Prepared By:		

## Tax Organizer For 2015 Income Tax Return

Prepared For:		

This Tax Organizer can be used to help identify information needed to prepare your 2015 income tax return. Enter your 2015 tax information and if additional space is required, enclose a separate sheet with the details. If available, your prior year information has been included for reference.

Please return this Tax Organizer along with all Forms W-2, 1099, and any other relevant information that will assist in the accurate preparation of your 2015 income tax return.

PERSONAL INFORMAT	ION					
Taxpayer's name			Social	Security Num		
Spouse's name			Social	Security Num	ber	
Home Address			Apartr	nent Number		
City or town		State	Zip Code _		_ County <sub>-</sub>	
L Loreian country	Egrajan pro	winoo/ototo		Foreign postal	code	
E-mail Address(es)						
E-mail Address(es) Telephone #1		Telephone #2	! <u></u>			
Take of Billing	Occupation			isabled Da	ite of Death	
Taxpayer			-	님 _		<u>—</u>
Spouse			_	Ш		<u> </u>
FILING STATUS						
Indicate your filing status						
Single		ent (or someone else) ca	n claim you as a d	dependent on their	return	
Married Filing Joi						
Married Filing Se		lived apart from your sp				
	ld (May be used if unmarried a					ualifying child)
	erson is a child but not a depende				SSN	
Qualifying Widow	(er) (May be used if your spou		and you had a ch	ild living with you v	vhom you can cl	aim as a dependent)
	Year spouse died					
OTHER INFORMATION						
OTTIER IN ORMATION						
Do you wish to contrib	ute \$3 to the Presidential	Election campaig	n? (will not affect	your refund or bala	nce due)	
	No Spouse - Yes					
Do you want to allow t	he paid preparer to discus	ss your return with	the IRS? Ye	s 🗌 No 🔲		
Do you wish to electro	nically file your return? `	Yes   No				
Discret Danasit (not so d	\	-l	\			
	) / Electronic Funds With	•	,	. 🗆 .		. $\square$
Name of Financial Ir	stitution				Savings Acco	ount 🔛
Routing Number			Account Numb	oer		
<b>DEPENDENTS</b> Enter the	following dependent information f	or any qualifying child o	r qualifying relativ	a·		
DEPENDENTS Line the	rollowing dependent information i	or any quantying crilic c	i qualifying relative	<b>5.</b>		
					# of month	s Child care
					lived	expenses paid
First Name	Last Name	SSN	Relationship	Date of birth	with you	in 2015
			1			
			-			
			1			
			+			+

	AC	A He	alth	Care	Org	aniz	er						
1 Does everyone in your tax household have qualified health insurance for all 12 months of 2015? Yes No <b>Tax household -</b> Includes the taxpayer, spouse (if filing joint), and any individuals claimed as a dependent on your return. It also generally includes each individual you can, but do not claim as a dependent on your return.													
1a If No above, please check which months your tax household had qualified health insurance in 2015.  NAME ALL JAN   FEB   MAR   APR   MAY   JUNE   JULY   AUG   SEPT   OCT   NOV   DEC													
NAME	ALL	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Taxpayer:													
<ul><li>Please indicate where you received</li></ul>	ent-Sp	onsore	ed Mar	ketplac	;e [	] Priva	ate Exc	change	(Indiv	idual lı	nsuran —	_	mpany) ] No
<b>3a</b> If Yes above, have you filed for any Please indicate below who qualifies		•		,	•		•		·		_	es [	] No
NAME	ALL	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	ОСТ	NOV	DEC
Taxpayer: Spouse: Dependent:													

