



Dear :

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2015 personal income tax return. To help you complete the organizer with minimal time and effort, when available, you will find certain information from your 2014 personal income tax return. If you choose not to complete the entire organizer, we ask that you complete at least the questionnaire and personal information.

Enter 2015 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements and Forms supporting educational expenses, deductions or distributions
- Forms 1095-A for the advance payment of the Premium Tax Credit for health care coverage
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of dependents
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

Thank you for the opportunity to serve you.

Warm Regards,

Steven R. Stanford CPA

2600 Ridge Road, Rockwall, Texas 75087
www.cparockwall.com sstanfordcpa@cparockwall.com
972-658-8926



Dear :

Your Client Organizer is attached and ready for printing. Completion of the organizer is not a requirement for tax preparation, but it is strongly encouraged for a complete and accurate tax return and to keep our fees to a minimum. If you decide not to complete the entire organizer, we do recommend at least completing and verifying the personal information and questionnaire.

Please note a few important dates:

Tax Return Cut-off* March 15, 2016
Tax Return Due Date April 15, 2016
Tax Return Extension Due Date October 15, 2016

* - We ask that all of your tax information be provided to Steven R. Stanford CPA by March 15th to insure that your tax return be completed prior to the initial tax filing deadline of April 15th. For clients providing information after March 15th, we will make every effort to have tax returns completed prior to April 15th but cannot guarantee it.

In addition to your tax organizer, we have attached our standard engagement letter. Let us know if you have any questions.

Our standard practice will be to provide our clients with a pdf version of their completed tax return. Additionally, we are required by the IRS to e-file your tax return. Please notify us if you still prefer the printed version of your tax return or do not want to e-file.

To contact us regarding this message, please call us at 972-689-8926 or email us at sstanfordcpa@cparockwall.com.

Thank you for the opportunity to serve you.

Warm Regards,

Steven R. Stanford CPA

2600 Ridge Road, Rockwall, Texas 75087
www.cparockwall.com sstanfordcpa@cparockwall.com
972-658-8926

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year? (please update personal info)	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change the bank account that you used last year for direct deposit?	<input type="checkbox"/>	<input type="checkbox"/>
We will provide a pdf version of your tax return. Do you also need a paper copy?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return and want us to prepare?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance or take a home equity loan on a residence this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment or disability benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Information		
Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an IRA, Roth, or other retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Education Information		
Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	<input type="checkbox"/>	<input type="checkbox"/>

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

Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of 2014 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.	p	p
Did anyone in your family qualify for an exemption from the health care coverage mandate?	p	p
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received.	p	p
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	p	p
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	p	p
Did you pay long-term care premiums for yourself or your family?	p	p
If you are a business owner, did you pay health insurance premiums for your employees this year?	p	p

Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?	p	p
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	p	p
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.	p	p
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization.	p	p
Did you have an expense account or allowance during the year?	p	p
Did you use your car on the job, for other than commuting?	p	p
Did you work out of town for part of the year?	p	p
Did you have material expenses related to seeking a new job during the year?	p	p
Did you make any major purchases during the year (cars, boats, etc.)?	p	p

Miscellaneous Information

Did you make gifts of more than \$14,000 to any individual?	p	p
Did you utilize an area of your home for business purposes?	p	p
Did you engage in any bartering transactions?	p	p
Did you retire or change jobs this year?	p	p
Did you incur moving costs because of a job change?	p	p
Did you pay any individual as a household employee during the year?	p	p
Did you make energy efficient improvements to your main home this year?	p	p
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	p	p
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	p	p
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	p	p

Did you receive correspondence from the State or the Internal Revenue Service?

p

p

If yes, explain: _____

Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If yes, attach the IRS letter.

