



Lynn M. Paslowski

CERTIFIED PUBLIC ACCOUNTANT LLC

Accounting • Tax • Consulting

Tax Organizer

*To help you prepare for
the upcoming tax season*

Lynn M. Paslowski, *CPA, MBA*
Principal

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Brick, NJ 08723
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General Information

Taxpayer

First Name
Middle Initial
Last Name
Suffix
Social Security Number
Date of Birth
Date of Death

Spouse

Check ("X") which phone number to list on return.

Home Phone
Work Phone
Cell Phone
Fax Number

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Legally Blind
Totally Disabled
Claimed as a Dependent
Presidential Election Fund (\$3)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Occupation
E-mail address

State of Residence as of 12/31
County of Residence as of 12/31
School District as of 12/31
Sales tax rate of locality in 2015
If Part Year, Period of Residency

Filing Status

Status on 2014 return :

Status as of 12/31/2015 :
Enter ("X") in the box

- 1 Single
- 2 Married filing joint
- 3 Married filing separately
(Enter spouse's name and SSN above)
- 4 Head of Household Non-dependent name: _____
Non-dependent SSN: _____
- 5 Qualifying widow(er) with minor child Year spouse died _____

Taxpayer's Address

Street _____ Apt/Suite : _____
City _____ State _____ Zip Code _____
If address is in a foreign country, enter that country . . . _____
Foreign province/county . . . _____ Foreign postal code _____
If a bona fide resident of a U.S. territory, enter territory . . . _____

Preparer's Information

Preparer's name Lynn Paslowski, CPA
Firm's name Lynn M. Paslowski CPA LLC
Street 326 Mulberry Place
City Brick State NJ Zip Code 08723

Name _____

SSN _____

Questions

Yes No

Basic Information

- 1 Did your marital status change since last year?
- 2 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2015?
- 3 Are there any changes in your dependents from last year?
- 4 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,050 in investment income?
- 5 Are all your dependents either US residents or citizens?
- 6 Did you provide over half of the support for someone you aren't claiming as a dependent?
- 7 Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- 8 Did you or a member of your family have minimum essential coverage in 2015? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)
- 9 Did you have a Health Insurance Marketplace granted coverage exemption or are you claiming a coverage exemption?
- 10 Were either you or your spouse in the military or National Guard?
- 11 Did you purchase or sell your principal residence?
- 12 Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
- 13 Were there any changes to a prior year's income, deductions, or credits?
- 14 Did you make gifts of more than \$14,000 to any one person?
- 15 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2015?
- 16 Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
- 17 Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?
- 18 Do you want to e-file your return?
- 19 If you are due a refund, how do you want to receive it?

Check sent to you in the mail Other quick refund via a bank product

Apply to next year's estimates

Direct deposit (please provide voided blank check)

Type of account: Checking Savings

If you owe taxes, how do you want to pay them?

Paper check sent with my return Credit card Installment Agreement

Direct debit from my bank account (please provide a voided blank check)

Type of account: Checking Savings

- 20 Do you want to allow your tax preparer to discuss this year's return with the IRS?
If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's name _____ Phone Number _____ Personal identification Number (5 digit PIN) _____

Yes No

Income

- 1 Did you have an interest in or signature authority over a financial account in a foreign country?
- 2 Were you the grantor of or transferor to a foreign trust?
- 3 Did you receive income from a foreign source or pay taxes to a foreign government?
- 4 Did you receive tip income NOT reported to your employer?
- 5 Did you barter your services for goods or services from someone else?
- 6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
- 7 Did you make a loan to someone at an interest rate below market rate?
- 8 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
- 9 Did you cash in any U.S. savings bonds?
- 10 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
- 11 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
- 12 Did you receive disability income?
- 13 Do you have gambling winnings? (If yes, be sure to include in gambling expenses)
- 14 Did you receive any unemployment benefits?
- 15 During 2015, did you receive payments from a Long-Term Care insurance contract?
- 16 Did you receive employer-provided adoption benefits for a previous year?
- 17 Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)
- 18 Did you rollover a retirement plan distribution into another plan?
- 19 Did you receive Social Security benefits?
- 20 During 2015, did you receive a housing allowance for ministerial services you provided?
- 21 Did you receive alimony?
- 22 Did you convert a traditional IRA to a Roth IRA?
- 23 Did you exchange any securities or investments for something other than cash?
- 24 Do you have any short sales, commodity sales, or straddles?

