2015	1040	US	Client Information	1

WINTHER, STAVE & CO., LLP
1316 W 18TH ST., P.O. BOX 175
SPENCER, IA 51301-0175
Telephone number: 712-262-3117
Fax number: 712-262-3159
E-mail address: sdenoble@winther-stave.com

Tax Return Appointment

Date:
Time:
Location:

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

CLIENT INFORMATION

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

Filing Status

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

ORGANIZER

2015	1040	US	Client Information (continued)	1 p2

Please add, change or delete information for 2015.

CLIENT INFORMATION

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

Daytime Phone

1 = Work
2 = Home
3 = Mobile

2015	1040	US	Dependents	2

Please add, change or delete information for 2015.

DEPENDENTS

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

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

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

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

Type of Dependent

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

Earned Income Credit

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

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

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

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

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

ORGANIZER			
2015	1040	US	Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2015, please check the appropriate box and provide additional information if necessary.

PERSONAL INFORMATION

Yes	No	
☐	☐	Did your marital status change during the year?
☐	☐	Did your address change during the year?
☐	☐	Could you be claimed as a dependent on another person's tax return for 2015?

DEPENDENTS

Yes	No	
☐	☐	Were there any changes in dependents?
☐	☐	Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 or older if a student) at the end of 2015?
☐	☐	Did you have any children under age 19 or full-time students under age 24 at the end of 2015, with interest and dividend income in excess of $1,050, or total investment income in excess of $2,100?

HEALTH CARE COVERAGE

Yes	No	
☐	☐	Did you and your dependents have health care coverage for the full-year?
☐	☐	Did you receive any of the following IRS Documents? Form 1095-A(Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach.
☐	☐	If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please attach.

INCOME

Yes	No	
☐	☐	Did you receive unreported tip income of $20 or more in any month?
☐	☐	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

2015	1040	US	Miscellaneous Questions

Yes	No	
☐	☐	Did you receive any disability income?
☐	☐	Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

Yes	No	
☐	☐	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
☐	☐	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
☐	☐	Did you buy or sell any stocks, bonds or other investment property in 2015?
☐	☐	Did you purchase, sell, or refinance your principal home or second home, or did you receive a home equity loan?
☐	☐	Did you purchase any residential energy-efficient property (including insulation, exterior doors and windows, metal roofs, central air conditioning systems, furnaces, and water heaters), solar energy, wind energy, geothermal, or fuel cell property or improvements?
☐	☐	Did you purchase a new plug-in electric drive motor vehicle?
☐	☐	Did you purchase a home in 2015 and you were overseas on official extended duty?
☐	☐	Did you have any debts cancelled or forgiven?
☐	☐	Does anyone owe you money which has become uncollectible?

RETIREMENT PLANS

Yes	No	
☐	☐	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
☐	☐	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
☐	☐	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
☐	☐	Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2015?

2015	1040	US	Miscellaneous Questions

Yes	No	
☐	☐	Did you receive a distribution from a retirement plan that was subsequently rolled over into another retirement account within 60 days of receiving the distribution?
		EDUCATION
☐	☐	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
☐	☐	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
☐	☐	Did you incur any expenses working as a teacher, counselor, or principal for classes kindergarten through grade 12?
		ITEMIZED DEDUCTIONS
☐	☐	Did you purchase any motor vehicles or boats in 2015? If so, please note the sales tax paid on these items.
☐	☐	Did you incur a loss because of damaged or stolen property?
☐	☐	Did you work out of town for part of the year?
☐	☐	Did you use your car on the job (other than to and from work)?
		ESTIMATED TAXES
☐	☐	Did you apply an overpayment of 2014 taxes to your 2015 estimated tax (instead of being refunded)?
☐	☐	If you have an overpayment of 2015 taxes, do you want the excess applied to your 2016 estimated tax (instead of being refunded)?
☐	☐	Do you expect your 2016 taxable income and withholdings to be different from 2015?
		MISCELLANEOUS
☐	☐	Do you want to electronically file your tax return?
☐	☐	Do you want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	Does your spouse want to allocate $3 to the Presidential Election Campaign Fund?

