credit or offsets (Box 2) | |
| | 1=city or local income tax refund | |
| | Tax year for box 2 if not 2014 (Box 3) | |
| | Federal income tax withheld (Box 4) | |
| | RTAA payments (Box 5) | |
| | Taxable grants: | |
| | Federal taxable amount (Box 6) | |
| | State taxable amount, if different | |
| | Farm amounts: | |
| | Agriculture payments (Box 7) | |
| | 1=agriculture payments are from conservation reserve program | |
| | Market gain (Box 9) | |
| | Number of farm | |
| | 1=box 2 is trade or business income (Box 8) | |
| | State income tax withheld (Box 11) | |

| No. | | |
|---|---|---|
| | Name of payer | |
| | 1=spouse | |
| | Unemployment compensation: | |
| | Total received (Box 1) | |
| | 2015 Overpayment repaid | |
| | State and local refunds: | |
| | State and local income tax refund, credit or offsets (Box 2) | |
| | 1=city or local income tax refund | |
| | Tax year for box 2 if not 2014 (Box 3) | |
| | Federal income tax withheld (Box 4) | |
| | RTAA payments (Box 5) | |
| | Taxable grants: | |
| | Federal taxable amount (Box 6) | |
| | State taxable amount, if different | |
| | Farm amounts: | |
| | Agriculture payments (Box 7) | |
| | 1=agriculture payments are from conservation reserve program | |
| | Market gain (Box 9) | |
| | Number of farm | |
| | 1=box 2 is trade or business income (Box 8) | |
| | State income tax withheld (Box 11) | |

| 2015 | 1040 | US | Education Distributions (ESA's and QTP's) | 14.3 |
|---|---|---|---|---|

**Please enter all pertinent 2015 amounts and attach all 1099-Q forms.**
**Enter qualified education expenses below that are not entered elsewhere.**
**Last year's amounts are provided for your reference.**

## ESA'S AND QTP'S (Form 1099-Q)

| | | 2015 Amount | 2014 Amount |
|---|---|---|---|
| No. | Name of payer | | |
| | 1=spouse | | |
| | Qualified expenses: | | |
| | Higher education (net of nontaxable benefits) | | |
| | Elementary & secondary education (net of nontaxable benefits) | | |
| | Form 1099-Q: | | |
| | Gross distributions (Box 1) | | |
| | Earnings (Box 2) | | |
| | Basis (Box 3) | | |
| | Rollover: 1=nontaxable, 2=taxable (Box 4) | | |
| | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) | | |
| | ESA's only: | | |
| | 2015 contributions to this ESA | | |
| | Value of this account at 12/31/15 (plus outstanding rollovers) | | |
| | Basis in this ESA as of 12/31/14 | | |

| | | 2015 Amount | 2014 Amount |
|---|---|---|---|
| No. | Name of payer | | |
| | 1=spouse | | |
| | Qualified expenses: | | |
| | Higher education (net of nontaxable benefits) | | |
| | Elementary & secondary education (net of nontaxable benefits) | | |
| | Form 1099-Q: | | |
| | Gross distributions (Box 1) | | |
| | Earnings (Box 2) | | |
| | Basis (Box 3) | | |
| | Rollover: 1=nontaxable, 2=taxable (Box 4) | | |
| | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) | | |
| | ESA's only: | | |
| | 2015 contributions to this ESA | | |
| | Value of this account at 12/31/15 (plus outstanding rollovers) | | |
| | Basis in this ESA as of 12/31/14 | | |

| | | 2015 Amount | 2014 Amount |
|---|---|---|---|
| No. | Name of payer | | |
| | 1=spouse | | |
| | Qualified expenses: | | |
| | Higher education (net of nontaxable benefits) | | |
| | Elementary & secondary education (net of nontaxable benefits) | | |
| | Form 1099-Q: | | |
| | Gross distributions (Box 1) | | |
| | Earnings (Box 2) | | |
| | Basis (Box 3) | | |
| | Rollover: 1=nontaxable, 2=taxable (Box 4) | | |
| | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) | | |
| | ESA's only: | | |
| | 2015 contributions to this ESA | | |
| | Value of this account at 12/31/15 (plus outstanding rollovers) | | |
| | Basis in this ESA as of 12/31/14 | | |

| 2015 | 1040 | US | Business Income (Schedule C) | No. | 16 |
|---|---|---|---|---|---|

**Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.**

## GENERAL INFORMATION

| | |
|---|---|
| Principal business/profession | |
| Principal business code | |
| Business name, if different from Form 1040 | |
| Business address, if different from Form 1040 | |
| City, if different from Form 1040 | |
| State, if different from Form 1040 | |
| ZIP code, if different from Form 1040 | |
| Foreign region | |
| Foreign postal code | |
| Foreign country | |
| Employer identification number | |
| Other accounting method | |

| | |
|---|---|
| Accounting method: 1=cash, 2=accrual | |
| Inventory method: 1=cost, 2=lower cost/market, 3=other | |
| 1=change of inventory method | |
| 1=spouse, 2=joint | |
| 1=first Schedule C filed for this business | |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no | |
| 1=not subject to self-employment tax | |
| 1=did not "materially participate" | |
| 1=personal services is not a material income producing factor | |
| 1=investment | |
| 1=minister's Schedule C | |
| 1=single member limited liability company | |
| 1=trader in financial instruments or commodities | |

## INCOME

| | 2015 Amount | 2014 Amount |
|---|---|---|
| Gross receipts or sales (Form 1099-MISC, box 7) | | |
| Returns and allowances | | |
| Other income: | | |
| | | |
| | | |
| | | |
| | | |

## COST OF GOODS SOLD

| | 2015 Amount | 2014 Amount |
|---|---|---|
| Inventory at beginning of the year | | |
| Purchases | | |
| Cost of items for personal use | | |
| Cost of labor | | |
| Materials and supplies | | |
| Other costs: | | |
| | | |
| | | |
| | | |
| | | |
| Inventory at end of the year | | |

| 2015 | 1040 | US | Business Income (Schedule C) (cont.) | No. | 16 p2 |
|---|---|---|---|---|---|

**Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.**

## EXPENSES

| | 2015 Amount | 2014 Amount |
|---|---|---|
| Accounting | | |
| Advertising | | |
| Answering service | | |
| Bad debts from sales or service | | |
| Bank charges | | |
| Car and truck expenses (not entered elsewhere) | | |
| Commissions | | |
| Contract labor | | |
| Delivery and freight | | |
| Dues and subscriptions | | |
| Employee benefit programs | | |
| Insurance (other than health) | | |
| Mortgage interest (paid to banks, etc.) | | |
| Other interest (not entered elsewhere) | | |
| Janitorial | | |
| Laundry and cleaning | | |
| Legal and professional | | |
| Miscellaneous | | |
| Office expense | | |
| Outside services | | |
| Parking and tolls | | |
| Pension and profit sharing plans - contributions | | |
| Pension and profit sharing plans - admin. and education costs | | |
| Postage | | |
| Printing | | |
| Rent - vehicles, machinery, & equipment (not entered elsewhere) | | |
| Rent - other | | |
| Repairs | | |
| Security | | |
| Supplies | | |
| Taxes - real estate | | |
| Taxes - payroll | | |
| Taxes - sales tax included in gross receipts | | |
| Taxes - other (not entered elsewhere) | | |
| Telephone | | |
| Tools | | |
| Travel | | |
| Total meals and entertainment in full (50%) | | |
| Department of Transportation meals in full (80%) | | |
| Uniforms | | |
| Utilities | | |
| Wages | | |

Other expenses:

| | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

| 2015 | 1040 | US | Capital Gains & Losses (Schedule D) | 17 |
|---|---|---|---|---|

**If you sold any stocks, bonds, or other investment property in 2015, please list the pertinent information for each sale below or provide a spreadsheet file with this information.**
**Be sure to attach all 1099-B forms and brokerage statements.**

| No. | Quantity | Description of Property (Box 1a) | Date Acquired (Box 1b) | Date Sold (Box 1c) | Sales Price (gross or net) (Box 1d) | Cost or Basis (Box 1e) | Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5) | Expenses of Sale (if gross sales price entered) | Federal Income Tax Withheld (Box 4) |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
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| 22 | | | | | | | | | |
| 23 | | | | | | | | | |
| 24 | | | | | | | | | |

17

| 2015 | 1040 | US | Installment Sales (Form 6252) | 17 p2 |
|---|---|---|---|---|

**Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.**

## PRIOR YEAR INSTALLMENT SALE

| No. | | 2015 Amount | 2014 Amount |
|---|---|---|---|
| No. | Description of property | | |
| | Date acquired (m/d/y) | | |
| | Date sold (m/d/y) | | |
| | Gross profit ratio (.xxxx) | | |
| | Current year principal payments (-1 if none) | | |

| No. | | 2015 Amount | 2014 Amount |
|---|---|---|---|
| No. | Description of property | | |
| | Date acquired (m/d/y) | | |
| | Date sold (m/d/y) | | |
| | Gross profit ratio (.xxxx) | | |
| | Current year principal payments (-1 if none) | | |

| No. | | 2015 Amount | 2014 Amount |
|---|---|---|---|
| No. | Description of property | | |
| | Date acquired (m/d/y) | | |
| | Date sold (m/d/y) | | |
| | Gross profit ratio (.xxxx) | | |
| | Current year principal payments (-1 if none) | | |

| No. | | 2015 Amount | 2014 Amount |
|---|---|---|---|
| No. | Description of property | | |
| | Date acquired (m/d/y) | | |
| | Date sold (m/d/y) | | |
| | Gross profit ratio (.xxxx) | | |
| | Current year principal payments (-1 if none) | | |

| No. | | 2015 Amount | 2014 Amount |
|---|---|---|---|
| No. | Description of property | | |
| | Date acquired (m/d/y) | | |
| | Date sold (m/d/y) | | |
| | Gross profit ratio (.xxxx) | | |
| | Current year principal payments (-1 if none) | | |

| No. | | 2015 Amount | 2014 Amount |
|---|---|---|---|
| No. | Description of property | | |
| | Date acquired (m/d/y) | | |
| | Date sold (m/d/y) | | |
| | Gross profit ratio (.xxxx) | | |
| | Current year principal payments (-1 if none) | | |

| No. | | 2015 Amount | 2014 Amount |
|---|---|---|---|
| No. | Description of property | | |
| | Date acquired (m/d/y) | | |
| | Date sold (m/d/y) | | |
| | Gross profit ratio (.xxxx) | | |
| | Current year principal payments (-1 if none) | | |

| 2015 | 1040 | US | Sale of Home & Moving Expenses | 17, 27 |
|---|---|---|---|---|

**If you sold your home or moved in 2015, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.**

## SALE OF HOME (17)

| | |
|---|---|
| Description of property (Box 3) | |
| Date acquired (m/d/y) | |
| Date sold (m/d/y) (Box 1) | |
| Sales price (Box 2) | |
| 1=sale of home | |
| 1=owned and used property as main home for at least 2 of 5 years before sale | |
| 1=first-time homebuyer credit was previously taken on this home | |
| 1=business use in year of sale | |
| Number of days after December 31, 2008 that home was not used as principal residence | |

### Adjusted Basis

| | |
|---|---|
| Original cost | |
| Improvements: | |
| | |
| | |
| | |
| | |
| Adjusted basis | |

### Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

| | |
|---|---|
| | |
| | |
| | |
| | |
| Total expenses of sale | |

### Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:
**a)** Did not meet the ownership and use tests *, or **b)** Excluded gain on the sale of another home after May 6, 1997.

| | |
|---|---|
| If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) | |
| 1=sale due to change in health, employment or unforeseen circumstances | |
| Days used as main home - taxpayer | |
| Days used as main home - spouse | |
| Days property owned - taxpayer | |
| Days property owned - spouse | |

## MOVING EXPENSES (27) (If you moved because of a change in the location of your job)

| | |
|---|---|
| 1=spouse, 2=joint | |
| 1=armed forces move due to permanent change of station | |
| Miles from old home to new work place | |
| Miles from old home to old work place | |
| Expenses for transportation and storage of household goods and personal effects | |
| Lodging and travel (excluding meals): | |
| Lodging and travel (excluding automobile) | |
| Parking fees and tolls | |
| Gas and oil | |
| Miles driven to new home | |

(* owned and used property as main home for at least 2 of 5 years before sale)

| 2015 | 1040 | US | Rental & Royalty Income (Schedule E) | No. | 18 |
|---|---|---|---|---|---|

**Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.**

## GENERAL INFORMATION

| | 2015 Amount | 2014 Amount |
|---|---|---|
| Description of property | | **Type of Property** |
| Street address | | 1 = Single Family Residence |
| City | | 2 = Multi-Family Residence |
| State | | 3 = Vacation/Short-Term Rental |
| ZIP code | | 4 = Commercial |
| Type of property (see table) | | 5 = Land, 6 = Royalties |
| Other type of property | | 7 = Self-Rental |
| Number of days rented | | |

| | | | |
|---|---|---|---|
| Percentage of ownership if not 100% (.xxxx) | | 1=did not actively participate | |
| Percentage of tenant occupancy if not 100% (.xxxx) | | 1=RE prof., activity is trade or business, 2=RE prof., not trade or business | |
| 1=spouse, 2=joint | | 1=rental other than real estate | |
| 1=qualified joint venture | | 1=investment | |
| 1=nonpassive activity, 2=passive royalty | | 1=single member limited liability company | |

If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no

## INCOME

| | 2015 Amount | 2014 Amount |
|---|---|---|
| Rents or royalties received | | |

## DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

| | 2015 Amount | 2014 Amount |
|---|---|---|
| Advertising | | |
| Association dues | | |
| Auto and travel (not entered elsewhere) | | |
| Cleaning and maintenance | | |
| Commissions | | |
| Gardening | | |
| Insurance | | |
| Legal and professional fees | | |
| Licenses and permits | | |
| Management fees | | |
| Miscellaneous | | |
| Mortgage interest (paid to banks, etc.) | | |
| Qualified mortgage insurance premiums | | |
| Excess mortgage interest | | |
| Other interest (not entered elsewhere) | | |
| Painting and decorating | | |
| Pest control | | |
| Plumbing and electrical | | |
| Repairs | | |
| Supplies | | |
| Taxes - real estate | | |
| Taxes - other (not entered elsewhere) | | |
| Telephone | | |
| Utilities | | |
| Wages and salaries | | |
| Other: | | |
| | | |
| | | |
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| | | |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

| 2015 | 1040 | US | Rental & Royalty Income (Sch. E) (cont.) | No. | 18 p2 |
|---|---|---|---|---|---|

**Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.**

## GENERAL INFORMATION

| | |
|---|---|
| Foreign region | |
| Foreign postal code | |
| Foreign country | |

## OIL AND GAS

| | 2015 Amount | 2014 Amount |
|---|---|---|
| Production type (preparer use only) | | |
| Cost depletion | | |
| Percentage depletion rate or amount | | |
| State cost depletion, if different (-1 if none) | | |
| State % depletion rate or amount, if different (-1 if none) | | |

## VACATION HOME

| | | |
|---|---|---|
| Number of days personal use | | |
| Number of days owned (if optional method elected) | | |

## INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

| | | |
|---|---|---|
| Advertising | | |
| Association dues | | |
| Auto and travel (not entered elsewhere) | | |
| Cleaning and maintenance | | |
| Commissions | | |
| Gardening | | |
| Insurance | | |
| Legal and professional fees | | |
| Licenses and permits | | |
| Management fees | | |
| Miscellaneous | | |
| Mortgage interest (paid to banks, etc.) | | |
| Qualified mortgage insurance premiums | | |
| Excess mortgage interest | | |
| Other interest (not entered elsewhere) | | |
| Painting and decorating | | |
| Pest control | | |
| Plumbing and electrical | | |
| Repairs | | |
| Supplies | | |
| Taxes - real estate | | |
| Taxes - other (not entered elsewhere) | | |
| Telephone | | |
| Utilities | | |
| Wages and salaries | | |
| Other: | | |
| | | |
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| 2015 | 1040 | US | Partnership and S corporation Information | 20.1,20.2 |
|---|---|---|---|---|

**Please add, change or delete 2015 information as appropriate. Be sure to attach all Schedule K-1s.**

## PARTNERSHIP INFORMATION (20.1)

| No. | Name of Partnership | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in Partnership |
|---|---|---|---|---|
| | | | | |
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## S CORPORATION INFORMATION (20.2)

| No. | Name of S corporation | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in S corporation |
|---|---|---|---|---|
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| 2015 | 1040 | US | Estate or Trust and REMIC Information | 20.3,20.4 |
|---|---|---|---|---|

**Please add, change or delete 2015 information as appropriate.**
**Be sure to attach all Schedule K-1s and Schedule Qs.**

## ESTATE OR TRUST INFORMATION (20.3)

| No. | Name of Estate or Trust | Employer Identification Number | Tax Shelter Registration Number |
|---|---|---|---|
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## REMIC INFORMATION (20.4)

| No. | Name of REMIC | Employer Identification Number |
|---|---|---|
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| 2015 | 1040 | US | Asset Disposition List | 22 |
|---|---|---|---|---|

**If you disposed of any business assets in 2015, please enter date sold, sales price, and expenses of sale.
For real estate transactions, be sure to attach all 1099-S forms and closing statements.**

| No. | Description of Property (Box 3) | Date Placed in Service | Date Sold (Box 1) | Sales Price (Box 2) | Cost or Basis | Expenses of Sale |
|---|---|---|---|---|---|---|
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| 2015 | 1040 | US | Asset Acquisition List | 22 p2 |
|---|---|---|---|---|

**If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2015, please enter all pertinent information below.**

| No. | Description of Property | Related Business or Activity | Preparer Use Only | | | Date Placed in Service | Cost or Basis | Preparer Use Only | |
|---|---|---|---|---|---|---|---|---|---|
| | | | Form | No. of Form | Category | | | Current Section 179 | Method |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
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| 22 | | | | | | | | | |
| 23 | | | | | | | | | |
| 24 | | | | | | | | | |

| 2015 | 1040 | US | Vehicle Expenses | No. | 22 p3 |
|---|---|---|---|---|---|

**Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.**

## GENERAL INFORMATION

| | 2015 Amount | 2014 Amount |
|---|---|---|
| Description of vehicle | | |
| 1=no evidence to support your deduction | | |
| 1=no written evidence to support your deduction | | |
| 1=vehicle is available for off-duty personal use | | |
| 1=no other vehicle is available for personal use | | |
| 1=vehicle used primarily by more than 5% owner | | |
| Number of months of business use if changed from 100% personal use | | |

## AUTOMOBILE MILEAGE

| | | |
|---|---|---|
| Total mileage (for the tax year) | | |
| Business mileage | | |
| Commuting mileage (for the tax year) | | |
| Average daily round-trip commute | | |