MISC	CELLANEOUS QUESTIONS		
Con	nplete the following questions. If your answer to any question below is Yes, enclose supporting docume	ntation.	
		Yes	<u>No</u>
1.	Have you received any notices or correspondences from the IRS or state in the past 3 tax years?		
2.	Did you earn any foreign income or have any foreign taxes paid during 2015?		
3.	Did you pay a household employee cash wages of \$1,900 or more during 2015?		
4.	If yes to #3, were total cash wages of \$1,000 or more paid in a calendar quarter to the Household Employee?		
5.	Did you refinance a mortgage during 2015?		
6.	Did you pay any real estate taxes in 2015?		
7.	Did you sell your home during 2015?		
8.	Did you use any special fuels for farming purposes or other non-highway uses?		
9.	Did you receive any unreported tip income during 2015?		
10.	Do you have any children age 18 or under (or student under age 24) who had unearned income of more than \$2,100?		
11.	If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return?		
12.	Did you pay any expenses related to the adoption of an eligible child?		
13.	Did you purchase an item(s) during 2015 for which you you paid a large amount of sales tax?		
14.	Did you receive any distributions from a health savings account (HSA), Archer MSA, or Medicare Advantage (MA) MSA reported to you on Form 1099-SA?		
15.	Are you currently repaying the First-Time Homebuyer Credit? If yes, provide details below.		
16.	Do you (and spouse if filing jointly) have a social security number that allows you to work and is valid for EIC purposes?		
17.	Were you (or your spouse if filing jointly) a nonresident alien for any part of 2015?		
18.	Could you be a qualifying child of another person for 2015?		
19.	Was your main home (and spouse if fiing jointly) in the United States for more than half the year? (Military personnel on extended active duty outside the U.S. are considered to be living in the United States during that period.)		
AD	DITIONAL COMMENTS OR QUESTIONS		

VAGES AND SALARIES (Please enclose all o	copies of Form(s) W-2 fo	r 2015)		
		2015		2014
T = Taxpayer S = Spouse	Box 1	Box 2	Box 17	
T S Employer's Name	Wages and salaries	Federal income tax withheld	State income tax withheld	Taxable wages

F = Fe	ial Codes: deral tax-exempt only B = Federal and sta ate tax-exempt only N = Nominee incom		pt only						
Γ = <b>T</b> :	axpayer S = Spouse J = Joint	a			20	15			2014
			Box 1a	Box 1b	Box 2a		Box 6	Box 11	
SJ	Payer's Name	Special codes	Ordinary dividends	Qualified dividends	Capital gain distributions	Federal income tax withheld	Foreign tax paid	Private activity bond	Dividends ar capital gair distributions

INTEREST INCOM	E - FORM 1099-INT	(Please	e en	close all copi	es of For	m(s) 1	099-INT fo	r 2015	5)			
Special Codes:								$\neg$				
F = Federal tax-exemp	ot only $A = Ac$	crued in	itere	st paid on acqu	isition betw	een pay	ment dates					
B = Federal and state				amortizable bon								
N = Nominee interest				I mortgage inter			and address)					
P = Portion of U.S. sa	vings bonds reported in previ			0 0	`		,					
		ΤİΤ										
T = Taxpaver S	= Spouse J = Joint					2015	)					2014
	•			Box 1	Box 3		Box 4	Во	x 6	Box 9	9	
		Specia	al	Interest U	.S. savino	Fede	ral income	  Forei	an tax	Private	e   1	Гaxable
TSJ Payer's Na	ame	codes		income	bonds	tax	withheld	p	aid	act. bo		nterest
INTEREST INCOM	E - FORM 1099-OID	(Pleas	e er	close all cop	ies of Fo	rm(s) 1	1099-OID fo	or 201	5)			
Special Codes:												
S = State tax-exempt	only		1									
N = Nominee interest	,											
			١,							-		
I = Taxpayer S	= Spouse J = Joint			D 4		2015					20	014
				Box 1			x 2	l t	Box 4			
	•	Spe		Original is			r periodic		eral inc			
TSJ Payer's N	lame	cod	es	discoun	İ	intere	st	tax	<u>withhel</u>	ld	Taxabl	e amount
UNDICTRIBUTED	LONG TERM CARITA	<u> </u>	NC	FORM 04	<b>20</b> (D)		1 11		<i>,</i> –	(.) 0400		
OWDI2 I KIRO I ED	LONG-TERM CAPITA	L GAI	NS	- FURM 24	აყ (Plea	se end	ciose all cop	oies o	r Form(	(s) 2439	ror 201	o)
T - Taynayar C	- Chauca I - Iaint					2015					24	24.4
i = raxpayer S	= Spouse J = Joint		Зох	12	Box	2015	Box 10	1	Box	2		014
												ndistributed
T.C. I Descents N	lomo			distributed	Unrecap		Collectibl			income		-term
TSJ Payer's N	ame	iong-te	erm	capital gains	1250 g	gain	(28%) ga	ain	tax wit	nneid	capita	l gains
								$\dashv$				
								-+				