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 25 | Did you receive Form 2439? |
| <input type="checkbox"/> | <input type="checkbox"/> | 26 | Did you buy or sell any bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 27 | Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 28 | Did you sell any other personal assets at a gain? |
| <input type="checkbox"/> | <input type="checkbox"/> | 29 | Did you sell any real estate (other than your home) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 30 | Did you sell any assets using the installment method? |
| <input type="checkbox"/> | <input type="checkbox"/> | 31 | Did you receive proceeds from a prior year installment sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 32 | Did you purchase a rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 33 | Did you exchange any property for other property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 34 | Did you receive any income not reported in this Organizer? |

- | | | | |
|--------------------------|--------------------------|---|---|
| Yes | No | | <u>Business and Rental Property Income</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you start or acquire a new business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you sell any part of an existing business, or sell business assets? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you cease operating any business or rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you remove any of your business assets for personal use? |

- | | | | |
|--------------------------|--------------------------|---|---|
| Yes | No | | <u>Business and Rental Property Deductions</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you use part of your home for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you make any contributions to a Keogh or a self-employed SEP plan for 2015? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Do you pay for any health or long term care insurance through your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you purchase any furniture or equipment for your business? |

- | | | | |
|--------------------------|--------------------------|----|--|
| Yes | No | | <u>Other Deductions</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2015? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you make any contributions to HSA (Health Savings Account) in 2015? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you incur any travel and entertainment expenses for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you pay expenses for the care of your child or other dependent so you could work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you lose property or have damage to a property due to a casualty, theft, or condemnation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did any security become worthless during 2015? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did any debts become uncollectible during 2015? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2015? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2015? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you contribute less than an entire interest in any property to charity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you refinance a mortgage or take out a home equity loan during 2015? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you incur moving expenses during the year due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you pay any educational tuition or fees for you or a dependent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you pay any student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17 | Did you make any federal or state estimated payments? |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 | Did you have a certain trade or business from which you figured your domestic production activities deduction? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19 | Did you pay alimony? |
-

Name _____

SSN _____

Wages

W-2 Information

"X" if spouse	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
<input type="checkbox"/>	14				
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<input type="checkbox"/>	46				
<input type="checkbox"/>	47				
<input type="checkbox"/>	48				
<input type="checkbox"/>	49				
<input type="checkbox"/>	50				
<input type="checkbox"/>	51				
<input type="checkbox"/>	52				
<input type="checkbox"/>	53				
<input type="checkbox"/>	54				
<input type="checkbox"/>	55				

Name _____

SSN _____

Retirement Income

1099-R Information

"X" if spouse		Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 14 State Distribution	Box 12 State Income Tax Withheld
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
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<input type="checkbox"/>	46					
<input type="checkbox"/>	47					
<input type="checkbox"/>	48					
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<input type="checkbox"/>	50					
<input type="checkbox"/>	51					
<input type="checkbox"/>	52					
<input type="checkbox"/>	53					
<input type="checkbox"/>	54					
<input type="checkbox"/>	55					

Name _____

SSN _____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
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	21						
	22						
	23						
	24						
	25						
	26						

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends		Qualified Dividends		Capital Gains	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
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	20						
	21						
	22						
	23						
	24						
	25						
	26						

Name _____

SSN _____

Alimony Received

* F/S - enter ownership (F)iler or (S)pouse.

F/S*		Payer		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	_____	1		
<input type="checkbox"/>	2	_____	2		
<input type="checkbox"/>	3	_____	3		
<input type="checkbox"/>	4	_____	4		
<input type="checkbox"/>	5	_____	5		
<input type="checkbox"/>	6	_____	6		
<input type="checkbox"/>	7	_____	7		
<input type="checkbox"/>	8	_____	8		
<input type="checkbox"/>	9	_____	9		

Alimony Paid

* F/S - enter ownership (F)iler or (S)pouse.