## ACTUAL EXPENSES

| | | |
|---|---|---|
| Parking fees and tolls (business portion only) | | |
| Gasoline, lube, oil | | |
| Repairs | | |
| Tires | | |
| Insurance | | |
| Miscellaneous | | |
| Auto license (other than personal property taxes) | | |
| Personal property taxes (based on car's value) | | |
| Interest (car loan) (for Schedule C, E & F) | | |
| Vehicle rent or lease payments | | |
| Inclusion amount (enter as positive) | | |
| Value of employer-provided vehicle on Form W-2 (2106) | | |

| 2015 | 1040 | US | Adjustments to Income | 24 |
|---|---|---|---|---|

**Please enter all pertinent 2015 information. Last year's amounts are provided for your reference.**

## TRADITIONAL IRA CONTRIBUTIONS

| | 2015 Amount Taxpayer | 2015 Amount Spouse | 2014 Amount Taxpayer | 2014 Amount Spouse |
|---|---|---|---|---|
| IRA contributions you made or expect to make (1=maximum) ($5,500/$6,500 if 50 or older) | | | | |
| Contributions made to date | | | | |
| 1=covered by plan, 2=not covered | | | | |
| 2015 payments from 1/1/16 to 4/15/16 | | | | |

## ROTH IRA CONTRIBUTIONS

| | 2015 Taxpayer | 2015 Spouse | 2014 Taxpayer | 2014 Spouse |
|---|---|---|---|---|
| Roth IRA contributions you made or expect to make (1=maximum) ($5,500/$6,500 if 50 or older) | | | | |
| Contributions made to date | | | | |

## SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

| | 2015 Taxpayer | 2015 Spouse | 2014 Taxpayer | 2014 Spouse |
|---|---|---|---|---|
| Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) | | | | |
| Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) | | | | |
| Defined benefit contributions you expect to make | | | | |
| Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) | | | | |
| Plan contribution rate if not .25 (.xxxx) | | | | |
| Individual 401k: SE elective deferrals (except Roth) (1=max.) | | | | |
| Individual 401k: SE designated Roth contributions (1=max.) | | | | |
| SIMPLE contributions: | | | | |
| Self-employed SIMPLE contributions you made or expect to make (1=maximum) | | | | |
| Employer matching rate if not .03 (.xxxx) | | | | |
| 1=nonelective contributions (2%) | | | | |
| Contributions made to date | | | | |

## ADJUSTMENTS TO INCOME

| | 2015 Taxpayer | 2015 Spouse | 2014 Taxpayer | 2014 Spouse |
|---|---|---|---|---|
| Self-employed health insurance: | | | | |
| Total premiums (excluding long-term care) | | | | |
| Long-term care premiums | | | | |
| Student loan interest paid (1098-E, box 1) | | | | |
| Educator expenses (kindergarten thru grade 12) | | | | |
| Jury duty pay given to employer | | | | |
| Expenses from rental of personal property | | | | |
| Other adjustments to income: | | | | |
| | | | | |
| | | | | |
| | | | | |

| Alimony paid: | Taxpayer | | Spouse | |
|---|---|---|---|---|
| Recipient's first name | | | | |
| Recipient's last name | | | | |
| Recipient's SSN | | | | |
| Amount paid | | 2014 amt: | | 2014 amt: |

| 2015 | 1040 | US | Itemized Deductions | 25 |
|---|---|---|---|---|

**Please enter all pertinent 2015 amounts and attach all 1098 forms.**
**Last year's amounts are provided for your reference.**

## MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

| | 2015 Amount | TS | 2014 Amount |
|---|---|---|---|
| Prescription medicines and drugs | | | |
| Doctors, dentists and nurses | | | |
| Hospitals and nursing homes | | | |
| Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) | | | |
| Long-term care premiums - taxpayer | | | |
| Long-term care premiums - spouse | | | |
| Insurance reimbursement (enter as a positive number) | | | |
| Lodging and transportation: | | | |
| Out-of-pocket expenses | | | |
| Medical miles driven | | | |
| Other medical and dental expenses: | | | |
| | | | |
| | | | |
| | | | |

## TAXES PAID (State and local withholding and 2015 estimates are automatic.)

| | 2015 Amount | TS | 2014 Amount |
|---|---|---|---|
| State income taxes - 1/15 payment on 2014 state estimate | | | |
| State income taxes - paid with 2014 state return extension | | | |
| State income taxes - paid with 2014 state return | | | |
| State income taxes - paid for prior years and/or to other state | | | |
| City/local income taxes - 1/15 payment on 2014 city/local estimate | | | |
| City/local income taxes - paid with 2014 city/local extension | | | |
| City/local income taxes - paid with 2014 city/local return | | | |

## SALES AND USE TAXES PAID

| | 2015 Amount | TS | 2014 Amount |
|---|---|---|---|
| State and local sales taxes (except autos and special items) | | | |
| Use taxes paid on 2015 purchases | | | |
| Use taxes paid with 2014 state return | | | |
| Sales tax on autos not included above | | | |
| Sales tax on boats, aircraft, other special items | | | |

## OTHER TAXES PAID

| | 2015 Amount | TS | 2014 Amount |
|---|---|---|---|
| Real estate taxes - principal residence: | | | |
| | | | |
| | | | |
| | | | |
| Real estate taxes - property held for investment | | | |
| Personal property taxes (including auto fees in some states. Provide a copy of tax notice) | | | |
| Foreign income taxes | | | |
| Other taxes: | | | |
| | | | |
| | | | |
| | | | |

| 2015 | 1040 | US | Itemized Deductions (continued) | 25 p2 |
|---|---|---|---|---|

**Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.**

## INTEREST PAID

| | 2015 Amount | TS | 2014 Amount |
|---|---|---|---|
| Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098: | | | |
| | | | |
| | | | |
| | | | |
| Home mortgage interest not reported on Form 1098: | | | |
| Payee's name | | | |
| Payee's SSN or FEIN | | | |
| Payee's street address | | | |
| Payee's city | | | |
| Payee's state | | | |
| Payee's ZIP code | | | |
| Payee's region | | | |
| Payee's postal code | | | |
| Payee's country | | | |
| Amount paid | | | |
| Points not reported on Form 1098: | | | |
| | | | |
| | | | |
| Mortgage insurance premiums on post 12/31/06 contracts (Box 4) | | | |
| Investment interest (interest on margin accounts): | | | |
| | | | |
| | | | |
| Passive interest | | | |
| Certain home mortgage interest included above (6251) | | | |

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

## CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

| Contributions by cash or check: | 2015 Amount | TS | 2014 Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Volunteer expenses (out-of-pocket) | | | |
| Number of charitable miles | | | |