T = Taxpayer S = Spouse				2015				1	2014
		Box 1	Box 2a	Box 4					
T S Payer's Name	Check if IRA	Gross distribution	Taxable amount	Federal incom tax withheld	·	ount ro	lled over in Roth I		Gross distribution
			Та	xpayer			S	pous	se
RA Contributions made for 2015 Check if Traditional IRA Check if Roth  NUITIES AND PENSIONS BY	IRA 🗌								
E RAILROAD RETIREMENT BOA	RD (Please	enclose all co	pies of Forr		-R for 2	2015)			2014
T = Taxpayer S = Spouse				Box 7		3ox 9		+	2017
Total gross Federal income tax withheld Total gross paid Total gross tax withheld								-	
T S Payer's Name					Fed	leral i	ncome		Total gross paid
T S Payer's Name					Fed	leral i	ncome		Total gross paid
	CATION PR	OGRAMS (F	Please enclo	Total gross paid	Fed tax	leral in	ncome held		
	CATION PR	OGRAMS (F	Please enclo	Total gross paid	Fed tax	leral in	ncome held		
YMENTS FROM QUALIFIED EDU	CATION PR	OGRAMS (F		Total gross paid	Fed tax	(s) 10	ncome held		)
YMENTS FROM QUALIFIED EDUC  T = Taxpayer S = Spouse	CATION PR	OGRAMS (F		Total gross paid	Fed tax	leral in x with	99-Q for	2015)	2014
T = Taxpayer S = Spouse	CATION PR	OGRAMS (F		Total gross paid  ose all copies of 20  Box 1	Fed tax	leral in x with	99-Q for	2015)	2014
T = Taxpayer S = Spouse			Gross	Total gross paid  ose all copies of   20  Box 1  distributions	Fed tax	Box Box State	99-Q for Coverdell	2015) Gross	2014 s distribution
T = Taxpayer S = Spouse  T S Payer's Name  RTNERSHIPS, S CORPORATIONS			Gross	Total gross paid  ose all copies of   20  Box 1  distributions	Fed tax	Box Box State	99-Q for Coverdell	2015) Gross	2014 s distributio
YMENTS FROM QUALIFIED EDUC  T = Taxpayer S = Spouse  T S Payer's Name  RTNERSHIPS, S CORPORATIONS  Schedule K-1 (1065) Partnerships:	S, ESTATES		Gross  Gross  Gross	Total gross paid  ose all copies of   20  Box 1  distributions	Fed tax	Box Box State	99-Q for Coverdell	2015) Gross	2014 s distributio
T = Taxpayer S = Spouse  T S Payer's Name  RTNERSHIPS, S CORPORATIONS  Chedule K-1 (1065) Partnerships:  Partnership's name	S, ESTATES	S AND TRUS	Gross  Gross  Gross	Total gross paid  pose all copies of  20  Box 1  distributions	Fed tax	Box Box State	99-Q for Coverdell	2015) Gross	2014 s distributio
YMENTS FROM QUALIFIED EDUC  T = Taxpayer S = Spouse  T S Payer's Name  RTNERSHIPS, S CORPORATIONS  Chedule K-1 (1065) Partnerships:  Partnership's name  Chedule K-1 (1120S) S Corporations:	S, ESTATES	S AND TRUS	Gross  BTS (Plea	Total gross paid  pose all copies of  20  Box 1  distributions	Fed tax	Box Box State	99-Q for Coverdell	2015) Gross -1(s) f	2014 s distribution
T = Taxpayer S = Spouse  T = Taxpayer S = Spouse  T S Payer's Name  RTNERSHIPS, S CORPORATIONS  Chedule K-1 (1065) Partnerships:  Partnership's name  Chedule K-1 (1120S) S Corporations:	S, ESTATES	S AND TRUS	Gross  BTS (Plea	Total gross paid  Dose all copies of 20  Box 1  distributions  ase enclose all of ship's name	Fed tax	Box Box State	99-Q for Coverdell	2015) Gross -1(s) f	2014 s distribution for 2015)
T = Taxpayer S = Spouse  T S Payer's Name	S, ESTATES	S AND TRUS	Gross Partner Corpora	Total gross paid  Dose all copies of 20  Box 1  distributions  ase enclose all of ship's name	Fed tax	Box Box State	99-Q for Coverdell	2015) Gross -1(s) f	2014 s distributio

