

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2015 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2015 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2014 information is included for your reference. You do not need to make any 2014 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2014 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

General Questions

ORG3

PERSONAL INFORMATION		
	Yes	No
1 Did your marital status change during 2015? If yes , explain	<input type="checkbox"/>	<input type="checkbox"/>
2 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. Caution: Review any transferred information for accuracy.	<input type="checkbox"/>	<input type="checkbox"/>
Designee's Name ▶ Phone Number ▶ Personal Identification Number (5 digit PIN) ▶		
3 Do you or your spouse plan to retire in 2016?	<input type="checkbox"/>	<input type="checkbox"/>
4 Were you or your spouse permanently and totally disabled in 2015?	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter date of death for taxpayer or spouse (if during 2015 or 2016): Taxpayer: _____ Spouse: _____		
6 Were you or your spouse a member of the U.S. Armed Forces during 2015?	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT INFORMATION		
	Yes	No
7 a Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , do you want us to prepare the return(s)?	<input type="checkbox"/>	<input type="checkbox"/>
8 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , do you want to include your child's income on your return?	<input type="checkbox"/>	<input type="checkbox"/>
9 Are any of your dependents not U.S. citizens or residents?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you provide over half the support for any other person during 2015?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you incur adoption expenses during 2015?	<input type="checkbox"/>	<input type="checkbox"/>
IRA, PENSION AND EDUCATION SAVINGS PLANS		
	Yes	No
12 Did you receive payments from a pension or profit-sharing plan?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	<input type="checkbox"/>	<input type="checkbox"/>
14 a Did you convert all or part of a regular IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you roll over all or part of a qualified plan into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you contribute to a Coverdell Education Savings Account?	<input type="checkbox"/>	<input type="checkbox"/>
ITEMS RELATED TO INCOME/LOSSES		
	Yes	No
16 Did you receive any disability payments in 2015?	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
18 a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2015? (Attach copies of any escrow statements or Forms 1099.)	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home?	<input type="checkbox"/>	<input type="checkbox"/>
c Are you planning to purchase a home soon?	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you incur any casualty or theft losses during 2015?	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>
PRIOR YEAR TAX RETURNS		
	Yes	No
21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? If yes , enclose agent's report or notice of change.	<input type="checkbox"/>	<input type="checkbox"/>
22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?	<input type="checkbox"/>	<input type="checkbox"/>

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

- | | | | |
|-------------|---|--------------------------|--------------------------|
| 23 | Did you have foreign income or pay any foreign taxes in 2015 ? | Yes | No |
| 24 a | At any time during 2015, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| b | Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2015? Report all interest income on Org 11 | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 | Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 | Did you at any time during 2015, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTH AND LIFE INSURANCE

- | | | | |
|-------------|---|--------------------------|--------------------------|
| 27 a | Did you and your dependents have health care coverage for the full year? | Yes | No |
| b | Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach | <input type="checkbox"/> | <input type="checkbox"/> |
| c | 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..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 a | Did you or your spouse have self-employed health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| b | If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 | Did you contribute to or receive distributions from a Health Savings Account (HSA)? | <input type="checkbox"/> | <input type="checkbox"/> |

MISCELLANEOUS

- | | | | |
|-----------|---|--------------------------|--------------------------|
| 31 | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2015? If yes , please attach details | Yes | No |
| 32 | Did you start paying mortgage insurance premiums in 2015? If yes , please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 | Did you purchase a motor vehicle or boat during 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes , attach documentation showing sales tax paid. | | |
| 34 | Did you purchase an energy efficient vehicle in 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes , enter year, make, model, and date purchased: _____ | | |
| 35 | Did you donate a vehicle in 2015? If yes, attach Form 1098C | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 | What was the sales tax rate in your locality in 2015? _____ % State ID | | |
| 37 | Did you or your spouse make gifts of over \$14,000 to an individual or contribute to a prepaid tuition plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 | Did you make gifts to a trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 | If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes , please attach details. | | |
| 40 | Did you or your spouse participate in a medical savings account in 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.) | | |
| 41 | Did you make a loan at an interest rate below market rate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 | Did you pay any individual for domestic services in 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 | Did you pay interest on a student loan for yourself, your spouse, or your dependents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 | Did you, your spouse, or your dependents attend post-secondary school in 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 | Did a lender cancel any of your debt in 2015? (Attach any Forms 1099-A or 1099-C) | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 | Did you receive any income not included in this Tax Organizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes , please attach information. | | |