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

| Contributions by cash or check: | 2015 Amount | TS | 2014 Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Volunteer expenses (out-of-pocket) | | | |
| Number of charitable miles | | | |

| 2015 | 1040 | US | Itemized Deductions (continued) | 25 p3 |
|---|---|---|---|---|

**Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.**

## NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over $500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

| | 2015 Amount | TS | 2014 Amount |
|---|---|---|---|
| 50% limitation (see above): | | | |
| | | | |
| | | | |
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| 30% limitation (see above): | | | |
| | | | |
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| | | | |
| | | | |
| 30% capital gain property (gifts of capital gain property to 50% limit orgs.): | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 20% capital gain property (gifts of capital gain property to non-50% limit orgs.): | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

| | 2015 Amount | TS | 2014 Amount |
|---|---|---|---|
| Union and professional dues | | | |
| Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses): | | | |
| | | | |
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| Investment expense: | | | |
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| | | | |
| Tax return preparation fee | | | |
| Safe deposit box rental | | | |
| Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees): | | | |
| | | | |
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(T=taxpayer, S=spouse, Blank=joint)

| 2015 | 1040 | US | Itemized Deductions (continued) | 25 p4 |
|---|---|---|---|---|

**Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.**

## OTHER MISCELLANEOUS DEDUCTIONS

| | 2015 Amount | TS | 2014 Amount |
|---|---|---|---|
| Estate tax, section 691(c) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | |
| Other miscellaneous deductions: | | | |
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| 2015 | 1040 | US | Itemized Deductions (continued) | 25 p5 |
|---|---|---|---|---|

**If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.**

1. Total home equity debt exceeded $100,000 at any time during 2015 ($50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.

2. Total home acquisition debt exceeded $1,000,000 at any time during 2015 ($500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2015 amounts and attach all 1098 forms.**
**Last year's amounts are provided for your reference.**

| | 2015 Amount | TS | 2014 Amount |
|---|---|---|---|
| Fair market value of the property on the date that the last debt was secured | | | |
| Home acquisition and grandfather debt on the date that the last debt was secured | | | |

## LOAN INFORMATION

Loan #1

| | 2015 Amount | TS | 2014 Amount |
|---|---|---|---|
| Lender's name | | | |
| Form (see table) | | | |
| Number of form | | | |
| 1=taxpayer, 2=spouse, blank=joint | | | |
| Interest paid | | | |
| Points paid | | | |
| Total principal paid | | | |
| Lump sum principal payment (if paid off) | | | |
| Months outstanding (if not 12) | | | |
| Home acquisition debt balance - beginning of year | | | |
| Home acquisition debt borrowed in 2015 | | | |
| Home equity debt balance - beginning of year | | | |
| Home equity debt borrowed in 2015 | | | |
| Grandfather debt balance - beginning of year | | | |

Loan #2

| | 2015 Amount | TS | 2014 Amount |
|---|---|---|---|
| Lender's name | | | |
| Form (see table) | | | |
| Number of form | | | |
| 1=taxpayer, 2=spouse, blank=joint | | | |
| Interest paid | | | |
| Points paid | | | |
| Total principal paid | | | |
| Lump sum principal payment (if paid off) | | | |
| Months outstanding (if not 12) | | | |
| Home acquisition debt balance - beginning of year | | | |
| Home acquisition debt borrowed in 2015 | | | |
| Home equity debt balance - beginning of year | | | |
| Home equity debt borrowed in 2015 | | | |
| Grandfather debt balance - beginning of year | | | |

**Form**

1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

| 2015 | 1040 | US | Noncash Contributions (Form 8283) | 26 |
|---|---|---|---|---|

**If your total noncash contributions are in excess of $500 in 2015, please complete the information below for each donee using the following guidelines:**

* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than $500, attach Form 1098-C or other written acknowledgement received from the donee organization.
* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than $500 is claimed, if a qualified appraisal for the donated property is provided.

## DONATED PROPERTY INFORMATION

| | | |
|---|---|---|
| No. | Name of charitable organization (donee) | |
| | Street address | |
| | City | |
| | State | |
| | ZIP code | |
| | 1=spouse, 2=joint | |
| | Property description (other than vehicle) | |
| | Vehicle: Identification number (VIN) | |
| | Vehicle: Year (yyyy) | |
| | Vehicle: Make and model | |
| | Vehicle: Condition and mileage | |
| | Date of contribution (m/d/y) | |
| | Date acquired by donor (m/y) | |
| | How acquired by donor (Table 1 or describe) | |
| | Donor's cost or basis | |
| | Fair market value | |
| | Method used to determine FMV (Table 2 or describe) | |

| | | |
|---|---|---|
| No. | Name of charitable organization (donee) | |
| | Street address | |
| | City | |
| | State | |
| | ZIP code | |
| | 1=spouse, 2=joint | |
| | Property description (other than vehicle) | |
| | Vehicle: Identification number (VIN) | |
| | Vehicle: Year (yyyy) | |
| | Vehicle: Make and model | |
| | Vehicle: Condition and mileage | |
| | Date of contribution (m/d/y) | |
| | Date acquired by donor (m/y) | |
| | How acquired by donor (Table 1 or describe) | |
| | Donor's cost or basis | |
| | Fair market value | |
| | Method used to determine FMV (Table 2 or describe) | |

**1 How Property was Acquired**

1 = Purchase
2 = Gift
3 = Inheritance
4 = Exchange

**2 Method Used to Determine FMV**

1 = Appraisal
2 = Thrift shop value
3 = Catalog
4 = Comparable sales

For other methods, see IRS Pub. 561.

| 2015 | 1040 | US | Business Use of Home (Form 8829) | No. | 29 |
|---|---|---|---|---|---|

**Please enter 2015 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.**

## BUSINESS USE OF HOME

| | 2015 Amount | 2014 Amount |
|---|---|---|
| Form | | |
| Number of form (e.g., enter 2 for Schedule C number 2) | | |
| Business use area (square footage) | | |
| Total area of home (square footage) | | |
| Total hours facility used (for daycare facilities only) | | |
| Total hours available (if not 8,760) | | |
| % (.xx) or amount of gross income from home if not 100% (-1 if none) | | |
| % (.xx) or amount of expenses from home if not 100% (-1 if none) | | |

## INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

| | 2015 Amount | 2014 Amount |
|---|---|---|
| Mortgage interest | | |
| Real estate taxes | | |
| Qualified mortgage insurance premiums | | |
| Casualty losses | | |
| Insurance | | |
| Miscellaneous | | |
| Rent | | |
| Repairs and maintenance | | |
| Utilities | | |
| Excess mortgage interest | | |
| Other indirect expenses: | | |
| | | |
| | | |
| | | |
| | | |

## DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

| | 2015 Amount | 2014 Amount |
|---|---|---|
| Mortgage interest | | |
| Real estate taxes | | |
| Qualified mortgage insurance premiums | | |
| Casualty losses | | |
| Insurance | | |
| Miscellaneous | | |
| Rent | | |
| Repairs and maintenance | | |
| Utilities | | |
| Excess mortgage interest | | |
| Excess casualty losses | | |
| Allowable casualty losses | | |
| Other direct expenses: | | |
| | | |
| | | |
| | | |
| | | |

| 2015 | 1040 | US | Employee/Vehicle Bus. Exp. (Form 2106) | No. | 30 |
|---|---|---|---|---|---|

**Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.**

## GENERAL INFORMATION

| | |
|---|---|
| Occupation, if different from Form 1040 | |

| | | |
|---|---|---|
| Form | | |
| Number of form (1=first Schedule C, 2=second, etc.) | | |
| 1=spouse | | |
| 1=performance artist, 2=handicapped, 3=fee-basis government official | | |
| 1=minister's expenses | | |

## EMPLOYEE BUSINESS EXPENSES

| | 2015 Amount | 2014 Amount |
|---|---|---|
| Meal and entertainment expenses | | |
| Reimbursements for meals and entertainment not on W-2, box 1 | | |
| 1=Department of Transportation (80% meal allowance) | | |
| Local transportation (bus, taxi, train, etc.) | | |
| Travel expenses while away from home overnight | | |
| Reimbursements not included on Form W-2, box 1 | | |
| Other business expenses: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| 2015 | 1040 | US | Vehicle Expenses (Form 2106) (cont.) | No. | 30 p2 |
|---|---|---|---|---|---|

**Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.**

## VEHICLE INFORMATION

| | 2015 Amount | 2014 Amount |
|---|---|---|
| 1=vehicle used primarily by more than 5% owner | | |
| 1=vehicle is available for off-duty personal use | | |
| 1=no other vehicle is available for personal use | | |
| 1=no evidence to support your deduction | | |
| 1=no written evidence to support your deduction | | |

## VEHICLE 1

| | 2015 Amount | 2014 Amount |
|---|---|---|
| Description of vehicle | | |
| Date placed in service (m/d/y) | | |
| Total mileage (for the tax year) | | |
| Business mileage | | |
| Commuting mileage (for the tax year) | | |
| Average daily round-trip commute | | |
| Number of months of business use if changed from 100% personal use | | |
| Parking fees and tolls (business portion only) | | |
| Actual expenses: | | |
| Gasoline, lube, oil | | |
| Repairs | | |
| Tires | | |
| Insurance | | |
| Miscellaneous | | |
| Auto license (other than personal property taxes) | | |
| Personal property taxes (based on car's value) | | |
| Interest (car loan) (for Schedule C, E & F) | | |
| Vehicle rent or lease payments | | |
| Inclusion amount (enter as positive) | | |
| Value of employer-provided vehicle on Form W-2 (2106) | | |

## VEHICLE 2

| | 2015 Amount | 2014 Amount |
|---|---|---|
| Description of vehicle | | |
| Date placed in service (m/d/y) | | |
| Total mileage (for the tax year) | | |
| Business mileage | | |
| Commuting mileage (for the tax year) | | |
| Average daily round-trip commute | | |
| Number of months of business use if changed from 100% personal use | | |
| Parking fees and tolls (business portion only) | | |
| Actual expenses: | | |
| Gasoline, lube, oil | | |
| Repairs | | |
| Tires | | |
| Insurance | | |
| Miscellaneous | | |
| Auto license (other than personal property taxes) | | |
| Personal property taxes (based on car's value) | | |
| Interest (car loan) (for Schedule C, E and F) | | |
| Vehicle rent or lease payments | | |
| Inclusion amount (enter as positive) | | |
| Value of employer-provided vehicle on Form W-2 (2106) | | |

| 2015 | 1040 | US | Health Savings Accounts (8889) | 32.1 |
|---|---|---|---|---|

**Please enter all pertinent 2015 amounts & attach all 1099-SA forms.**
**Last year's amounts are provided for your reference.**

## HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2015, a high deductible health plan is one with an annual deductible that is not less than $1,250 for self-only coverage or $2,500 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed $6,350 for self-only coverage or $12,700 for family coverage.

| | 2015 Amount | | 2014 Amount | |
|---|---|---|---|---|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| 1=self-only coverage, 2=family coverage | | | | |
| HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum) | | | | |
| Contributions included above that were made after you became eligible for Medicare | | | | |
| Contributions made to date | | | | |

## HSA DISTRIBUTIONS

| | 2015 Taxpayer | 2015 Spouse | 2014 Taxpayer | 2014 Spouse |
|---|---|---|---|---|
| Total HSA distribution received (1099-SA, box 1) | | | | |
| Distributions included above that were rolled over to another HSA | | | | |
| Total unreimbursed qualified medical expenses | | | | |

| 2015 | 1040 | US | Child and Dependent Care Expenses (Form 2441) | 33.1,33.2 |
|---|---|---|---|---|

**Please enter all pertinent 2015 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.**

## DEPENDENT CARE EXPENSES (33.1)

| | 2015 Amount | | 2014 Amount | |
|---|---|---|---|---|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Dependent care expenses incurred but not paid in 2015 | | | | |
| Employer-provided benefits forfeited in 2015 | | | | |

## PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

| | | | |
|---|---|---|---|
| No. | First name | | |
| | Last name | | |
| | Title or suffix | | |
| | Date of birth (m/d/y) | | |
| | Social security number | | |
| | Qualified dependent care expenses incurred and paid in 2015 | | 2014 amt: |
| | 1=disabled | | |
| | 1=spouse, 2=joint | | |

| | | | |
|---|---|---|---|
| No. | First name | | |
| | Last name | | |
| | Title or suffix | | |
| | Date of birth (m/d/y) | | |
| | Social security number | | |
| | Qualified dependent care expenses incurred and paid in 2015 | | 2014 amt: |
| | 1=disabled | | |
| | 1=spouse, 2=joint | | |

## PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

| | | | |
|---|---|---|---|
| No. | Name of provider | | |
| | Street address | | |
| | City | | |
| | State | | |
| | ZIP code | | |
| | Foreign region | | |
| | Foreign postal code | | |
| | Foreign country | | |
| | Identification number (SSN or EIN) | | |
| | Amount paid to care provider in 2015 | | 2014 amt: |
| | 1=spouse, 2=joint | | |

| 2015 | 1040 | US | Education Credits / Tuition Deduction | No. | 38 |
|---|---|---|---|---|---|

**Please complete the information below if you paid qualified education expenses in 2015 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.**

## STUDENT INFORMATION

| | |
|---|---|
| 1=taxpayer, 2=spouse | |
| First name | |
| Last name | |
| Social security number | |
| Number of years hope credit claimed | |
| Number of prior years AOC claimed | |
| 1=student was NOT enrolled at least half-time for at least one academic period that began in 2014 (or the first 3 months of 2015 if the qualified expenses were made in 2014) at an eligible institution in a qualified program | |
| 1=student completed first four years of post-secondary education before 2014 | |
| 1=student was convicted, before the end of 2015, of a felony for possession or distribution of a controlled substance | |

## EDUCATIONAL INSTITUTION ATTENDED (#1)

| | |
|---|---|
| Name | |
| Street address | |
| City | |
| State | |
| ZIP code | |
| 1=2015 Form 1098-T was NOT received | |
| 1=2015 Form 1098-T received with Box 2 & 7 completed | |
| 1=2014 Form 1098-T received with Box 2 & 7 completed | |
| Federal ID number from Form 1098-T | |

## EDUCATIONAL INSTITUTION ATTENDED (#2)

| | |
|---|---|
| Name | |
| Street address | |
| City | |
| State | |
| ZIP code | |
| 1=2015 Form 1098-T was NOT received | |
| 1=2015 Form 1098-T received with Box 2 & 7 completed | |
| 1=2014 Form 1098-T received with Box 2 & 7 completed | |
| Federal ID number from Form 1098-T | |

## QUALIFIED EDUCATION EXPENSES

| | 2015 Amount | 2014 Amount |
|---|---|---|
| Qualified tuition & fees paid in 2015 (net of refund or assistance, & not entered elsewhere) | | |
| Books & supplies required to be purchased from institution | | |
| Books & supplies not entered above | | |
| Amount of prior year refund or assistance * | | |

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

| 2015 | 1040 | US | Health Coverage Form | 39.1 |
|---|---|---|---|---|

**Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C. Attach the document with this organizer if you have it.**

## GENERAL INFORMATION

| | |
|---|---|
| 1=entire household covered for all months, 2=no months | |
| Date married (if in current year) | |

## COVERED INDIVIDUAL (#1)

| | |
|---|---|
| (a) First name | |
| (a) Last name | |
| (b) ID number (SSN or TIN) | |
| (d) 1=covered all 12 months | |
| (e) Months of coverage: | |
| 1=November 2014 | |
| 1=December 2014 | |
| 1=January | |
| 1=February | |
| 1=March | |
| 1=April | |
| 1=May | |
| 1=June | |
| 1=July | |
| 1=August | |
| 1=September | |
| 1=October | |
| 1=November | |
| 1=December | |

## COVERED INDIVIDUAL (#2)

| | |
|---|---|
| (a) First name | |
| (a) Last name | |
| (b) ID number (SSN or TIN) | |
| (d) 1=covered all 12 months | |
| (e) Months of coverage: | |
| 1=November 2014 | |
| 1=December 2014 | |
| 1=January | |
| 1=February | |
| 1=March | |
| 1=April | |
| 1=May | |
| 1=June | |
| 1=July | |
| 1=August | |
| 1=September | |
| 1=October | |
| 1=November | |
| 1=December | |

## COVERED INDIVIDUAL (#3)

| | |
|---|---|
| (a) First name | |
| (a) Last name | |
| (b) ID number (SSN or TIN) | |
| (d) 1=covered all 12 months | |
| (e) Months of coverage: | |
| 1=November 2014 | |
| 1=December 2014 | |
| 1=January | |
| 1=February | |
| 1=March | |
| 1=April | |
| 1=May | |
| 1=June | |
| 1=July | |
| 1=August | |
| 1=September | |
| 1=October | |
| 1=November | |
| 1=December | |

## COVERED INDIVIDUAL (#4)

| | |
|---|---|
| (a) First name | |
| (a) Last name | |
| (b) ID number (SSN or TIN) | |
| (d) 1=covered all 12 months | |
| (e) Months of coverage: | |
| 1=November 2014 | |
| 1=December 2014 | |
| 1=January | |
| 1=February | |
| 1=March | |
| 1=April | |
| 1=May | |
| 1=June | |
| 1=July | |
| 1=August | |
| 1=September | |
| 1=October | |
| 1=November | |
| 1=December | |

| 2015 | 1040 | US | Household Employment Taxes (Schedule H) | 42 |
|---|---|---|---|---|

**Please enter all pertinent 2015 information. Last year's amounts are provided for your reference.**

## HOUSEHOLD EMPLOYMENT TAXES

NOTE: If you paid any one household employee cash wages of $1,900 or more in 2015; withheld federal income tax during 2015 for any household employee; or paid total cash wages of $1,000 or more in any calendar quarter of 2014 or 2015 to household employees, please complete the following:

| | |
|---|---|
| Employer identification number | |
| 1=spouse, 2=joint | |

| Social security, Medicare and income taxes: | 2015 Amount | 2014 Amount |
|---|---|---|
| 1=paid any one employee cash wages of $1,900 or more | | |
| 1=withheld federal income tax for household employee | | |
| Total cash wages subject to social security taxes | | |
| Total cash wages subject to Medicare taxes | | |
| Federal income tax withheld | | |
| Taxes withheld from state disability payments | | |

| Federal unemployment tax: | | |
|---|---|---|
| 1=paid total cash wages of $1,000 or more in any calendar quarter of 2014 or 2015 | | |
| Total cash wages subject to FUTA tax | | |
| 1=paid unemployment contributions to only one state | | |
| 1=paid all state unemployment contributions by 4/15/16 | | |
| 1=all wages taxable for FUTA were also taxable for state unemployment | | |
| Name of state | | |
| Contributions paid to state unemployment fund | | |

| 2015 | 1040 | US | Parent's Election to Report Child's Inc. | No. | 44 |
|---|---|---|---|---|---|

**Please enter all pertinent 2015 amounts & attach all 1099-INT and 1099-DIV forms.**
**Last year's amounts are provided for your reference.**