F/S*		Recipient's Name	Recipient's SSN		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	_____	_____	1		
<input type="checkbox"/>	2	_____	_____	2		
<input type="checkbox"/>	3	_____	_____	3		
<input type="checkbox"/>	4	_____	_____	4		
<input type="checkbox"/>	5	_____	_____	5		
<input type="checkbox"/>	6	_____	_____	6		
<input type="checkbox"/>	7	_____	_____	7		
<input type="checkbox"/>	8	_____	_____	8		
<input type="checkbox"/>	9	_____	_____	9		

Name _____

SSN _____

Business Assets

Assets Placed in Service in Prior Years

Description	Date Placed In Service	Cost	Explain any assets no longer used by the business
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
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54			
55			

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C-EZ)

Enter "X" in one box: Filer Spouse

General Information

- 1 Federal employer identification number _____ (do not enter Social Security Number)
- 2 Principal business or profession . . . _____
- 3 Business name _____
- 4 Business address _____
 City, state, zip _____ State _____ Zip _____

Business Income

* Report statutory income as W-2 income.

- 5 Income reported on 1099 MISC 5
 Gross receipts or sales not reported on Form 1099 or Form W-2
- 6 _____ 6
- 7 _____ 7
- 8 _____ 8
- 9 _____ 9

Current Year Amount	Prior Year Amount

Business Expenses

- 10 Business meals and entertainment 10
- 11 Enter "X" in the box if subject to DOT hours of service limits 11
- 12 _____ 12
- 13 _____ 13
- 14 _____ 14
- 15 _____ 15
- 16 _____ 16

Current Year Amount	Prior Year Amount
<input type="checkbox"/>	<input type="checkbox"/>

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C-EZ)

		Vehicle 1 -		Vehicle 2 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

		Vehicle 3 -		Vehicle 4 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses

		Current Year Amount	Prior Year Amount
20	Advertising	20	
21	Contract labor	21	
22	Commissions and fees	22	
23	Depletion	23	
24	Employee benefit programs (other than on line 35)	24	
25	Insurance (other than health)	25	

Interest:

26	Mortgage (paid to banks, etc.)	26	
27	Other	27	

28	Legal and professional services	28	
29	Office expense	29	
30	Pension and profit-sharing plans	30	

Rent or Lease:

31	Machinery rental or lease	31	
32	Equipment rental or lease	32	
33	_____	33	
34	_____	34	
35	_____	35	
	Other business property rental or lease		
36	_____	36	
37	_____	37	
38	_____	38	

39	Repairs and maintenance	39	
40	Supplies (not included in inventory cost of goods sold)	40	
41	Taxes and licenses	41	

Travel, Meals, and Entertainment:

Travel

42	_____	42	
43	_____	43	
44	_____	44	
45	_____	45	

Meals and entertainment

46	Enter "X" in the box if subject to DOT hours of service limits	46	<input type="checkbox"/>	<input type="checkbox"/>
47	_____	47		
48	_____	48		
49	_____	49		
50	_____	50		

51	Utilities	51	
52	Wages	52	

Other Expenses:

53	_____	53	
54	_____	54	
55	_____	55	
56	_____	56	
57	_____	57	
58	_____	58	
59	_____	59	
60	_____	60	
61	_____	61	

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

		Vehicle 1 -		Vehicle 2 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

		Vehicle 3 -		Vehicle 4 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

Name _____

SSN _____

Home Office Number _____

Description of Home Office _____

Address _____

City _____ State ____ Zip _____

Check ("X") box: Daycare

Home Office Expenses

Area of Home

- 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples 1
- 2 Total area of home 2

Current Year Amount	Prior Year Amount

Daycare only - Part of Home Used Nonexclusively for Daycare

- 3 Multiply days used for daycare during year by hours used per day 3
- 4 Enter total hours home was available for daycare during year 4

Expenses related to entire home including business portion (Indirect)