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

- | | | | |
|-----------|---|--------------------------|--------------------------|
| 47 | If your tax return is eligible for Electronic Filing, would you like to file electronically? | Yes | No |
| 48 | The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? | <input type="checkbox"/> | <input type="checkbox"/> |

Caution: Review transferred information for accuracy.

- 49** If **yes**, please provide the following information:
- | | | |
|----------|---|--|
| a | Name of your financial institution | _____ |
| b | Routing Transit Number (must begin with 01 through 12 or 21 through 32) | _____ |
| c | Account number | _____ |
| d | What type of account is this? | Checking <input type="checkbox"/> Savings <input type="checkbox"/> |

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Health Insurance Coverage

ORG3A

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 Coverage																
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below: See the information below regarding the new health insurance reporting requirements beginning in 2015.																
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage, who may have an exemption, and who may be subject to the individual shared responsibility payment.

Beginning in 2014, most individuals are required to have:

- ▶ **Minimum Essential Coverage (*MEC)**, or
- ▶ an **Exemption** from the responsibility to have minimum essential coverage, or
- ▶ Make a **Shared Responsibility Payment**.

Minimum Essential Coverage includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

Exemptions may be obtained in advance from Healthcare.gov. Exemptions are available to members of federally recognized tribes, certain religious sects, and members of healthcare sharing ministries. There are numerous other exemptions and hardship exemptions available at www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions or www.healthcare.gov/exemptions. Some exemptions may be claimed directly on the income tax return.

The **Shared Responsibility Payment** for 2015 is the **GREATER OF 2%** of the household income that is above the filing threshold for the filing status, or the family's flat dollar amount for 2015 is \$325 per adult and \$162.50 per child, limited to a family maximum of \$975. This total is capped at the cost of the national average premium for a bronze level plan available through the Marketplace in 2015. The national average bronze plan amount is \$207 per month and limited to \$1,035 per month for a family of five or more members.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

Business/Investment Questions

ORG4

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2015? If yes , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2015?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)?	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2015?	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2015?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2015?	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you have records, as described below, to support expenses?	<input type="checkbox"/>	<input type="checkbox"/>
Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient.		
13 Did you purchase special fuels for non-highway use?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please list the type of use and the number of gallons for each fuel. _____ _____ _____ _____		
14 Was Form 8903 (Domestic Production Activities Deduction) included in your 2014 federal income tax return?	<input type="checkbox"/>	<input type="checkbox"/>

Basic Taxpayer Information

ORG6

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name	_____	_____
First name	_____	_____
Middle initial and suffix	MI _____ Suffix _____	MI _____ Suffix _____
Social security number	_____	_____
Occupation.....	_____	_____
Work phone/extension	_____	_____
Cell phone	_____	_____
E-mail address	_____	_____
Birthdate	MM/DD/YYYY _____	MM/DD/YYYY _____
Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address.....	_____	Apartment number _____
City.....	_____ State..... _____	ZIP code..... _____
Home phone.....	_____ Foreign country	_____
Fax.....	_____ Foreign phone	_____

FILING STATUS

1 Single
 2 Married filing jointly
 3 Married filing separately
 Check this box if you **did not** live with spouse at any time during the year
 Check this box if you are eligible to claim spouse's exemption
 Check this box if your spouse itemizes deductions.....
 4 Head of household
 If the qualifying person is a child but not your dependent, enter
 Child's name..... _____ Child's social security number..... _____
 5 Qualifying widow(er)
 Check the box for the year the spouse died 2013 2014