BUSINESS INCOME AND EXP	ENSES (Sche	dule C	)					
Indicate the owner of this busine	ess: Tax	payer	Г	Spouse	e 🗍 Joi	nt		
Business Name:		. ,			_			
Business product or service:								
Business Address:								
City, State, and Zip Code:								
Did you start or acquire this bus				☐ No				
Accounting Method:	☐ Cash	□ A	ccrual	Oth	er (describe)			
Method used to value inventory	: Cost		ower of o	cost or m	narket 🗌 Othe	er (des	cribe)	
Income and Cost of Goods S Gross receipts or sales						201	5 Amount	2014 Amount
Returns and allowances								
Other income (enclose descrip								
Inventory at beginning of year								
Purchases less cost of items v								
Cost of labor								
Materials and supplies								
Other costs								
Inventory at end of year	· · · · · · · · · ·							
Expenses	2015 Amount	2014	Amount				2015 Amou	int 2014 Amount
Advertising	2010 7 11110 11111			Taxes	and licenses .			2011741104114
Commissions and fees								
Contract labor					and entertainme			
Depletion					S			
Employee benefits								
Insurance (other than health)								
Mortgage interest				Olliel.				
Other interest								
Legal and professional fees.								
Office expenses								
Pension and profit sharing.								
Rent - Vehicle, machinery								
Rent - Other								
Repairs and maintenance								
Supplies								
Vehicle Information								
Vehicle information Vehicle description			Date pla	ced in s	ervice		Cost or ba	asis
Business miles	Com	nmutin	a miles			Othe	miles	
Vehicle description Business miles Actual expenses such as gas,	oil, repairs, etc		9		Parking fees a	nd toll	s	
,								
Sales, Purchases, and Dispos			_					Colos Dries
Asset description			Date a	cquirea	Purchase price	9   L	Date sold	Sales Price
<b>Business Use of Home</b>								
Area used exclusively for busi Was the home used as a day	ness		Total are	ea of hor	me	_		
	care facility?		es 🗌	No	Date home plac	ed in s	service	
1		rance				Ren		
Mortgage interest	Repa		d mainte				of home	
Real estate taxes paid	Utilit	ies and	<u>d o</u> ther e	xpenses		Valu	e of land	
Carryover of unallowed expenses	to 2015	Yes	☐ No	(if yes, ente	er amount)		_	
							_	

PROFIT OR LOSS FROM FARI	MING (Schedu	ıle F)						
Indicate the owner of this farm Principal product Accounting Method: Cash			Spouse	e 🗌	Joint			
Did you materially participate i			s farm dı	uring 20	15?		lo	
Income						2015	Amount	2014 Amount
Sales of livestock and other ite							741104110	2011741104111
Cost of livestock and other iter								
Sales of livestock, produce, gr								
Cooperative distributions Agricultural program payments								
Commodity Credit Corporation								
Commodity Credit Corporation								
Crop insurance proceeds and o								
Custom hire								
Other income								
Inventory of livestock, produce	e, etc. at beginr	ning of	year (ac	crual m	ethod only) .			
Cost of livestock, produce, etc	. purchased du	ring ye	ear (accr	ual meth	nod only) · · ·			
Inventory of livestock, produce	e, etc. at end of	year (	(accrual	method	only)			
Evnences	2015 Amount	2014	Amount				2015 Amou	nt   2014 Amount
Expenses Chemicals	2015 Amount	2014	Amount	Renair	s and maintena	nco	2015 Alliou	nt   2014 Amount
Conservation					and plants pure			
Custom hire					e and warehous			
Employee benefits					es purchased .			
Feed purchased								
Fertilizers and lime					S			
Freight and trucking				Veterii	nary and breedi	ng		
Gasoline, fuel, and oil				Other				
Insurance								
Mortgage interest								
Other interest								
Labor hired								
Pension and profit-sharing .				2624 5	Preproductive exp	00000		
Vehicles and machinery rent					1 481(a) adjustme			
Other rentals				Section	1 40 1 (a) aujustiile	7111		
Vehicle Information								
			Date nla	ced in se	ervice		Cost or h	pasis
Business miles	Com	— mutino	a miles	000 111 0		Other	occion a	
Vehicle description Business miles Actual expenses such as gas,	oil, repairs, etc	,			Parking fees	and to	olls	
	· ·							
Color Bu 1	-141 6.5	4	2045					
Sales, Purchases, and Dispo		ets in 2	2015					
(New clients, enclose detailed listing of all de	epreciable assets.)		Data	ا مورنا برما	Durahasa aria	.   -	Data and	Calaa mriaa
Asset description			Date a	cquirea	Purchase price	<del>}</del>	Date sold	Sales price