- 5 Casualty losses 5
- 6 Excess mortgage interest 6
- 7 Insurance 7
- 8 Rent 8
- 9 Repairs and maintenance 9
- 10 Utilities 10

11 Other Expenses:

- a _____ 11a
- b _____ 11b
- c _____ 11c
- d _____ 11d
- e _____ 11e

Business Allocation:

- Business 1: _____
- Business 2: _____
- Business 3: _____
- Business 4: _____

Current Year Allocation %	Prior Year Allocation %

Business:

Additional expenses related to business portion only (Direct)

- 12 Casualty losses 12
- 13 Excess mortgage interest 13
- 14 Insurance 14
- 15 Rent 15
- 16 Repairs and maintenance 16
- 17 Utilities 17

Current Year Amount	Prior Year Amount

18 Other Expenses:

- a _____ 18a
- b _____ 18b
- c _____ 18c
- d _____ 18d
- e _____ 18e

Name _____

SSN _____

Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
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36					
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38					
39					
40					
41					
42					
43					
44					
45					

Name _____

SSN _____

Electing to Report Child's Income on Parent's Return.

If your child has over \$1,050 in income from interest and dividends you may qualify to elect to report that income on your return.

Step 1 : Enter "X" if your child:

- 1 Is under 19 (24 if a full time student) on January 1, 2016.
- 2 Has income only from interest and dividends.
- 3 Has gross income of less than \$10,000.
- 4 Made no estimated tax payments.
- 5 Had no federal income tax withheld from his or her income.
- 6 Is required to file a 2015 return.
- 7 Does not file a joint return for 2015.

If you entered ("X") in ALL the above boxes your child qualifies.

Step 2 : Enter "X" if as the parent:

- 1 You are filing a joint return with the child's other parent.
- 2 You are married to the child's other parent, file separately, and you have the higher taxable income.
- 3 You are unmarried or separated and the custodial parent of this child.
- 4 You are married to someone other than the child's parent and file jointly with your spouse.
- 5 You are married to someone other than the child's parent, file separately, and you have the higher taxable income.

If you entered ("X") in ANY of the above boxes you are a qualifying parent.

If Both the Child and Parent Qualifies Then Continue.

Child's First Name	M.I.	Child's Last Name	Child's SSN
<hr/>			
Interest			
Payer			
1 _____	1		
2 _____	2		
3 _____	3		
4 _____	4		
5 _____	5		
6 _____	6		
7 _____	7		
8 _____	8		
9 _____	9		
10 _____	10		
		Taxable Interest Income	Tax Exempt Interest
		Current Year	Current Year
		Amount	Amount
		Prior Year	Prior Year
		Amount	Amount
		Specified Priv Act Interest	Specified Priv Act Interest
		Current Year	Current Year
		Amount	Amount
		Prior Year	Prior Year
		Amount	Amount
<hr/>			
Dividends			
Payer			
1 _____	1		
2 _____	2		
3 _____	3		
4 _____	4		
5 _____	5		
6 _____	6		
7 _____	7		
8 _____	8		
9 _____	9		
10 _____	10		
		Ordinary Dividends	Qualifying Dividends
		Current Year	Current Year
		Amount	Amount
		Prior Year	Prior Year
		Amount	Amount
		Capital Gains	Capital Gains
		Current Year	Current Year
		Amount	Amount
		Prior Year	Prior Year
		Amount	Amount

Name _____

SSN _____

IRA and Other Contribution Information

Traditional IRA Contributions

		Current Year Amount	Prior Year Amount
Filer			
1	Enter total traditional IRA contributions made for 2015	1	
2	Enter contributions, on line 1, made after 12/31/2015 and before 04/15/2016	2	
3	Enter value of all traditional IRAs as of 12/31/2015	3	
Spouse			
4	Enter total traditional IRA contributions made for 2015	4	
5	Enter contributions, on line 4, made after 12/31/2015 and before 04/15/2016	5	
6	Enter value of all traditional IRAs on 12/31/2015	6	

