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## **2015 TAX ORGANIZER**

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**This tax organizer has been prepared for your use in gathering the information needed for your 2015 tax return.**

**To save you time, selected information from your 2014 tax return has been entered in this organizer. Please line through any information that does not apply to your 2015 tax return.**

**In some cases, 2014 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

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## 2015 TAX ORGANIZER

**T  
O**

**I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.**

Taxpayer Signature	Date
Spouse Signature	Date

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The following questions pertain to the 2015 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

	Yes	No
Did your marital status change? .....		
Are you married? .....		
If Yes, do you and your spouse want to file separate returns? .....		
If No, are you in a domestic partnership, civil union, or other state-defined relationship? .....		
Can you or your spouse be claimed as a dependent by another taxpayer? .....		
Did you or your spouse serve in the military or were you or your spouse on active duty? .....		
Have you or your spouse been a victim of identity theft and have you contacted the IRS? .....		
If Yes, furnish the 6-digit identity protection PIN issued to you by the IRS. _____ Taxpayer _____ Spouse		

Dependents:

Were there any changes in dependents from the prior year? .....		
Note: Include non-child dependents for whom you provided more than half the support.		
Did you or your spouse pay for child care while you or your spouse worked or looked for work? .....		
Do you have any children under age 18 with unearned income more than \$1,050? .....		
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,050? .....		
Did you adopt a child or begin adoption proceedings? .....		
Are any of your dependents non-U.S. citizens or non-U.S. residents? .....		

Healthcare:

Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year? .....		
If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.		
If No, there are several exemptions from the mandate requiring health insurance coverage. Examples include membership in a healthcare sharing ministry, membership in a federally recognized Indian tribe, incarceration, membership in certain religious sects, and enrollment in certain Medicaid and TRICARE programs that do not provide minimum essential coverage. If any of these provisions apply, provide information regarding the exemption, the individual(s) (taxpayer, spouse, dependents) to which the exemption(s) may apply, and the month(s) for which the exemption(s) apply.		
Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A? .....		
Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return? .....		
Did you apply for an exemption through the Marketplace? .....		
If Yes, provide the Exemption Certificate Number. _____		
Are any of your dependents required to file a tax return? .....		



Healthcare (continued):

- Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?  Yes  No
- Were you eligible for employer-sponsored healthcare coverage?  Yes  No
- If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?  Yes  No
- Did you or your spouse have any transactions pertaining to a health savings account (HSA)?  Yes  No  
If you received a distribution from an HSA include all Forms 1099-SA.
- Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?  Yes  No  
If you received a distribution from an MSA include all Forms 1099-SA.
- Did you or your spouse receive any distributions from long-term care insurance contracts?  Yes  No  
If Yes, include all Forms 1099-LTC.
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job?  Yes  No  
If Yes, how many months were you covered? \_\_\_\_\_
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job?  Yes  No  
If Yes, how many months were you covered? \_\_\_\_\_
- Did you or your spouse lose your job because of foreign competition and pay for your own health insurance?  Yes  No

Education:

- Did you or your spouse pay any student loan interest?  Yes  No
- Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?  Yes  No
- Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)?  Yes  No  
If Yes, include all Forms 1099-Q.
- Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?  Yes  No

Deductions and Credits:

- Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?  Yes  No  
If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.
- Did you or your spouse incur any casualty or theft losses?  Yes  No
- Did you or your spouse make any large purchases, such as motor vehicles and boats?  Yes  No
- Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?  Yes  No
- Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?  Yes  No
- Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?  Yes  No  
If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes.  
\_\_\_\_\_ Gallons \_\_\_\_\_ Type
- Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?  Yes  No
- Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?  Yes  No



Investments:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Did you or your spouse have any debts canceled, forgiven or refinanced? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell, exchange, or purchase any real estate? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include closing statements.  |                          |                          |
| Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any put or call transactions? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the transaction details.   |                          |                          |
| Did you or your spouse close any open short sales? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell any securities not reported on Form 1099-B? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

Retirement or Severance:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse turn age 70 1/2 and have money in an IRA or other retirement account without taking any distribution? .....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse retire or change jobs? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive deferred, retirement or severance compensation? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enter the date received (Mo/Da/Yr). _____   |                          |                          |