## CHILD'S INFORMATION

| | |
|---|---|
| First name | |
| Last name | |
| Social security number | |
| Date of birth (m/d/y) | |
| 1=nontaxable to federal | |
| 1=nontaxable to state | |

## INTEREST INCOME (Form 1099-INT)

| | 2015 Amount | 2014 Amount |
|---|---|---|
| Banks, credit unions, etc. (Box 1): | | |
| | | |
| | | |
| U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3): | | |
| | | |
| | | |
| Tax-exempt interest: | | |
| Total municipal bonds | | |
| In-state municipal bonds | | |
| Adjustments: | | |
| Nominee distribution | | |
| Accrued interest | | |
| Tax-exempt interest (1099-INT in error) | | |
| OID adjustment | | |
| ABP adjustment | | |
| Foreign: | | |
| 1=interest in or authority over foreign account | | |
| Name of foreign country | | |
| 1=grantor/transferor or received distribution from foreign trust | | |
| Post 8/7/86 private activity bond interest (included above) (6251) | | |

## DIVIDEND INCOME (Form 1099-DIV)

| | 2015 Amount | 2014 Amount |
|---|---|---|
| Total ordinary dividends (Box 1a): | | |
| | | |
| | | |
| Qualified dividends (Box 1b) | | |
| Total capital gain distributions (Box 2a): | | |
| | | |
| | | |
| Unrecaptured section 1250 gain (Box 2b) | | |
| Section 1202 gain (Box 2c) | | |
| Collectibles (28%) gain (Box 2d) | | |
| Nontaxable distributions (Box 3) | | |
| Tax-exempt interest: | | |
| Total municipal bonds | | |
| In-state municipal bonds | | |
| Nominee distributions: | | |
| Ordinary dividends | | |
| Qualified dividends | | |
| Capital gain distributions | | |
| Alaska permanent fund dividends included above | | |

| 2015 | 1040 | MA | Rental Deduction Information | 51.191 |
|---|---|---|---|---|

**Please enter all pertinent 2015 amounts.**

| | | | |
|---|---|---|---|
| No. | Landlord Information | Name | |
| | | Street | |
| | | City, state, ZIP code | |
| | Occupancy Information | Rents paid in 2015 | |
| | | Date occupied | |
| | | Date vacated | |

| | | | |
|---|---|---|---|
| No. | Landlord Information | Name | |
| | | Street | |
| | | City, state, ZIP code | |
| | Occupancy Information | Rents paid in 2015 | |
| | | Date occupied | |
| | | Date vacated | |

| | | | |
|---|---|---|---|
| No. | Landlord Information | Name | |
| | | Street | |
| | | City, state, ZIP code | |
| | Occupancy Information | Rents paid in 2015 | |
| | | Date occupied | |
| | | Date vacated | |

| | | | |
|---|---|---|---|
| No. | Landlord Information | Name | |
| | | Street | |
| | | City, state, ZIP code | |
| | Occupancy Information | Rents paid in 2015 | |
| | | Date occupied | |
| | | Date vacated | |

| | | | |
|---|---|---|---|
| No. | Landlord Information | Name | |
| | | Street | |
| | | City, state, ZIP code | |
| | Occupancy Information | Rents paid in 2015 | |
| | | Date occupied | |
| | | Date vacated | |

| | | | |
|---|---|---|---|
| No. | Landlord Information | Name | |
| | | Street | |
| | | City, state, ZIP code | |
| | Occupancy Information | Rents paid in 2015 | |
| | | Date occupied | |
| | | Date vacated | |

| | | | |
|---|---|---|---|
| No. | Landlord Information | Name | |
| | | Street | |
| | | City, state, ZIP code | |
| | Occupancy Information | Rents paid in 2015 | |
| | | Date occupied | |
| | | Date vacated | |

| 2015 | 1040 | MA | Health Care Information (Schedule HC) | 57.192 |
|---|---|---|---|---|

**Massachusetts residents (ages 18 and older) should enter all pertinent information below.**
**Also provide MA Form 1099-HC.**

## HEALTH INSURANCE INFORMATION

| | | | |
|---|---|---|---|
| No. | Private health insurance: 1=spouse, 2=joint (leave blank if taxpayer) | | |
| | Name of insurance company (MA 1099-HC, box 1) | | |
| | FID number of insurance company (MA 1099-HC, box 2) | | |
| | Subscriber number (MA 1099-HC, box 5) | | |

| | | | |
|---|---|---|---|
| No. | Private health insurance: 1=spouse, 2=joint (leave blank if taxpayer) | | |
| | Name of insurance company (MA 1099-HC, box 1) | | |
| | FID number of insurance company (MA 1099-HC, box 2) | | |
| | Subscriber number (MA 1099-HC, box 5) | | |

| | | | |
|---|---|---|---|
| No. | Private health insurance: 1=spouse, 2=joint (leave blank if taxpayer) | | |
| | Name of insurance company (MA 1099-HC, box 1) | | |
| | FID number of insurance company (MA 1099-HC, box 2) | | |
| | Subscriber number (MA 1099-HC, box 5) | | |

NOTE: Enter "1" in the box below if ALL of the following apply: 1) Insured for all 2015; 2) Resident of Massachusetts for all of 2015; 3) 18 years or older as of January 1, 2015.

| | Taxpayer | Spouse |
|---|---|---|
| 1=you were insured for all of 2015 | | |

NOTE: For the Taxpayer (or Spouse) that was NOT insured for all of 2015. Enter "1" below for each month covered by health insurance. Leave blank if "1" was entered above.

| Months covered by health insurance (if not full year): | Taxpayer | Spouse |
|---|---|---|
| 1=January | | |
| 1=February | | |
| 1=March | | |
| 1=April | | |
| 1=May | | |
| 1=June | | |
| 1=July | | |
| 1=August | | |
| 1=September | | |
| 1=October | | |
| 1=November | | |
| 1=December | | |

NOTE: If you or your spouse had government-subsidized health insurance, fill out the appropriate information below.

| Government subsidized health insurance: | Taxpayer | Spouse |
|---|---|---|
| 1=Commonwealth care | | |
| 1=Commonwealth care bridge | | |
| 1=MassHealth | | |
| 1=Medicare | | |
| 1=U.S. military | | |
| 1=Tri-care | | |
| 1=VA Program enrollment | | |
| Name of other provider - taxpayer | | |
| Name of other provider - spouse | | |

| 2015 | 1040 | US | Additional Information |
|---|---|---|---|

Please furnish any additional information or supporting details not provided elsewhere in this tax organizer.