Miscellaneous Questions (Continued)

ORGANIZER

2015	1040	US	Miscellaneous Questions

Yes	No	
☐	☐	May the IRS discuss your tax return with your preparer?
☐	☐	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
☐	☐	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?
☐	☐	Was your home rented out or used for business?
☐	☐	Do you have any employees working for you or your business? If so, do you provide health insurance for your employees?
☐	☐	Did you receive any crop insurance proceeds in 2015?
☐	☐	Did you (or someone on your behalf, including your employer) make contributions to a health savings account (HSA) this year? Or, did you receive an HSA distribution or acquire an interst in an HSA due to the death of the account beneficiary?
☐	☐	Were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
☐	☐	Did you incur moving expenses due to a change of employment?
☐	☐	Did you pay interest on student loans during 2015?
☐	☐	Did you incur any adoption expenses?
☐	☐	Did you engage the services of any household employees?
☐	☐	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
☐	☐	Did you or your spouse make any gifts to an individual that total more than $14,000, or any gifts to a trust?
☐	☐	If you have an overpayment of taxes, do you want your refund directly deposited to more than one financial account (checking, savings, and retirement)?
☐	☐	Did your bank account information change within the last twelve months?

ORGANIZER

2015	1040	US	Miscellaneous Questions

HAVE YOU INCLUDED THE FOLLOWING ITEMS WITH YOUR TAX RETURN INFORMATION?

Yes	No	
☐	☐	W-2 forms?
☐	☐	1099 forms?
☐	☐	Partnership and corporation K-1 forms?
☐	☐	A copy of your 2014 tax return if this is your first year with our firm?
☐	☐	A voided check for your bank account if you want any Federal or State refund directly deposited into your bank account or electronic payment of balance due?

IOWA TAX RETURN INFORMATION

Yes	No	
☐	☐	Did you live in a state other than Iowa during 2015?
☐	☐	Did you receive any income from sources outside Iowa during 2015?
☐	☐	If you are claimed as a dependent on the return of another person(s), is the Iowa net income of the person(s) greater than $13,500?
☐	☐	Are your dependent children covered by health insurance?
☐	☐	Did you incur any expenses for the care of a disabled relative in 2015?
☐	☐	Did you make any contributions to the Iowa Educational Savings Plan Trust during 2015?
☐	☐	Did you pay any tuition or textbook expenses for a dependent in grades kindergarten through twelve for any elementary or secondary school in Iowa? If yes, then enter the amount here ______________________.
☐	☐	Did you use fuel for an off-highway unlicensed vehicle (excluding personal use of a boat)? If yes, please detail gallons purchased, total cost, total sales tax paid, type of fuel, etc.
☐	☐	Do you wish to designate $1.50 to the Iowa Election Campaign Fund? If yes, please circle the preference: Republican Democratic General Election Campaign Fund
☐	☐	Does your spouse wish to designate $1.50 to the Iowa Election Campaign Fund? If yes, please circle the preference: Republican Democratic General Election Campaign Fund

2015	1040	US	Direct Deposit & Estimates (Form 1040 ES)	3, 6

Please enter all pertinent 2015 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

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

BANK INFORMATION

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

2015 ESTIMATED TAX / 1040-ES (6)

Federal

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

State

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

1 Type of Account

1 = Savings
2 = Checking

2 Type of Investment

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

3, 6

Please enter all pertinent 2015 information.