Personal Residence:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did your address change? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the new address.  |                          |                          |
| If Yes, did you move to a different home because of a change in the location of your job? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse claim a homebuyer credit for a home purchased in 2008? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your total mortgages on your first and/or second residence greater than \$1,000,000? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____   |                          |                          |
| Did you or your spouse take out a home equity loan? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have an outstanding home equity loan at the end of the year? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____   |                          |                          |
| Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? .....             | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your mortgagee receive mortgage assistance payments? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1098-MA.  |                          |                          |



**Sale of Your Home:**

	Yes	No
Did you sell your home? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years? .....	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

**Gifts:**

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$14,000 to any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse forgive any indebtedness to any individual, trust or entity? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Foreign Matters:**

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse create or transfer money or property to a foreign trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own any foreign financial assets? .....	<input type="checkbox"/>	<input type="checkbox"/>



**Miscellaneous:**

Did you or your spouse pay in excess of \$1,000 in any quarter, or \$1,900 during the year for domestic services performed in or around your home to individuals who could be considered household employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive unreported tip income of \$20 or more in any month? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any bartering transactions? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a party to split-dollar life insurance policy? .....	<input type="checkbox"/>	<input type="checkbox"/>
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors or trustees die or move? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse entered into any tax shelter(s) such as a reportable transaction(s) or IRS Listed Transaction(s) that would require reporting/disclosing on your tax return? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Additional state pages have been included at the back of the organizer and should be reviewed.**





# Personal Information

**Taxpayer:**

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_

**Spouse:**

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_

**Contact Information:**

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

Foreign Province or County \_\_\_\_\_

Foreign Country \_\_\_\_\_

Taxpayer Daytime/Work Phone \_\_\_\_\_ Spouse Daytime/Work Phone \_\_\_\_\_

Taxpayer Evening/Home Phone \_\_\_\_\_ Spouse Evening/Home Phone \_\_\_\_\_

Taxpayer Foreign Phone \_\_\_\_\_ Spouse Foreign Phone \_\_\_\_\_

Taxpayer Cell Phone \_\_\_\_\_ Spouse Cell Phone \_\_\_\_\_

Taxpayer Fax Number \_\_\_\_\_ Spouse Fax Number \_\_\_\_\_

Taxpayer Email Address \_\_\_\_\_

Spouse Email Address \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

May the IRS or other taxing authority discuss the return with the preparer? ..... 

Yes	No

Is the taxpayer claimed as a dependent on someone else's tax return? ..... 

Yes	No

	Taxpayer		Spouse	
	Yes	No	Yes	No
Are you considered legally blind per IRS regulations? .....				
Do you want to contribute to the Presidential Election Campaign Fund? .....				
Are you a U.S. citizen or Green Card holder? .....				

## Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



2015

# Dependents and Wages

3A

## Dependent Information:

Did dependent have income over \$4,000?

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Yes or No

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

If any of your dependents were a victim of identity theft and you have contacted the IRS, provide the identity protection PIN issued to you by the IRS.

## Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



# Direct Deposit and Withdrawal

## Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2014, your account information may already be included below.

Would you like any refunds owed to you directly deposited? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		
Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____			
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)			
Would you like to pay any amount due on your <i>state</i> return(s) using electronic withdrawal? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____			
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)			
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.			
Would you like to pay any estimated payments due for your <i>federal</i> return using electronic withdrawal? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		
Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings                       myRA  
                                   Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes                       No

Account owner                       Taxpayer                       Spouse                       Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

Would you like any refunds owed to you directly deposited? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		
Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____			
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)			
Would you like to pay any amount due on your <i>state</i> return(s) using electronic withdrawal? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____			
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)			
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.			
Would you like to pay any estimated payments due for your <i>federal</i> return using electronic withdrawal? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		
Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings                       myRA  
                                   Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes                       No

Account owner                       Taxpayer                       Spouse                       Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



2015

# U.S. Series I Savings Bonds Purchase

4B

Up to \$5,000 of your refund may be used to purchase U.S. Series I Savings Bonds for yourself, your spouse, and up to two other individuals, in \$50 increments.

Do you want to use any of your refund to purchase any U.S. Series I Savings Bonds? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, provide the information requested for each type of bond you want to purchase using your refund.