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code +Months in U.S.	Date of Birth *Not Citizen	2015 Child Care Expense
				2014 Child Care Expense
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

**** For the Dependent Code, enter the following:**
 L = dependent child who lived with you
 N = dependent child who didn't live with you due to divorce or separation
 O = other dependent
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)
 + Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.
 * Check this box if dependent child is not a U.S. citizen or resident alien

W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION

Attach all copies of your W-2 forms here.

1	Employer's name	Check if not applicable for 2015	<input type="checkbox"/>
	Employer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account		_____
	3 Check if the income reported is from a foreign source		<input type="checkbox"/>
	4 a Clergy: Enter your designated housing or parsonage allowance		_____
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value.....		_____
	c Check SE tax on: (a) housing or parsonage allowance.....	(b) W-2 wages.....	(c) both.....
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

2	Employer's name	Check if not applicable for 2015	<input type="checkbox"/>
	Employer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account		_____
	3 Check if the income reported is from a foreign source		<input type="checkbox"/>
	4 a Clergy: Enter your designated housing or parsonage allowance		_____
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value.....		_____
	c Check SE tax on: (a) housing or parsonage allowance.....	(b) W-2 wages.....	(c) both.....
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC

Attach all copies of your 1099-R forms here.

1	Payer's name.....	Check if not applicable for 2015	<input type="checkbox"/>
	Payer's name.....	Check if for spouse	<input type="checkbox"/>
	1 Check if either box applies: Rollover	Conversion to Roth IRA	<input type="checkbox"/>
	2 a If a partial rollover, enter the amount rolled over		_____
	b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA		_____
	3 Health insurance premiums deductible on Schedule A.....		_____
	4 a If entire distribution is a Required Minimum Distribution (RMD), check this box		<input type="checkbox"/>
	b If only part of distribution is RMD, enter the part that is RMD		_____

2	Payer's name.....	Check if not applicable for 2015	<input type="checkbox"/>
	Payer's name.....	Check if for spouse	<input type="checkbox"/>
	1 Check if either box applies: Rollover	Conversion to Roth IRA	<input type="checkbox"/>
	2 a If a partial rollover, enter the amount rolled over		_____
	b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA		_____
	3 Health insurance premiums deductible on Schedule A.....		_____
	4 a If entire distribution is a Required Minimum Distribution (RMD), check this box		<input type="checkbox"/>
	b If only part of distribution is RMD, enter the part that is RMD		_____

W-2G – GAMBLING OR LOTTERY WINNINGS

Attach all copies of your W-2G forms here.

Name of Payer	Check if Spouse	Gross Winnings (Box 1)	Federal Tax Withheld (Box 2)	State Tax Withheld (Box 14)	State Code (Box 13)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

W-2 Amounts

ORG7A

WAGES, SALARIES, TIPS, AND OTHER COMPENSATION			
Box	Description	2015	2014
c	Employer's name (from ORG7)		
1	Wages, tips, etc.....		
2	Federal income tax withheld.....		
3	Social security wages.....		
4	Social security tax.....		
5	Medicare wages/tips		
6	Medicare tax withheld.....		
13b	Check if retirement plan participant.....	<input type="checkbox"/>	<input type="checkbox"/>
7	Social security tips		
8	Allocated tips.....		
	Unreported tips less than \$20 per month		
	Unreported tips \$20 or more per month		
9	(Not used).....		
10	Dependent care		
11	Nonqualified plans.....		
13a	Check if statutory employee	<input type="checkbox"/>	<input type="checkbox"/>
13c	Check if third-party sick pay	<input type="checkbox"/>	<input type="checkbox"/>