Roth IRA Contributions

		Current Year Amount	Prior Year Amount
Filer			
1	Enter 2015 Roth IRA contributions	1	
2	Enter value of all Roth IRAs on 12/31/2015	2	
Spouse			
3	Enter 2015 Roth IRA contributions	3	
4	Enter value of all Roth IRAs on 12/31/2015	4	

SIMPLE IRA

		Current Year Amount	Prior Year Amount
Filer			
1	Enter value of all SIMPLE IRAs on 12/31/2015	1	
Spouse			
2	Enter value of all SIMPLE IRAs on 12/31/2015	2	

Education (Coverdell ESA)

		Current Year Amount	Prior Year Amount
Filer			
1	Enter 2015 Coverdell ESA contributions	1	
2	Enter value of the Coverdell ESA on 12/31/2015	2	
Spouse			
3	Enter 2015 Coverdell ESA contributions	3	
4	Enter value of the Coverdell ESA on 12/31/2015	4	

Name _____

SSN _____

Unreimbursed Employee Expenses - Itemized Deductions

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

	Filer		Spouse	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
58 Union and professional dues 58				
59 Professional subscriptions 59				
60 Uniform and protective clothing 60				
61 Job search costs 61				
62 _____ 62				
63 _____ 63				
64 _____ 64				
65 _____ 65				
66 _____ 66				
67 _____ 67				

Certain Miscellaneous Deductions - Itemized Deductions

	If investment related enter "X"		Current Year Amount	Prior Year Amount
68 Tax preparation fees 68				
69 Certain attorney and accounting fees 69	<input type="checkbox"/>			
70 Safe deposit box rental 70	<input type="checkbox"/>			
71 IRA Custodial fees 71	<input type="checkbox"/>			
72 Investment counsel and advisory fees 72	<input type="checkbox"/>			
73 Losses on deposits in insolvent or bankrupt financial institutions 73	<input type="checkbox"/>			
74 Convenience fees paid with credit or debit card for federal taxes in 2015 74	<input type="checkbox"/>			
75 _____ 75	<input type="checkbox"/>			
76 _____ 76	<input type="checkbox"/>			
77 _____ 77	<input type="checkbox"/>			
78 _____ 78	<input type="checkbox"/>			
79 _____ 79	<input type="checkbox"/>			
80 _____ 80	<input type="checkbox"/>			
81 _____ 81	<input type="checkbox"/>			
82 _____ 82	<input type="checkbox"/>			
83 _____ 83	<input type="checkbox"/>			
84 _____ 84	<input type="checkbox"/>			

Other Miscellaneous Deductions

85 Federal estate tax on income in respect of a decedent 85		
86 Amortizable bond premiums on bonds acquired before 10/23/86 86		
87 Gambling losses (if gambling income) 87		
88 Repayment of income 88		
89 From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction 89		
90 Certain unrecovered investment in a pension 90		
91 _____ 91		
92 _____ 92		
93 _____ 93		
94 _____ 94		
95 _____ 95		
96 _____ 96		

Name _____

SSN _____

Noncash Charitable Contributions (Total of Contributions more than \$500)

Information on Donated Property

(a) Name and Address of the Donee Organization				(b) Description of Donated Property
1	Name Address City	State	Zip Code	
2	Name Address City	State	Zip Code	
3	Name Address City	State	Zip Code	
4	Name Address City	State	Zip Code	
5	Name Address City	State	Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

Name _____

SSN _____

Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited **1** _____
- 2 Amount of dependent care expenses incurred in 2014 and paid in 2015 **2** _____

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2015
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2015
7	First: _____	_____	SSN: _____	_____
	Last: _____	City: _____	EIN: _____	
	Business: _____	State: _____ Zip: _____		
8	First: _____	_____	SSN: _____	_____
	Last: _____	City: _____	EIN: _____	
	Business: _____	State: _____ Zip: _____		
9	First: _____	_____	SSN: _____	_____
	Last: _____	City: _____	EIN: _____	
	Business: _____	State: _____ Zip: _____		
10	First: _____	_____	SSN: _____	_____
	Last: _____	City: _____	EIN: _____	
	Business: _____	State: _____ Zip: _____		
11	First: _____	_____	SSN: _____	_____
	Last: _____	City: _____	EIN: _____	
	Business: _____	State: _____ Zip: _____		

Name _____

SSN _____

Adoption Expenses

1 Provide the Following Information on Each Eligible Child

	First Name	Last Name	Child's Year of Birth	Enter "X" if Child Was:			Child's Identifying Number (SSN or ATIN)
				Born BEFORE 1998 and Disabled	A Child With Special Needs	A Foreign Child	
1st Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2nd Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3rd Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4th Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2 Expenses you paid in 2014.