If the purchase is for someone other than the taxpayer or spouse, or if the bond should have a co-owner or beneficiary, provide the name of the person receiving the bond (if not the taxpayer or spouse), the name of the person being designated as the co-owner of the bond, if applicable, the name of the person designated as the beneficiary of the bond, if applicable, and the amount of the bond to be purchased.

Joint:

Co-owner name .....

Beneficiary name .....

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds .....

Note: If filing a married filing joint return, bonds purchased will be jointly owned by the taxpayer and spouse. In this case, the spouse's name does not need to be entered as a co-owner. If the bonds will not be jointly owned by the taxpayer and spouse, the savings bond information should be entered in the taxpayer, spouse, or other owner areas below.

Taxpayer:

Co-owner name .....

Beneficiary name .....

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds .....

Spouse:

Co-owner name .....

Beneficiary name .....

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds .....

Bond purchases for someone other than the taxpayer or spouse:

Taxpayer name .....

Co-owner name .....

Beneficiary name .....

Amount of purchase .....

Taxpayer name .....

Co-owner name .....

Beneficiary name .....

Amount of purchase .....



2015

# Dividend Income

5B

## Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
<b>Total</b>					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Code	Tax-Exempt Interest	2014 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
<b>Total</b>		

## Enter Any Additional Information:


Note: List all items sold during the year on Form 7.



2015

# Interest Income and Foreign Information

5A

**Include all Forms 1099-INT or other documents for interest received**

(List all items sold during the year on Form 7.)

### Interest Income:

Special Interest Code: 1 - Qualified Educational Series EE Bonds    2 - Seller Financed Mortgage Interest    3 - Early Withdrawal Penalty    4 - Nominee Interest    5 - Accrued Interest    6 - Original Issue Discount Adjustment    7 - Amortizable Bond Premium Adjustment

TSJ	Source	Interest Income	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Tax-Exempt Interest Code: 1 - 1099-INT    2 - Private Activity Bond    3 - Both

Social Security No. of Home Buyer	Address of Individual from Whom Mortgage Interest Was Received	Code	Tax-Exempt Interest
A			
B			
C			
D			
E			

Federal Withholding	State Withholding	Investment Expenses	Tax Exempt Paid CUSIP No.	2014 Interest Amount
A				
B				
C				
D				
E				

### Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

### Additional State Information:

Payer ID	New Hampshire or Illinois Reason Interest is Nontaxable
A	
B	
C	
D	
E	

### Foreign Bank Accounts and Trusts:

At any time during 2015, did you have an interest in or a signature authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?  Yes     No

If Yes, enter name of foreign country \_\_\_\_\_

Were you the grantor of, or transferor to, a foreign trust that existed during 2015, whether or not you had any beneficial interest in it?



2015

# Brokerage Statement Details

5EA

TSJ	Payer Name	Account No.	Information Included (X or ✓)
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			
P			
Q			
R			
S			
T			

Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
P							
Q							
R							
S							
T							



Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.



# Business Income and Cost of Goods Sold

2015

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_  
 Employer ID number \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state, ZIP or postal code, and country \_\_\_\_\_  
 Method of inventory \_\_\_\_\_  
 Method of accounting \_\_\_\_\_

### Business Questions for 2015:

	Yes	No
Did you dispose of this business? _____	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date? _____ (Mo/Da/Yr)		
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

2015 Amount	2014 Amount

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

### Income:

Include all Forms 1099-K

Payment card and third party transactions:

Description	2015 Amount	2014 Amount

Miscellaneous income: Include all Forms 1099-MISC


Other Income:


Other gross receipts or sales \_\_\_\_\_  
 Less returns and allowances \_\_\_\_\_

2015 Amount	2014 Amount

### Cost of Goods Sold:

Beginning inventory \_\_\_\_\_  
 Purchases less cost of items withdrawn for personal use \_\_\_\_\_  
 Cost of labor (do not include amounts paid to yourself) \_\_\_\_\_  
 Materials and supplies \_\_\_\_\_  
 Other costs of goods sold: \_\_\_\_\_

Description	2015 Amount	2014 Amount

Ending inventory \_\_\_\_\_







2015

# Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Listed Property Questions for 2015:

	<b>Yes</b>	<b>No</b>
Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

### If you are an employer who provides vehicles for use by employees:

	<b>Yes</b>	<b>No</b>
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle:

Description of vehicle .....