p

p

Client Organizer Topical Index

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

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Annuity payments received	8, 22	Interest income, including foreign	9, 11
Automobile information -		Interest paid	54
Business or profession	66	Investment expenses	55
Employee business expense	58	Investment interest expenses	54
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Business income and expenses	26, 27, 28	Long-term care services and contracts (LTC)	70
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Excess farm losses	88	Social security benefits received	23
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Federal estimate payments	6	State & local withholding	10, 18, 22
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Foreign employer compensation	21	Unreported tip or unreported wage income	72
Foreign taxes paid	81	U.S. savings bonds educational exclusion	48
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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____
 Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____
 Taxpayer _____ Spouse _____
 Social security number _____
 First name _____
 Last name _____
 Occupation _____
 Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) _____
 Mark if legally blind _____
 Mark if dependent of another taxpayer _____
 Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____
 Date of birth _____
 Date of death _____
 Work/daytime telephone number/ext number _____
 Do you authorize us to discuss your return with the IRS (Y, N) _____

General: 1040, Contact **Present Mailing Address**

Address _____
 Apartment number _____
 City/State postal code/Zip code _____
 Foreign country name _____
 Home/evening telephone number _____
 Taxpayer email address _____
 Spouse email address _____

General: 1040 **Dependent Information**

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

Credits: 2441 **Child and Dependent Care Expenses**

Provider information:
 Business name _____
 First and Last name _____
 Street address _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____
 Amount paid to care provider in 2015 _____
 Taxpayer _____ Spouse _____
 Employer-provided dependent care benefits that were forfeited _____

General: Info **Direct Deposit/Electronic Funds Withdrawal Information**

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:
 Financial institution: Routing transit number _____ Name _____
 Your account number _____ Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 If you would like to use a refund to purchase U.S. Series I Savings bonds (in increments of \$50), enter a maximum amount (up to \$5,000).** _____

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

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

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

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

1040 Adj: IRA **Adjustments to Income - IRA Contributions**

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

Taxpayer Spouse

Traditional IRA Contributions for 2015 -

If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2015 _____

Roth IRA Contributions for 2015 -

Mark if you want to contribute the maximum Roth IRA contribution _____
 Enter the total Roth IRA contributions made for use in 2015 _____

Educate: Educate2 **Higher Education Deductions and/or Credits**

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

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

Complete this section if you paid qualified education expenses for higher education costs in 2015. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

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

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

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

1040 Adj: 3903 **Job Related Moving Expenses**

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

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

1040 Adj: OtherAdj **Other Adjustments to Income**

Alimony Paid:	Recipient name	Recipient SSN	2015 Information	Prior Year Information
T/S _____	_____	_____	_____	_____
Street address	_____		_____	_____
City, State and Zip code	_____		_____	_____
		Taxpayer	Spouse	Prior Year Information
Educator expenses:	_____	_____	_____	_____
_____	_____	_____	_____	_____
Other adjustments:	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Itemized: A1 **Medical and Dental Expenses**

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

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

Itemized: A1 **Tax Expenses**

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

Itemized: A2 **Interest Expenses**

T/S/J		2015 Information	Prior Year Information
—	Home mortgage interest From Form 1098	_____	_____
T/S/J	Other home mortgage interest paid to individuals:		
	Payee's Name	SSN or EIN	2015 Information
—	_____	_____	Prior Year Information
	Address	City	State Zip Code
	_____	_____	_____

T/S/J		2015 Information	Prior Year Information
—	Investment interest expense, other than on Sch K-1s:	_____	_____
	Refinance #1		Refinance #2

Refinancing Information:

T/S/J	Recipient/Lender name	_____	_____
	Total points paid at time of refinance	_____	_____
	Date of refinance	_____	_____
	Term of new loan (in months)	_____	_____
	Reported on Form 1098 in 2015	_____	_____

Itemized: A3 **Charitable Contributions**

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

Itemized: A3 **Miscellaneous Deductions**

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

Form ID: 1040 Personal Information 1

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

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

Present Mailing Address

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

Dependent Information

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

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

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

Dependent Codes

*Basic 1 = Child who lived with you 2 = Child who did not live with you 3 = Other dependent 5 = Qualifying child for Earned Income Credit only 6 = Children who lived with you, but do not qualify for Earned Income Credit 7 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit	**Other 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled
---	---

***Months⁷⁷ 77 = Reported on odd year return
 88 = Reported on even year return
 99 = Not reported on return

Preparer - Enter on Screen Contact

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

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Fax telephone number _____ [11] _____ [19]

Mobile telephone number _____ [12] _____ [20]

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

Pager number _____ [14] _____ [22]