3 Expenses you paid in 2015, if the adoption was final in 2015.

4 Expenses you paid in 2015, if the adoption was final before 2015.

1st Child	2nd Child	3rd Child	4th Child

Enter "X" in the appropriate box

5 Did you receive Employer-Provided-Adoption-Benefits in a prior year? Yes No

Name _____

SSN _____

Household Employment Taxes

Enter "X" in one box:

Filer

Employer Identification Number _____

Spouse

A household employee, generally, does not include spouse, children, parents or a person under age 18.

Social Security, Medicare, and Income Taxes

Enter "X" in the appropriate boxes

- 1 Did you pay ANY ONE household employee cash wages of \$1,900 or more in 2015? 1 Yes No
If yes, skip to line 4.
- 2 Did you withhold Federal income tax during 2015 for any household employees? 2 Yes No
If yes, skip to line 5.
- 3 Did you pay TOTAL cash wages of \$1,000 or more in ANY calendar QUARTER of 2014 or 2015 to household employees? 3 Yes No

		Current Year Amount	Prior Year Amount
4	Enter the total amount of wages paid to all employees, who were each paid in excess of \$1,900 during the year.		
5	Total Federal income tax withheld		

Unemployment Tax - If wages above were in excess of \$1,000 in any one quarter, include the following information:

Enter "X" in the appropriate boxes

- 6 Did you pay unemployment contributions to only one state? 6 Yes No
- 7 Did you pay all state unemployment contributions by April 15, 2016? 7 Yes No
- 8 Were all wages that are taxable for federal unemployment also taxable for your state unemployment tax? 8 Yes No

If you checked the "Yes" box on ALL the lines above, complete Section A. Otherwise complete Section B.

Section A

- 9 Name of State where you paid unemployment contributions 9

--
- 10 State reporting number as shown on State unemployment return 10

--
- 11 Amount of contributions paid to the State unemployment fund 11

--
- 12 Total cash wages subject to FUTA 12

--

Section B

		State Unemployment	State Unemployment
13	Name of State where you paid unemployment contributions		
14	State reporting number as shown on State unemployment return		
15	Wages, subject to state unemployment tax, reported to State		
16	State experience rate		
17	State experience rate period a. From 17a		
	b. To 17b		
18	Amount of contributions paid to the State unemployment fund		

Company Information Worksheet

Check if taxpayer is filing as a trust.

Company

Company Name _____

Doing Business As _____

Employer identification number _____

State ID _____

Address

Street _____

Suite No. _____

City or town _____

State _____

Zip Code _____

If a foreign address, also complete spaces below.

Foreign Country _____

Foreign province/county _____

Foreign postal code _____

Contact Person _____

Title _____

Telephone Number _____

Fax Number _____

Cell Phone Number _____

E-mail address _____

Form Dates

For Date Beginning _____

[For fiscal year beginning.](#)

For Date Ending _____

[This date will link to all forms opened in your Return.](#)

Date incorporated _____

Preparer's Signature Date _____

9/21/2015

Other Information

Initial return

Final return

Amended return

Individual Information Worksheet

Filer and Spouse

Filer's First Name	M.I.	Filer's Last Name	Filer's Suffix
_____	_____	_____	_____
Filer's social security number _____			
If a joint return:			
Spouse's First Name	M.I.	Spouse's Last Name	Spouse's Suffix
_____	_____	_____	_____
Spouse's social security number _____			

Address

Home address (number and street)			Apartment No.
_____			_____
City, town or post office	State	Zip Code	
_____	_____	_____	
If a foreign address, also complete spaces below.			
Foreign country name	Foreign province/county	Foreign postal code	
_____	_____	_____	
Check which phone number to list as "Daytime phone number":			
Home Phone Number	<input type="checkbox"/>	_____	
Work Phone Number	<input checked="" type="checkbox"/>	_____	
Cell Phone Number	<input type="checkbox"/>	_____	
Fax Number		_____	
E-mail address _____			

Filing Status

(Check only one box.)