Date placed in service . . . . . (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for your personal use?  Yes  No

Was your vehicle available for use during off-duty hours? .....

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2015 Miles	2014 Miles
2015 Amount	2014 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2015 Miles	2014 Miles
2015 Amount	2014 Amount

### Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year .....

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc . . .

Interest .....

Taxes .....

Fair market value of leased vehicle . . .

Vehicle rentals/leases .....



2015

# Business Expenses

6C

Name of Business: \_\_\_\_\_  
 Principal Business or Profession: \_\_\_\_\_

**Business Expenses:** Enter all expenses at 100 percent

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . . \_\_\_\_\_ %

	2015 Amount	2014 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		

Other Business Expenses:

Description	2015 Amount	2014 Amount

**Reimbursements:** List only reimbursements NOT reported in Box 1 of your Form W-2

Amount received for other expenses .....

Amount received for meals and entertainment .....

2015 Amount	2014 Amount

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

**Vehicle:**

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business .....

Description of vehicle .....

Date vehicle was placed in service .....

Yes  No

Yes  No

Do you (or your spouse) have another vehicle available for personal purposes? .....

Was your vehicle available for personal use during off-duty hours? .....

	2015	2014
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Interest .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		

Other Vehicle Expenses:

Description	2015 Amount	2014 Amount



2015

# Business Use of Home

6D

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2015	2014

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2015 Amount	2014 Amount	2015 Amount	2014 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2015 Amount	2014 Amount	2015 Amount	2014 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



# Sales of Stocks, Securities, Capital Assets & Installment Sales

## Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

**Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year**

Did you have any of the following during the year?

- Mutual fund transactions .....
- Exchange of any securities or investments for something other than cash .....
- Sales of inherited property .....
- Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale .....
- Commodity sales, short sales or straddles .....
- Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest .....
- Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock .....
- Debts that became uncollectible .....
- Securities that became worthless .....
- Sale of any property where you will receive payments in future years .....

Yes	No

TSJ	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Gross Sales Price (Less Commissions)
A				
B				
C				
D				
E				
F				
G				
H				

	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A			
B			
C			
D			
E			
F			
G			
H			

**Installment Sales:** **Do not include interest received in principal amount**

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2015 Principal Received	2014 Principal Received



## Sale or Exchange of Your Home:

**Include the closing statements from the purchase and sale of your former and new homes**

### Former Home Information:

TSJ \_\_\_\_\_

Date acquired \_\_\_\_\_ (Mo/Da/Yr)

Date sold \_\_\_\_\_ (Mo/Da/Yr)

Selling price \_\_\_\_\_

### Original Cost and Cost of Improvements:

Description	Amount

### Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?  Yes  No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale?  Yes  No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated \_\_\_\_\_

## Moving Expenses:

TSJ \_\_\_\_\_

Were the moving expenses reimbursed by your employer?  Yes  No

Enter reimbursements not included in wages on your Form W-2 \_\_\_\_\_

### Mileage:

Number of miles from old home to new workplace \_\_\_\_\_

Number of miles from old home to old workplace \_\_\_\_\_

Number of automobile miles in move \_\_\_\_\_

Miles

### Transportation Expenses:

Costs of transportation of household goods and personal effects \_\_\_\_\_

Costs of travel and lodging (do not include meals or automobile expenses) \_\_\_\_\_

Automobile expenses (gasoline, oil, etc.) \_\_\_\_\_

Meals (Pennsylvania only) \_\_\_\_\_

Amount



Individual Retirement Account (IRA):

TS .....

IRA Questions for 2015:

- Are you covered by an employer's retirement plan? .....
- If no, is your spouse covered by an employer's retirement plan? .....
- Do you want to limit your IRA contribution to the maximum amount deductible on your tax return? .....
- If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction? .....
- Did you use any IRA as security for a loan this year? .....
- Did you have any transactions with any IRA during the year? .....
- If Yes, explain. \_\_\_\_\_

Yes	No

IRA Values, Rollovers, and Distributions:

Include copies of all Forms 1099-R

- Total value of all traditional IRAs on December 31, 2015 .....
- Outstanding rollovers on December 31, 2015 .....
- Total distributions converted to Roth IRAs .....
- Total retirement plans converted to Roth IRAs .....