Other: _____ [15] _____ [23]

Telephone number _____ [16] _____ [24]

Extension _____ [17] _____ [25]

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

NOTES/QUESTIONS:

Form ID: Bank

Direct Deposit/Electronic Funds Withdrawal Information

3

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 _____ [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 _____ [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]

Form ID: Bank

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:

Form ID: Est	Estimated Taxes	6
--------------	------------------------	----------

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:

Form ID: St Pmt	2015 State Estimated Tax Payments	7
-----------------	--	---

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

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

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

2015 City Estimated Tax Payments

	City #1			City #2		
City name	_____ [28]			_____ [50]		
Amount paid with 2014 return	_____ [31]	+		_____ [53]	+	
2014 overpayment applied to '15 estimates	_____ [32]			_____ [54]		
Treat calculated amounts as paid	_____ [36]			_____ [58]		

	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	_____

	City #3			City #4		
City name	_____ [72]			_____ [94]		
Amount paid with 2014 return	_____ [75]	+		_____ [97]	+	
2014 overpayment applied to '15 estimates	_____ [76]			_____ [98]		
Treat calculated amounts as paid	_____ [80]			_____ [102]		

	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]	
Box 13 -		
Statutory employee	__ [29]	
Retirement plan	__ [30]	
Third-party sick pay	__ [31]	
State postal code (Box 15)	_____ [32]	
State wages (Box 16) (If different than federal wages)	+ _____ [34]	
State tax withheld (Box 17)	+ _____ [36]	
Local wages (Box 18)	+ _____ [38]	
Local tax withheld (Box 19)	+ _____ [40]	
Name of locality (Box 20) _____	[43]	

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

Wages and Salaries #2

Please provide all copies of Form W-2.

	2015 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	
Employer name _____	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)	__ [5]	
Mark if this your current employer	__ [6]	
Federal wages and salaries (Box 1)	+ _____ [10]	
Federal tax withheld (Box 2)	+ _____ [12]	
Social security wages (Box 3) (If different than federal wages)	+ _____ [14]	
Social security tax withheld (Box 4)	+ _____ [16]	
Medicare wages (Box 5) (If different than federal wages)	+ _____ [18]	
Medicare tax withheld (Box 6)	+ _____ [21]	
SS tips (Box 7)	+ _____ [23]	
Allocated tips (Box 8)	+ _____ [25]	
Dependent care benefits (Box 10)	+ _____ [27]	
Box 13 -		
Statutory employee	__ [29]	
Retirement plan	__ [30]	
Third-party sick pay	__ [31]	
State postal code (Box 15)	_____ [32]	
State wages (Box 16) (If different than federal wages)	+ _____ [34]	
State tax withheld (Box 17)	+ _____ [36]	
Local wages (Box 18)	+ _____ [38]	
Local tax withheld (Box 19)	+ _____ [40]	
Name of locality (Box 20) _____	[43]	

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

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

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

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

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

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

**Dividend Codes	
Blank = Other	3 = Nominee

	2015 Information		Prior Year Information
	Taxpayer	Spouse	
State and local income tax refunds	+ _____ [1]	+ _____ [1]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Alimony received	+ _____ [3]	+ _____ [4]	
Unemployment compensation	+ _____ [8]	+ _____ [9]	
Unemployment compensation federal withholding	+ _____ [8]	+ _____ [9]	
Unemployment compensation state withholding	+ _____ [8]	+ _____ [9]	
Unemployment compensation repaid	+ _____ [11]	+ _____ [12]	
Alaska Permanent Fund dividends	+ _____ [17]	+ _____ [18]	

T/S/J	Self-Employment Income? (Y, N)	2015 Information		Prior Year Information
		Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships		
—	—	_____	+ _____ [14]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
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—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	

NOTES/QUESTIONS:

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

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

Social Security Benefits

	2015 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2015 (Box 3 minus Box 4) (Box 5)	+ _____ [8]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

Tier 1 Railroad Benefits

	2015 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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:

Form ID: IRA	Traditional IRA	24
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	Taxpayer	Spouse																														
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]																														
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]																														
Enter the total traditional IRA contributions made for use in 2015	+ _____ [5]	+ _____ [6]																														
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Taxpayer</th> <th style="width: 20%; text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>Enter the nondeductible contribution amount made for use in 2015</td> <td style="text-align: right;">+ _____ [11]</td> <td style="text-align: right;">+ _____ [12]</td> </tr> <tr> <td>Enter the nondeductible contribution amount made in 2016 for use in 2015</td> <td style="text-align: right;">+ _____ [13]</td> <td style="text-align: right;">+ _____ [14]</td> </tr> <tr> <td>Traditional IRA basis</td> <td style="text-align: right;">+ _____ [15]</td> <td style="text-align: right;">+ _____ [16]</td> </tr> <tr> <td>Value of all your traditional IRA's on December 31, 2015:</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td style="text-align: right;">+ _____ [17]</td> <td style="text-align: right;">+ _____ [18]</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">+</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">+</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">+</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">+</td> <td style="text-align: right;">_____</td> </tr> </tbody> </table>				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]	_____	+	_____	_____	+	_____	_____	+	_____	_____	+	_____
	Taxpayer	Spouse																														
Enter the nondeductible contribution amount made for use in 2015	+ _____ [11]	+ _____ [12]																														
Enter the nondeductible contribution amount made in 2016 for use in 2015	+ _____ [13]	+ _____ [14]																														
Traditional IRA basis	+ _____ [15]	+ _____ [16]																														
Value of all your traditional IRA's on December 31, 2015:																																
_____	+ _____ [17]	+ _____ [18]																														
_____	+	_____																														
_____	+	_____																														
_____	+	_____																														
_____	+	_____																														

Roth IRA

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

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

NOTES/QUESTIONS:

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2015 Information	Prior Year Information
			+ [1]	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
Address			+	
Address			+	
Address			+	

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

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+

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

***Mortgage Types**

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

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

T/S/J	Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -	2015 Information
-	Payer's/Borrower's name _____ [7]	
	Street Address _____	
	City/State/Zip code _____	
	Refinancing Points paid in 2015 -	
	Taxpayer/Spouse/Joint (T, S, J) _____ [11]	
	Recipient/Lender name _____	
	Total points paid at time of refinance _____	
	Percentage of principal exceeding original mortgage (For AMT adjustment) _____	
	Points deemed as paid in 2015 (Preparer use only) _____ [12]	+
	Date of refinance _____	
	Term of new loan (in months) _____	
	Reported on Form 1098 in 2015 _____	
	Taxpayer/Spouse/Joint (T, S, J) _____	
	Recipient/Lender name _____	
	Total points paid at time of refinance _____	
	Percentage of principal exceeding original mortgage (For AMT adjustment) _____	
	Points deemed as paid in 2015 (Preparer use only) _____ [12]	+
	Date of refinance _____	
	Term of new loan (in months) _____	
	Reported on Form 1098 in 2015 _____	

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

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]	
-	_____	+ _____	

Health Care Coverage and Exemptions

"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) 2015 Information: [] [1] Prior Year Information: []

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 7 columns: Social Security No., First Name, Last Name, Exemption Certificate Number, Other Exemption Type *, Full Year, Start Month, End Month. Includes a small table for exemption codes below.

*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)

Self-employed health insurance premiums: (Not entered elsewhere) 2015 Information: Taxpayer + [12] + Spouse + [13] Prior Year Information: []
Self-employed long-term care premiums: (Not entered elsewhere) 2015 Information: Taxpayer + [15] + Spouse + [16] Prior Year Information: []

NOTES/QUESTIONS:

Form ID: Notes

Notes to Preparer

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s) _____

Social security number _____



EPSTEIN & COMPANY, PC
CERTIFIED PUBLIC ACCOUNTANTS

Dear :

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2015 federal and state (if applicable) income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in the accuracy of your return and keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our policy is to provide our clients with electronic (pdf) copies of their completed tax returns and to return all original tax documents. Upon request, we will provide our clients a printed copy of their tax return at no additional charge.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation. Balances not paid in full within 30 days may be subject to a finance charge of 12% per annum and may be presented to a collection agency.

If the foregoing does not fairly set forth your understanding, please contact our office prior to commencement of our engagement.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Epstein & Company, PC