RENTAL AND ROYALTY INCOME AND EXPENSE	S (Schedule E, p	g 1)		
Indicate the owner of this property:   Taxpayer	Spouse	Joir	nt	
Description of property				
Location of property				
Did you or your family use this property during the t	tax year for perso	nal purposes for	r more	_
than the greater of: (a) 14 days, or (b) 10% of th	e total days rente	ed at fair market	value?	s 🗌 No
Did you meet the Active Participation requirements (To meet these requirements, you must have participated in maki others to provide services in a significant and bona fide sense. S new tenants, deciding on rental terms, approving repair expenditum.	ing management decis	ions or arranged for isions include approv	☐ Ye	s 🗌 No
Was this property fully disposed of during 2015?	ares, or other similar d	501310113)	☐ Ye	s 🗌 No
Income			2015 Amount	2014 Amount
Rents received				
Royalties received				
Expenses			2015 Amount	2014 Amount
Advertising			2013 Amount	2014 Amount
Cleaning and maintenance.				
Commissions				
Insurance				
Legal and other professional fees				
Management fees				
Mortgage interest paid to banks				
Other interest				
Repairs				
Supplies				
Taxes				
Utilities				
Other				
Section 481(a) adjustment				
Vehicle Information	Data placed in a		Coat or b	a a i a
Purince description	Date placed in s	ervice	COSLOI Di	asis
Vehicle description Commuting Business miles Commuting Actual expenses such as gas, oil, repairs, etc	miles	Otr	ner miles	
Actual expenses such as gas, oil, repairs, etc		_ Parking rees	and tolls	
Travel expenses				
Sales, Purchases, and Disposition of Assets in 26 (New clients, enclose detailed listing of all depreciable assets.)	015			
	Doto positive -	Durchage aries	Doto cold	Coloo neico
Asset description	Date acquired	Purchase price	e Date sold	Sales price
			+	
	-			

Indicate the owner of this farm	rental:	] Taxpayer	Spouse	☐ Joi	nt	
Property description:						
Did you actively participate in the	he operation of	this farm renta	al during 2015?	] Yes	☐ No	
Income				201	5 Amount 2	2014 Amount
Income from the production of						
Total cooperative distributions Agricultural program payments						
Commodity Credit Corporation						
Commodity Credit Corporation						
Crop insurance proceeds and						
Other income						
Expenses	2015 Amount	2014 Amount			2015 Amount	2014 Amoun
Chemicals	2015 Amount	2014 Amount	I Repairs and mainten	ance	2015 Amount	2014 Allioun
Conservation			Seeds and plants pur			
Custom hire			Storage and warehou			
Employee benefits			Supplies purchased			
Feed purchased			Taxes			
Fertilizers and lime			Utilities			
Freight and trucking			Veterinary and breed		_	
Gasoline, fuel, and oil			Other	_		
Insurance						
Mortgage interest						
Other interest						
Labor hired						
Pension and profit-sharing						
Vehicles and machinery rent						
Other rentals			263A Preproductive exp			
			Section 481(a) exper	ises .		
Vehicle Information						
		Date plac	ed in service		Cost or basis	S
Business miles	Com	muting miles				
Vehicle description Business miles Actual expenses such as gas,	oil, repairs, etc	;	Parking fees	and toll	s	
Sales, Purchases, and Dispos		s in 2015				
(New clients, enclose detailed listing of all o	depreciable assets.)	l Data	and a dispersion of		N-1	0-1
Asset description		Date a	acquired Purchase pri	ce L	Date sold	Sales price
				_		
					+	