Contributions:

Include copies of all Forms 5498

- IRA:
  - Contributions in 2015 for the 2015 tax return .....
  - Contributions in 2016 for the 2015 tax return .....
  - Amount for 2015 you choose to be treated as nondeductible .....
- Roth IRA:
  - Contributions made for the 2015 tax year .....


Distributions:

Include all Forms 1099-R and any nontaxable distribution details

Name of Payer	2015 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2014 Gross Distributions



2015

# Pension, Annuity and Retirement Plan Information

9A

**Pensions and Annuities:** Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2015 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2014 Gross Distributions

**Self-Employed Retirement Plan:** Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....

Do you want to contribute the maximum amount allowed? .....

**Taxpayer**

Yes	No

**Spouse**

Yes	No

**Contributions to:**

Simplified employee pension .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

**2015 Amount**


**2015 Amount**






2015

# Rental and Royalty Income

**Location of Property:** \_\_\_\_\_

TSJ .....  
Type of property .....

Yes	No
-----	----

Have you prepared or will you prepare all required Forms 1099? .....

Ownership percentage if not 100% .....  
How many days was this property rented at fair market value? .....  
How many days was this property used personally (including use by family members)? .....

2015	2014
%	

**Income:**

Rents received .....  
Royalties received .....

2015 Amount	2014 Amount

Payment card and third party transactions:  Include all Forms 1099-K

Description	2015 Amount	2014 Amount

Miscellaneous income:  Include all Forms 1099-MISC

Description	2015 Amount	2014 Amount

Other income:

Description	2015 Amount	2014 Amount



2015

# Rental and Royalty Expenses

10A

Location of Property: \_\_\_\_\_

**Expenses:**

- Advertising .....
- Auto and travel .....
- Cleaning and maintenance .....
- Commissions .....
- Insurance .....
- Legal and other professional fees .....
- Management fees .....
- Mortgage interest paid to banks, etc. ....
- Mortgage interest paid to individuals .....
- Other interest .....
- Repairs .....
- Supplies .....
- Taxes .....
- Utilities .....
- Dependent care benefits .....
- Employee benefits .....
- Other Expenses:

2015 Amount	2014 Amount

Description	2015 Amount	2014 Amount



2015

# Rental and Royalty Property and Equipment & Depletion

10B

Location of Property: \_\_\_\_\_

Property and Equipment: Include a list if more space is needed

**Acquisitions:**

X if not new	Description	Date Acquired (Mo/Da/Yr)	Cost

**Dispositions:**

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

**Percentage Depletion Information:**

Production Type	Royalty Income	
	2015 Amount	2014 Amount



Location of Property: \_\_\_\_\_

Listed Property Questions for 2015:

Do you have evidence to support your deduction?
If Yes, is the evidence written?
Do you have evidence to support the business use percentage claimed on listed property?
If Yes, is the evidence written?

If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?
Do you treat all use of vehicles by employees as personal use?
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?

Vehicle:

Description of vehicle
Date placed in service (Mo/Da/Yr)
Do you (or your spouse) have another vehicle available for your personal use?
Was your vehicle available for use during off-duty hours?

Table for Vehicle 1 with columns for 2015 and 2014 Miles and Actual Expenses (Gasoline, Interest, Taxes, etc.)

Table for Vehicle 2 with columns for 2015 and 2014 Miles and Actual Expenses (Gasoline, Interest, Taxes, etc.)



# Rental and Royalty Business Expenses

2015

Location of Property: \_\_\_\_\_

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, enter the percentage to apply to this business \_\_\_\_\_ %

	2015 Amount	2014 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		
Other Business Expenses:		

Description	2015 Amount	2014 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

	2015 Amount	2014 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

**Vehicle:**  
 If these vehicle expenses are to be divided between two or more businesses, enter the percentage to apply to this business \_\_\_\_\_ %  
 Description of vehicle \_\_\_\_\_  
 Date vehicle was placed in service \_\_\_\_\_ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No  
 Was your vehicle available for personal use during off-duty hours?  Yes  No

	2015	2014
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Interest .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		
Other Vehicle Expenses:		

Description	2015 Amount	2014 Amount



2015

# Rental - Business Use of Home

10E

Location of Property: \_\_\_\_\_

### Partial Use of Your Home for Business:

2015

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? . . .  Yes  No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2015 Amount	2014 Amount	2015 Amount	2014 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2015 Amount	2014 Amount	2015 Amount	2014 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