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately

Enter spouse's SSN above and full name here.

First name Last name

4 Head of household (with qualifying person)

5 Qualifying widow(er) with dependent child

Organizer Options

1 Appointment Information

Date:

Day:

Time:

2 Miscellaneous

Check ("X") to SUPPRESS Social Security Numbers throughout this organizer.

Check ("X") to display detail sheets for input/adjustment purposes for those marked below with an asterisk.

3 Printing

**Check ("X") to include
in printed Organizer**

**Enter # of additional
blank pages to print**

<input checked="" type="checkbox"/>	Mailing Slip	
<input checked="" type="checkbox"/>	Comments	
<input type="checkbox"/>	Estimated Payments*	
<input checked="" type="checkbox"/>	Dependents*	_____
<input checked="" type="checkbox"/>	Wages*	_____
<input checked="" type="checkbox"/>	Pension*	_____
<input type="checkbox"/>	Foreign Employer Compensation & Pension*	_____
<input checked="" type="checkbox"/>	Interest/Dividends (Combined)*	
<input type="checkbox"/>	Interest*	_____
<input type="checkbox"/>	Dividends*	_____
<input type="checkbox"/>	Seller Finance*	_____
<input type="checkbox"/>	Savings Bond Exclusion*	
<input checked="" type="checkbox"/>	Alimony	
<input checked="" type="checkbox"/>	Business Assets	
<input checked="" type="checkbox"/>	Business C-EZ*	
<input checked="" type="checkbox"/>	Business C-EZ Vehicle	
<input checked="" type="checkbox"/>	Business*	
<input checked="" type="checkbox"/>	Business Exp*	
<input checked="" type="checkbox"/>	Business Vehicle	
<input checked="" type="checkbox"/>	Home Office*	
<input checked="" type="checkbox"/>	Sale of Capital Assets (Enter # of copies to print)	_____ 1
<input type="checkbox"/>	Installment Sale*	_____
<input type="checkbox"/>	Rent Royalty*	
<input type="checkbox"/>	Rent Royalty Exp*	
<input type="checkbox"/>	Rent Royalty Vehicle	
<input checked="" type="checkbox"/>	K1s*	_____
<input type="checkbox"/>	Farm Rental*	
<input type="checkbox"/>	Farm Rental Exp*	
<input type="checkbox"/>	Farm Rental Vehicle	
<input type="checkbox"/>	Farm*	
<input type="checkbox"/>	Farm Exp*	
<input type="checkbox"/>	Farm Vehicle	
<input checked="" type="checkbox"/>	Social Security RRB	
<input type="checkbox"/>	Misc Inc and Ded	
<input checked="" type="checkbox"/>	Report Child Income*	
<input checked="" type="checkbox"/>	IRA and Other Contribution	
<input checked="" type="checkbox"/>	Medical and Dental	
<input checked="" type="checkbox"/>	Tax Paid	
<input checked="" type="checkbox"/>	Interest Paid	
<input checked="" type="checkbox"/>	Employee and Other Misc	
<input checked="" type="checkbox"/>	Charity*	_____
<input checked="" type="checkbox"/>	Non-Cash Charity (Enter # of copies to print)	_____ 1
<input type="checkbox"/>	Employee Exp Short*	
<input type="checkbox"/>	Employee Exp Short Vehicle	
<input type="checkbox"/>	Employee Expenses*	
<input type="checkbox"/>	Employee Expenses Vehicle	
<input checked="" type="checkbox"/>	Child Care*	
<input checked="" type="checkbox"/>	Adoption Expenses*	
<input checked="" type="checkbox"/>	Tip Income	
<input checked="" type="checkbox"/>	Household Help*	