= Taxpayer S = Spouse J = Joint				
S J Description and number of shares	Date acquired	Date sold	Cost or other basis	Sales proceeds
5 5 Besomption and number of shares	Date acquired	<u> </u>	Other Eddie	procedus
			+	
			+	
HER INCOME (Include description and any	supporting documentation	n)	2015 Amount	2014 Amount
	-		2015 Amount	2014 Amount
NOL Carryforward				
NOL Carryforward				
NOL Carryforward				
NOL Carryforward	9-G)			
NOL Carryforward	9-G)			
NOL Carryforward	9-G)			
NOL Carryforward	9-G)		Amount	Amount
NOL Carryforward	9-G)			
NOL Carryforward	y duty pay, etc		Amount 2015	Amount 2014
NOL Carryforward	y duty pay, etc		Amount 2015	Amount 2014
NOL Carryforward	y duty pay, etc		Amount 2015	Amount 2014
NOL Carryforward	duty pay, etc		Amount 2015	Amount 2014
NOL Carryforward	y duty pay, etc		Amount 2015	Amount 2014
NOL Carryforward	y duty pay, etc		Amount 2015	Amount 2014
AOL Carryforward  State and local tax refunds (enclose Form 1099-G) Alimony received  Unemployment compensation (enclose Form 1098-G) Other income such as gambling winnings, jury  HER ADJUSTMENTS  Educator expenses  Student loan interest paid(enclose Form 1098-E) HSA Contributions (after-tax)  Alimony paid (Recipient's SSN) Self-employed retirement contributions	y duty pay, etc		Amount 2015	Amount 2014
NOL Carryforward State and local tax refunds (enclose Form 1099-G) Alimony received Unemployment compensation (enclose Form 1098-G) Other income such as gambling winnings, jury HER ADJUSTMENTS Educator expenses Student loan interest paid(enclose Form 1098-E) HISA Contributions (after-tax) Self-employed retirement contributions Self-employed health insurance contributions Self-employed Moving Expenses	y duty pay, etc		Amount 2015	Amount 2014
State and local tax refunds (enclose Form 1099-G) Alimony received Jnemployment compensation (enclose Form 1099 Bocial security benefits (enclose Form SSA-1099) Other income such as gambling winnings, jury HER ADJUSTMENTS Educator expenses Student loan interest paid(enclose Form 1098-E) HSA Contributions (after-tax) Alimony paid (Recipient's SSN) Self-employed retirement contributions Self-employed health insurance contributions Date of move	y duty pay, etc		Amount 2015	Amount 2014
State and local tax refunds (enclose Form 1099-G) Alimony received Unemployment compensation (enclose Form 1099 Social security benefits (enclose Form SSA-1099) Other income such as gambling winnings, jury HER ADJUSTMENTS Educator expenses Date of move Cost to move/store household goods	y duty pay, etc		Amount 2015	Amount 2014
State and local tax refunds (enclose Form 1099-G) Alimony received Jnemployment compensation (enclose Form 1099 Bocial security benefits (enclose Form SSA-1099) Other income such as gambling winnings, jury HER ADJUSTMENTS Educator expenses Student loan interest paid(enclose Form 1098-E) HSA Contributions (after-tax) Alimony paid (Recipient's SSN) Self-employed retirement contributions Self-employed health insurance contributions Date of move	y duty pay, etc		Amount 2015	Amount 2014