# Partnership, S Corporation, Estate, Trust and REMIC Income

Partnership Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income: Include all Schedules Q

TSJ	Entity Name	Employer ID Number



2015

# Partnership and S Corporation Business Expenses

11A

**Activity Name:** \_\_\_\_\_

**Business Expenses:** Enter all expenses at 100 percent

If these expenses are to be divided between two or more businesses, enter the percentage to apply to this business \_\_\_\_\_ %

	2015 Amount	2014 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		
Other Business Expenses:		

Description	2015 Amount	2014 Amount

**Reimbursements:** List only reimbursements NOT reported in Box 1 of your Form W-2

	2015 Amount	2014 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

**Vehicle:**

If these vehicle expenses are to be divided between two or more businesses, enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service ..... (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No

Was your vehicle available for personal use during off-duty hours?  Yes  No

	2015	2014
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Interest .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		
Other Vehicle Expenses:		

Description	2015 Amount	2014 Amount





Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC and 1099-G

Miscellaneous Income and Adjustments:

Table with columns for TSJ (2015 Amount, 2014 Amount) and rows for various income and adjustment items like Taxable pensions, Social Security benefits, etc.

State and Local Income Tax Refunds:

Table with columns for TSJ, State, City, Tax Year, and Income Tax Refund (State, Local).

Other Income:

Table with columns for TSJ, Nature and Source, 2015 Amount, and 2014 Amount.

Alimony Paid or Received:

Table with columns for TSJ, Recipient's Name, Recipient's Social Security No., Alimony Received?, 2015 Amount, and 2014 Amount.



Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2015 Amount	2014 Amount

Health Savings Accounts (HSAs)

TS	Description	2015 Amount	2014 Amount
	Contributions made for 2015		
	Distributions received from all HSAs in 2015		

What type of coverage applies to your high deductible health plan?  Self only  Family

Were any HSA contributions listed above also shown on your Form W-2?  Yes  No

Were all distributions from your HSA for unreimbursed medical expenses?  Yes  No

Did you or your spouse enroll in Medicare?  Yes  No

If Yes, what month did you enroll? \_\_\_\_\_

What month did your spouse enroll? \_\_\_\_\_

Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2015 Amount	2014 Amount



# Itemized Deductions - Medical and Taxes

2015

### Medical and Dental Expenses:

Prescription medicines and drugs .....

Total medical insurance premiums paid \* .....

Long-term care expenses .....

Total insurance reimbursement .....

Number of miles traveled for medical care .....

Lodging .....

Doctors, dentists, etc. ....

Hospitals .....

Lab fees .....

Eyeglasses and contacts .....

TSJ	2015 Amount	2014 Amount

Taxpayer long-term care insurance premiums paid .....

Spouse long-term care insurance premiums paid .....

2015 Amount	2014 Amount

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

### Other Medical Expenses:

TSJ	Description	2015 Amount	2014 Amount

### Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes) .....

General sales taxes paid on specified items .....

TSJ	2015 Amount	2014 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2015 Amount	2014 Amount

### Other Taxes Paid:

TSJ	Description	2015 Amount	2014 Amount

If you purchased or sold your home in 2015, did you include any taxes from your closing statement in the amounts above?  Yes  No



2015

Mortgage Questions for 2015:

	<b>Yes</b>	<b>No</b>
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? . . . . . _____		
Did you purchase a new home or sell your former home during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2015 Amount	2014 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2015 Amount	2014 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2015 Amount	2014 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2015 Amount	2014 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2015 Amount	2014 Amount



Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

Table with 4 columns: TSJ, Organization or Description of Contribution, 2015 Amount, 2014 Amount

Table with 4 columns: TSJ, Conservation Real Property, 2015 Amount, 2014 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2015 Miles, 2014 Miles. Includes row for Number of miles traveled performing volunteer work for qualified charitable organizations.

Noncash Contributions Totaling \$500 or Less: Include all documentation.