APPLICATION OF 2015 OVERPAYMENT (7.1)

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

Other (please explain):

2016 ESTIMATED TAX INFORMATION

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

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

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

If "yes" explain any differences:

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

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

WAGES, SALARIES, TIPS (10)

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

PENSIONS, IRA DISTRIBUTIONS (13.1)

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

GAMBLING WINNINGS (W-2G) (13.2)

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

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

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

2015	1040	US	Interest & Dividend Income	11, 12

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

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2014 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller-Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

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

2015	1040	US	Miscellaneous Income	14.1

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

MISCELLANEOUS INCOME

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

TAX WITHHELD (not entered elsewhere)

	2015 Taxpayer	2015 Spouse	2014 Taxpayer	2014 Spouse
Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

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

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

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

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

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

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

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

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

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

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

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

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

GENERAL INFORMATION

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

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

INCOME

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

COST OF GOODS SOLD

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

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

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

EXPENSES

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

Other expenses:

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

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

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

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

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

SALE OF HOME (17)

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

Adjusted Basis

Original cost
Improvements:

Adjusted basis

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

Total expenses of sale

Reduced Exclusion

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

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

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

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

Lodging and travel (excluding automobile)
Parking fees and tolls
Gas and oil
Miles driven to new home

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

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

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

GENERAL INFORMATION

	2015 Amount	2014 Amount
Description of property		
Street address		
City		
State		
ZIP code		
Type of property (see table)		
Other type of property		
Number of days rented		

Type of Property

1 = Single Family Residence
2 = Multi-Family Residence
3 = Vacation/Short-Term Rental
4 = Commercial
5 = Land
6 = Royalties
7 = Self-Rental

Percentage of ownership if not 100% (.xxxx)	
Percentage of tenant occupancy if not 100% (.xxxx)	
1=spouse, 2=joint	
1=qualified joint venture	
1=nonpassive activity, 2=passive royalty	

1=did not actively participate	
1=RE prof., activity is trade or business, 2=RE prof., not trade or business	
1=rental other than real estate	
1=investment	
1=single member limited liability company	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no	

INCOME

	2015 Amount	2014 Amount
Rents or royalties received		

DIRECT EXPENSES

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

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

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

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

GENERAL INFORMATION

Foreign region	
Foreign postal code	
Foreign country	

OIL AND GAS

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

VACATION HOME

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

INDIRECT EXPENSES

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

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

2015	1040	US	Farm Income (Schedule F/Form 4835)	No.	19

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

GENERAL INFORMATION

Principal product	
Employer ID number	

Agricultural activity code		
Accounting method: 1=cash, 2=accrual		
1=spouse, 2=joint		
1=farm rental (Form 4835)		
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other		
1=crop insurance proceeds election		
Received applicable subsidy this year: 1=yes, 2=no		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no		
1=did not "materially participate" (Schedule F only)		
1=did not actively participate (Farm rental only)		
1=real estate professional, activity is trade or business, 2=real estate professional, not trade or business (farm rental only)		
1=single member limited liability company		
% of ownership if not 100% (.xxxx) (Farm rental only)		

FARM INCOME

	2015 Amount	2014 Amount
Cash method:		
Sales of livestock and other resale items		
Cost or basis of livestock or other resale items		
Sales of products raised		
Accrual method:		
Sales of livestock, produce, etc.		
Beginning inventory of livestock, etc.		
Cost of livestock, etc. purchased		
Ending inventory of livestock, etc.		
Other farm income:		
Total cooperative distributions		
Taxable cooperative distributions		
Total agricultural program payments (other than CRP)		
Taxable agricultural program payments (other than CRP)		
Total conservation reserve program payments		
Taxable conservation reserve program payments		
Commodity credit loans reported under election		
Total commodity credit loans forfeited or repaid		
Taxable commodity credit loans forfeited or repaid		
Total crop insurance proceeds received in 2015		
Taxable crop insurance proceeds received in 2015		
Taxable crop insurance proceeds deferred from 2014		
Custom hire (machine work) income not included above		

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

FARM INCOME (continued)

Other income:

	2015 Amount	2014 Amount

FARM EXPENSES

	2015 Amount	2014 Amount
Car and truck expenses (not entered elsewhere)		
Chemicals		
Conservation expenses		
Custom hire (machine work)		
Employee benefit programs		
Feed purchased		
Fertilizers and lime		
Freight and trucking		
Gasoline, fuel, and oil		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Labor hired		
Pension and profit sharing - contributions		
Pension and profit sharing plans - admin. and education costs		
Rent - vehicles, machinery, and equipment (not entered elsewhere)		
Rent - other (land, animals, etc.)		
Repairs and maintenance		
Seeds and plants purchased		
Storage and warehousing		
Supplies purchased		
Taxes (not entered elsewhere)		
Utilities		
Veterinary, breeding, and medicine		
Capitalized preproductive period expenses (also enter below)		

Other expenses:

	2015 Amount	2014 Amount

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

2015	1040	US	Partnership and S corporation Information	20.1,20.2

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

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

ORGANIZER

2015	1040	US	Estate or Trust and REMIC Information	20.3,20.4

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

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

2015	1040	US	Asset Disposition List	22

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

No.	Description of Property (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale

ORGANIZER

2015	1040	US	Asset Acquisition List	22 p2

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

No.	Description of Property	Related Business or Activity	Preparer Use Only			Date Placed in Service	Cost or Basis	Preparer Use Only	
			Form	No. of Form	Category			Current Section 179	Method

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

GENERAL INFORMATION

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

AUTOMOBILE MILEAGE

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

ACTUAL EXPENSES

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

2015	1040	US	Adjustments to Income	24

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

TRADITIONAL IRA CONTRIBUTIONS

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

ROTH IRA CONTRIBUTIONS

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

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

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

ADJUSTMENTS TO INCOME

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

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

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

MEDICAL AND DENTAL EXPENSES

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

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

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

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

SALES AND USE TAXES PAID

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

OTHER TAXES PAID

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

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

INTEREST PAID

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

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

CASH CONTRIBUTIONS

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

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

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

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

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

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

NONCASH CONTRIBUTIONS

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

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

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

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

2015	1040	US	Itemized Deductions (continued)	25 p4

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

OTHER MISCELLANEOUS DEDUCTIONS

	2015 Amount	TS	2014 Amount
Estate tax, section 691(c)			
Other miscellaneous deductions:			

2015	1040	US	Itemized Deductions (continued)	25 p5

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

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

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

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

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

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

LOAN INFORMATION

Loan #1

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

Loan #2

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

Form

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

2015	1040	US	Noncash Contributions (Form 8283)	26

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

* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than $500, attach Form 1098-C or other written acknowledgement received from the donee organization.

* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than $500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

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

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

1 How Property was Acquired

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

2 Method Used to Determine FMV

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

For other methods, see IRS Pub. 561.

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

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

BUSINESS USE OF HOME

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

INDIRECT EXPENSES

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

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

DIRECT EXPENSES

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

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

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

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

GENERAL INFORMATION

Occupation, if different from Form 1040		
Form		
Number of form (1=first Schedule C, 2=second, etc.)		
1=spouse		
1=performance artist, 2=handicapped, 3=fee-basis government official		
1=minister's expenses		

EMPLOYEE BUSINESS EXPENSES

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

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

VEHICLE INFORMATION

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

VEHICLE 1

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

VEHICLE 2

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

2015	1040	US	Health Savings Accounts (8889)	32.1

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

HSA CONTRIBUTIONS

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

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

HSA DISTRIBUTIONS

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

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

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

DEPENDENT CARE EXPENSES (33.1)

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

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

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

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

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

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

2015	1040	US	Education Credits / Tuition Deduction	No.	38

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

STUDENT INFORMATION

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

EDUCATIONAL INSTITUTION ATTENDED (#1)

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

EDUCATIONAL INSTITUTION ATTENDED (#2)

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

QUALIFIED EDUCATION EXPENSES

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

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

2015	1040	US	Health Coverage Form	39.1

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

GENERAL INFORMATION

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

COVERED INDIVIDUAL (#1)

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

COVERED INDIVIDUAL (#2)

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

COVERED INDIVIDUAL (#3)

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

COVERED INDIVIDUAL (#4)

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

ORGANIZER

2015	1040	US	Additional Information

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