Medical and Dental Expe	enses (not including re	eimbursements)		20	015	2014
Medical/dental care insu				Am	ount	Amount
Medicare B and D premi						
Qualified long-term care						
Doctor, dentist, and hosp						
Prescription medicines a						
Medical aids such as eye						
Total transportation expe Other medical and denta						
Other medical and denta	ii experises					
axes Paid				20	015	2014
				Am	ount	Amount
State and local income t						
Actual state and local ge			<b>—</b>			
Real estate taxes			<u> </u>			
Personal state/local proper	ty taxes (list type of tax	x paid)				
nterest Paid				20	015	2014
				Am	ount	Amount
Home mortgage interest						
Home mortgage interest	paid to individual .					
	. para to man radia		· · · · · · · · · · -			
Individual's name	- Faire to maintage.					
Individual's name Individual's address						
Individual's name Individual's address Individual's ID number						
Individual's name Individual's address Individual's ID number Qualified mortgage insu	rance premiums (VA	, FHA, RHS, or p	rivate) · · · · · ·			
Individual's name Individual's address Individual's ID number	rance premiums (VA	, FHA, RHS, or p	rivate) · · · · · ·			
Individual's name Individual's address Individual's ID number Qualified mortgage insu	rance premiums (VA	, FHA, RHS, or p	rivate) · · · · · ·			
Individual's name Individual's address Individual's ID number Qualified mortgage insu Investment interest expe	rance premiums (VA ense	, FHA, RHS, or p	rivate)			
Individual's name Individual's address Individual's ID number Qualified mortgage insu Investment interest expension Gifts to Charity (If addition Contributions of cash or	rance premiums (VA ense	, FHA, RHS, or p	rivate)			
Individual's name Individual's address Individual's ID number Qualified mortgage insu Investment interest expe	rance premiums (VA ense	, FHA, RHS, or p	rivate)		Date give	en FMV
Individual's name Individual's address Individual's ID number Qualified mortgage insu Investment interest expensions Sifts to Charity (If addition Contributions of cash or	rance premiums (VA ense	, FHA, RHS, or p	rivate)		Date give	en FMV
Individual's name Individual's address Individual's ID number Qualified mortgage insu Investment interest expensions Sifts to Charity (If addition Contributions of cash or	rance premiums (VA ense	, FHA, RHS, or p	rivate)		Date give	en FMV
Individual's name Individual's address Individual's ID number Qualified mortgage insu Investment interest expensions Sifts to Charity (If addition Contributions of cash or	rance premiums (VA ense	, FHA, RHS, or p	rivate)		Date give	en FMV
Individual's name Individual's address Individual's ID number Qualified mortgage insu Investment interest expensions Sifts to Charity (If addition Contributions of cash or	rance premiums (VA ense	, FHA, RHS, or p	rivate)		Date give	en FMV
Individual's name Individual's address Individual's ID number Qualified mortgage insu Investment interest expensions Sifts to Charity (If addition Contributions of cash or	rance premiums (VA ense	, FHA, RHS, or p	rivate)		Date give	en FMV
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Individual's name Individual's address Individual's ID number Qualified mortgage insu Investment interest expension Gifts to Charity (If addition Contributions of cash or	rance premiums (VA ense	, FHA, RHS, or p	rivate)		Date give	en FMV