Table with 4 columns: TSJ, Description of Donated Property, 2015 Amount, 2014 Amount

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

TSJ \_\_\_\_\_
Description of the donated property \_\_\_\_\_

Donee organization name \_\_\_\_\_

Donee organization address \_\_\_\_\_

Date the property was acquired by the taxpayer (Mo/Da/Yr) \_\_\_\_\_

Date the property was donated (Mo/Da/Yr) \_\_\_\_\_

Cost or basis of the donated property [ ]

Fair market value of the donated property [ ]

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal Thrift shop value Catalog Comparable sale

Other - please explain \_\_\_\_\_

Which of the following describes how this donated property was acquired?

- Purchase Gift Inheritance Exchange



**Miscellaneous Itemized Deductions:**

Union and professional dues .....

Tax preparation fee .....

Professional subscriptions .....

Hobby expense (To extent of income) .....

Safe deposit box .....

Uniforms and protective clothing .....

Work tools .....

Gambling losses .....

Estate taxes .....

TSJ	2015 Amount	2014 Amount

**Other Itemized Deductions:**

**Examples:**

- Certain legal and accounting fees
- Investment expenses
- Custodial fees
- Employment agency fees
- Certain educational expenses

TSJ	Description	2015 Amount	2014 Amount

**Casualty or Theft Loss:**

TSJ .....

Property description .....

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use   
  Business use   
  Income producing   
  Employee Use   
  Personal use due to Hurricane Katrina
- Personal use attributable to a federally declared disaster between 2007 and 2009   
  Personal use attributable to Midwestern disaster area   
  Personal use attributable to Kansas disaster area

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_

Date damaged or lost ..... (Mo/Da/Yr) \_\_\_\_\_

Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Original cost or other basis .....

Fair market value before casualty .....

Fair market value after casualty .....

Cost of replacement .....

Insurance reimbursement .....



2015

# Employee Business Expenses

TS: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Business Expenses:** Enter all expenses at 100 percent Include all documentation

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, enter the percentage to apply to Schedule A \_\_\_\_\_ %

	2015 Amount	2014 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		
Other Business Expenses:		

Description	2015 Amount	2014 Amount

**Reimbursements:** List only reimbursements NOT reported in Box 1 of your Form W-2

	2015 Amount	2014 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

**Vehicle:** Include all documentation

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service ..... (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No

Was your vehicle available for personal use during off-duty hours?  Yes  No

	2015	2014
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		
Other Vehicle Expenses:		

Description	2015 Amount	2014 Amount



# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No  
 Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in 2014 but paid in 2015 .....  
 Employer-provided dependent care benefits that were forfeited in 2015 .....  
 2014 carryover used in grace period .....

### Child/Dependent Care Providers:

**Provider 1:**

Name .....  
 Street address .....  
 City, state, ZIP or postal code, and country .....  
 Social security number OR .....  
 Employer identification number .....  
 Telephone number (California only) .....

	2015 Amount	2014 Amount
Expenses incurred and paid in 2015 .....		
Expenses incurred and not paid in 2015 .....		

**Provider 2:**

Name .....  
 Street address .....  
 City, state, ZIP or postal code, and country .....  
 Social security number OR .....  
 Employer identification number .....  
 Telephone number (California only) .....

	2015 Amount	2014 Amount
Expenses incurred and paid in 2015 .....		
Expenses incurred and not paid in 2015 .....		

### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2015 Expenses Incurred	2014 Expenses Incurred

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

**Include copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	2015 Qualified Expenses





General Information:

TSJ .....

Employer identification number .....

Did you pay any one household employee cash wages of \$1,900 or more in 2015? Yes No

Did you withhold any federal income tax from wages paid to any household employee? Yes No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2014 or 2015? Yes No

Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes .....

Cash wages subject to Medicare taxes (if different than cash wages subject to social security) .....

Cash wages subject to additional Medicare tax withholding .....

Federal income tax withheld .....

State disability plan payments subject to social security taxes .....

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) .....

Table with 2 columns: 2015 Amount, 2014 Amount. Rows correspond to the Social Security, Medicare, and Income Taxes categories.

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? Yes No

Table with 3 columns: State, Total Cash Wages Subject to FUTA, 2014 Amount.

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2016

Table with 5 columns: Name of State, Total Taxable Wages, Contribution Paid to Unemployment Fund, X, 2014 Amount.



Refund Application:

If you have an overpayment of 2015 taxes, do you want the excess:

Refunded .....  Yes  No  
 Applied to your 2016 estimated tax liability .....  Yes  No

Federal Estimated Tax Payments:

2015 1st Quarter Estimate ..... (Due 04-15-2015)  
 2015 2nd Quarter Estimate ..... (Due 06-15-2015)  
 2015 3rd Quarter Estimate ..... (Due 09-15-2015)  
 2015 4th Quarter Estimate ..... (Due 01-15-2016)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2014 overpayment applied to 2015 estimate .....

Tax Planning Information for Tax Year 2016:

Do you expect any of the following to occur in 2016?

	Yes	No
A change in your marital status .....	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions .....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.




2015

# State and City Tax Payments

20A

## State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2015 1st Quarter Estimate .....

2015 2nd Quarter Estimate .....

2015 3rd Quarter Estimate .....

2015 4th Quarter Estimate .....

If you have an overpayment of 2015 taxes, do you  
want the excess applied to your 2016 estimated tax liability?  Yes  No

2014 overpayment applied to 2015 estimate .....

Balance of prior year(s)' tax paid in 2015 plus  
amount paid with 2014 extensions .....

Estimated tax payments for 2014 paid in 2015 .....

## State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2015 1st Quarter Estimate .....

2015 2nd Quarter Estimate .....

2015 3rd Quarter Estimate .....

2015 4th Quarter Estimate .....

If you have an overpayment of 2015 taxes, do you  
want the excess applied to your 2016 estimated tax liability?  Yes  No

2014 overpayment applied to 2015 estimate .....

Balance of prior year(s)' tax paid in 2015 plus  
amount paid with 2014 extensions .....

Estimated tax payments for 2014 paid in 2015 .....

## State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2015 1st Quarter Estimate .....

2015 2nd Quarter Estimate .....

2015 3rd Quarter Estimate .....

2015 4th Quarter Estimate .....

If you have an overpayment of 2015 taxes, do you  
want the excess applied to your 2016 estimated tax liability?  Yes  No

2014 overpayment applied to 2015 estimate .....

Balance of prior year(s)' tax paid in 2015 plus  
amount paid with 2014 extensions .....

Estimated tax payments for 2014 paid in 2015 .....







**NOTE: Only complete Forms 34 and/or 35 if in 2015:**

- You made gifts of cash or marketable securities to an individual that exceeded \$14,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

**Gift 1:**

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....	_____		
Address of person .....	_____		
Your relationship to the person (e.g., son, granddaughter or friend) .....	_____		
Age of the person .....	_____		
Date(s) of gift(s) .....	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$14,000 in cash or 500 shares of ABC stock) .....	_____		
Cost basis of assets gifted if other than cash .....			
Value of assets gifted if other than cash .....			

**Gift 2:**

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....	_____		
Address of person .....	_____		
Your relationship to the person (e.g., son, granddaughter or friend) .....	_____		
Age of the person .....	_____		
Date(s) of gift(s) .....	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$14,000 in cash or 500 shares of ABC stock) .....	_____		
Cost basis of assets gifted if other than cash .....			
Value of assets gifted if other than cash .....			



**NOTE: Complete this form only if you have made gifts in or to a trust during the year.**

**For each gift made in trust during the year, provide the following information:**

Name of trust receiving the gift . . . . . \_\_\_\_\_

Name of the trustee . . . . . \_\_\_\_\_

Address of the trustee . . . . . \_\_\_\_\_

Trust identification number . . . . . \_\_\_\_\_

Name of the beneficiary of the trust . . . . . \_\_\_\_\_

Your relationship to the beneficiary  
(e.g., son, granddaughter or friend) . . . . . \_\_\_\_\_

Age of the beneficiary . . . . . \_\_\_\_\_

Date(s) of gift(s) . . . . . (Mo/Da/Yr) \_\_\_\_\_

Description and amount of assets gifted  
(e.g., \$14,000 in cash or 500 shares of ABC stock) . . . . . \_\_\_\_\_

Cost basis of assets gifted if other than cash . . . . .

Value of assets gifted if other than cash . . . . .

For gifts other than cash, include a copy of any appraisal(s) of assets. If no appraisal is available, describe how the value was determined.

\_\_\_\_\_

**Include a copy of the following:**

**A copy of the trust document(s) unless previously furnished to us.**

**A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.**