TEMIZED DEDUCTIONS (continued)									
Casualty and Theft Losses (for property Enclose supporting documentation of what is writ (If additional losses were incurred, please attact	ten here, i.e. insu	rance rein	nbursen	ent, receipts for cos					
Location of property:		·							
			Residential property						
Description of property:  Date of loss:			Business property Federal Disaster						
					r odorar Diodotor	Ш			
Amount of damage Insurance reimbursement	Cost basis	of prop	erty		Repair Costs				
Insurance reimbursement	_ FMV of prop	erty bef	ore los	S	Costs Other Other				
Federal monies received	_ FMV of prop	erty afte	er loss		Other				
Unreimbursed Employee Business Ex	penses T :	= Taxna	aver :	S = Spouse	T or S				
(if any depreciable assets were sold (including the vehicle),			.,	- орошоо					
Davis (malata dita lah)			ehicle	Information					
Subscriptions related to your work				e description					
Licenses and regulatory face		_ ,		laced in service					
Tools and supplies used in your work		_	Cost o	r basis					
Work clothes, uniforms if required			_						
Medical exams required by your employer		_	Miles	of vehicle					
Work related education (books, tuition)		_	Bus	iness miles					
Legal fees related to your job			Cor	nmuting miles					
Job search expenses (current occupation) _ *In home office:		_	Oth	er miles					
Total square footage			Expe	nses					
Office square footage			Actual expenses						
Office square footage			(gas, oil, repairs, etc)						
Rent			Par	king fees and to	olls				
Insurance			Tra	vel expenses		_			
Utilities	<del></del> -			·		<del>_</del>			
Repairs/Maintance									
*Questions relating to mortage interest, taxes	, and casualty los	sses were	asked <sub>l</sub>	oreviously					
Sales, Purchases, and Disposition of A	Assets in 201	5							
(New clients, enclose detailed listing of all depreciable asset	ets.)			Dh	Data and	l Calaa mi'aa			
T S Asset description	D	ate acq	uirea	Purchase pric	e Date sold	Sales price			
Investment Related Expenses	<u>'</u>		Otho	r Misc. Deduct	iono	-			
investment Related Expenses			Othe	i Misc. Deduct	10115				
Tax preparation fees			Gam	bling losses					
Safe deposit box		_				ent)			
Custodial, trust admin fees				olio from Sched		_			
Fees to collect interest and dividends			Unrec	overed investme	nt in a pension				
Tax advice not related to investment income			Amor	tizable premium o	on taxable bonds				
Legal fees related to producing taxable income			Disable	ed persons work exp	enses				
Other			Othe						
Other			Othe						
Other			Othe	·					

Care provider name	Address	3					SSN	l or	EIN		Amount paid to provider during 201
Care provider name	71441000	,				+					
IGHER EDUCATION EXPENSES	(Please enc	lose all copies of Fo	orm(s)	1098-T f	or 2015)						
Student name		Educational Ins	+i++i.o	<u> </u>	le.	l C a	la l	C.,	Oth	т	tion and Face
Student name		Educational ins	titutio	n	Fr	So	Jr	Sr	Oth	I UI	tion and Fees
					-						
EDEDAL STATE AND LOCAL E	STIMATED	TAY DAYMENT	S (for		octimate	nc n	rovi	do	tho 1	digit co	shool code)
EDERAL, STATE, AND LOCAL E	STIMATED	TAX PAYMENT	<b>S</b> (for	OH local	estimate	es, p	rovi	de 1	the 4	digit so	chool code)
	STIMATED	TAX PAYMENT	<b>S</b> (for			es, p	rovi	de 1	the 4		•
Federal estimated payments Applied from 2014 federal refur		TAX PAYMENT	<b>S</b> (for		estimate	es, p	rovi	de	the 4		chool code)
Federal estimated payments Applied from 2014 federal refur		TAX PAYMENT	<b>S</b> (for			es, p	rovi	de	the 4		•
Federal estimated payments		TAX PAYMENT	<b>S</b> (for			es, p	rovi	de t	the 4		•
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## **Healthcare Help Sheet**

## **ACA Tax Forms**

- Form 8962 This form must be attached to Form 1040, 1040A or 1040NR. You will use this form to help compute a premium tax credit as well as reconcile any advanced premium tax credit received from Form 1095-A.
- **Form 8965 -** This form must be attached to Form 1040, Form 1040A or Form 1040EZ. You will use this form to enter a Marketplace-granted coverage exemption or to claim a coverage exemption on the return.
  - \* Not all exemptions can be claimed when filing a federal tax return. Individuals who experience hardships, members of recognized religious sects or divisions and American Indians and Alaska Natives and other individuals who are eligible to receive services from an Indian Health Care Provider must file for these exemptions through the Marketplace.
- **Form 1095-A -** This form must be filed by the Marketplace to individuals by January 31, 2016. If you signed up for health insurance through the Marketplace, you will receive this form, which will report documentation of health coverage by month and any premiums or advanced payments of the premium tax credit.
  - \* If you receive this form, you are required to file a federal tax return.
- **Form 1095-B** This form will report health insurance information for each covered individual on a per month basis. This form is issued by health insurance issuers and self-insured employer-sponsored plans.
- **Form 1095-C -** This form will report health insurance information for each covered individual on a per month basis. This form is issued by applicable large employers.

## **Individual Shared Responsibility Payment**