Box 12 W-2 Code	2015 Box 12 Amount	2014 Box 12 Amount		2015	2014
			If Box 12 code is:		
			A: Attributable to RR Tier 2 tax.....		
			M: Attributable to RR Tier 2 tax.....		
			R: Taxpayer MSA		
			Spouse MSA		
			G: Not government employer	<input type="checkbox"/>	<input type="checkbox"/>

2015 Box 14 Description or Code	2015 Box 14 Amount	2014 Box 14 Description or Code	2014 Box 14 Amount

Box 15 State	2015 Box 16 Wages, tips, etc	2015 Box 17 Income tax	2014 Box 16 Wages, tips, etc	2014 Box 17 Income tax

Box 20 Locality	2015 Box 18 Wages, tips, etc	2015 Box 19 Income tax	2014 Box 18 Wages, tips, etc	2014 Box 19 Income tax

1099-MISC Income

ORG8

MISCELLANEOUS INCOME

Attach all copies of 1099-MISC forms here.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if spouse			
	Check if you did not receive income from this payer in 2015			
	Payer's name			
	Payer's federal identification number or			
	Payer's social security number			
1	Rents			
2	Royalties			
3	Other income			
4	Federal income tax withheld			
5	Fishing boat proceeds			
6	Medical/health care payments			
7	Nonemployee compensation			
8	Substitute payments			
10	Crop insurance proceeds			
13	Excess golden parachute payments			
14	Gross proceeds paid to an attorney			
15a	Section 409A deferrals			
15b	Section 409A income			
16	State tax withheld – 1st state			
17	State name – two letters – 1st state			
	Payer's state number – 1st state			
18	State income – 1st state			
16	State tax withheld – 2nd state			
17	State name – two letters – 2nd state			
	Payer's state number – 2nd state			
18	State income – 2nd state			
	FATCA filing requirement			

ORG8

Social Security Benefits/Form 1099-G/Other Income

ORG10

SOCIAL SECURITY BENEFITS

<input checked="" type="checkbox"/> Attach all copies of SSA and RRB forms.	Taxpayer	Spouse
1 Social Security Benefits from Form SSA-1099.....		
2 Federal income tax withheld from Form SSA-1099		
3 Medicare B premiums withheld from Form SSA-1099		
4 Medicare C premiums withheld from Form SSA-1099		
5 Medicare D premiums withheld from Form SSA-1099		
6 Railroad Retirement Benefits from Form RRB-1099		
7 Federal income tax withheld from Form RRB-1099		
8 Medicare premiums withheld from Form RRB-1099.....		

FORM 1099-G

Attach all copies of 1099-G forms.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name.....			
1	Unemployment compensation.....			
a	Unemployment benefits you repaid in 2015			
2	State and local income tax refunds			
3	Enter the tax year from 1099-G box 3			
a	If tax year is 2014 or prior, enter the taxable portion of the amount reported in box 2			
4	Federal income tax withheld.....			
5	RTAA payments.....			
6	Taxable grants			
7	Agriculture payments			
8	Check if box 2 amount is from trade or business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Market gain			
10a	Two-letter state abbreviation	_____	_____	_____
	Two or three-letter local abbreviation	_____	_____	_____
b	State identification number			
11	State income tax withheld.....			

OTHER INCOME

Nature and Source	2015 Taxpayer	2015 Spouse	2014 Combined
1 Alimony received			
2 Recovery of bad debts previously deducted			
3 Jury duty pay.....			
4 Gambling winnings not reported on W2G/1099			
5 Income from not for profit activities (hobbies)			
6 Income from the rental of personal property			
7 Other miscellaneous income items: Description:			

Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2015	2014
1 Prescription medications.....		
2 Health insurance premiums (enter Medicare B on ORG10)..... Exclude premiums paid through an exchange (Form 1095-A)		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums		
b Spouse's gross long-term care premiums		
c Dependent's gross long-term care premiums		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity.....		
5 Insurance reimbursement.....		
6 Doctors, dentists, etc		
7 Hospitals, clinics, etc		
8 Lab and X-ray fees.....		
9 Expenses for qualified long-term care.....		
10 Eyeglasses and contact lenses		
11 Medical equipment and supplies		
12 Miles driven for medical purposes.....		
13 Ambulance fees and other medical transportation costs.....		
14 Lodging.....		
15 Other medical and dental expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
f _____		
g _____		
h _____		
i _____		
j _____		
TAXES	2015	2014
Enter state and local income taxes on ORG7, ORG8, ORG10, and ORG40.		
16 Real estate taxes paid on principal residence		
17 Real estate taxes paid on additional homes or land		
18 Auto registration fees based on the value of the vehicle.....		
19 Other personal property taxes		
20 Other taxes:		

Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2015	2014
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2015
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address
	
	

OTHER PERSON RECEIVING FORM 1098	
Form 1098 Recipient's Name	Address

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2014 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

INVESTMENT INTEREST		
	2015	2014
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc)		

Interest Paid and Cash Contributions (continued)

ORG14

LIMITED HOME MORTGAGE DEDUCTION

If your mortgage balance exceeded \$1 million (\$500,000 for married filing separately) or your home equity debt exceeded \$100,000 (\$50,000 for married filing separately) during 2015 complete the following:

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
1 Interest paid in 2015					
Points paid in 2015.....					
Months loan outstanding					
Principal pd on loan in 2015.					
2 Home acquisition debt:					
Beginning of year balance ..					
Additional borrowed in 2015 ..					
3 Home equity debt:					
Beginning of year balance ..					
Additional borrowed in 2015 ..					
4 Grandfathered debt: (before 10/14/1987)					
Beginning of year balance ..					
Additional borrowed in 2015 ..					
5 Fair market value of homes on date debt was last secured by home					
6 Home acquisition and grandfathered debt on date last secured by home					

CASH CONTRIBUTIONS

Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2015	2014
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven.....			
Miles driven to deliver noncash contributions			
Parking fees, tolls, and local transportation.....			

Noncash Contributions

ORG14A

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Fair Market Value
A _____			
B _____			
C _____			
D _____			
E _____			
F _____			
G _____			
H _____			
I _____			

Note: Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

Method for Fair Market Value*	Date of Contribution	Complete these columns only for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

***Methods of determining FMV:**

- | | | |
|---------------|--------------------------|-------------------|
| Appraisal | Capitalization of income | Present value |
| Average share | Comparative sales | Replacement cost |
| Catalog | Consignment shop | Reproduction cost |

****Type of Donated Property**

- | | | |
|---------------------------------|-----------------------------------|--|
| Household/clothing items | Business equipment | Intellectual property |
| Motor vehicle, boat or airplane | Business inventory | Real property, conservation property |
| Art, other than self-created | Stock, publicly traded | Real property, other than conservation |
| Art, self-created | Stock, other than publicly traded | Other personal property |
| Collectibles | Securities, other than stock | Other intangible property |

*****How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)		2015	2014
Employee Business Expenses			
Note: If you have any travel, transportation, meals or entertainment expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses.			
1	Union and professional dues		
2	Professional subscriptions		
3	Uniforms and protective clothing		
4	Job search costs		
5	Other unreimbursed employee expenses:		
a	_____		
b	_____		
c	_____		
d	_____		
e	_____		
Other Expenses Subject to the 2% Limitation			
	Treat all MACRS assets for this activity as qualified Indian reservation property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Treat all assets acquired after August 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No		
	Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Check to code assets as Investment Expense <input type="checkbox"/>		
	Use ORG50 to record dispositions.		
	Use ORG51A to enter additional assets.		
	Use ORG11a for investment expenses related to interest income.		
	Use ORG11b for investment interest related to dividend income.		
6	Tax return preparation fees		
7	Investment counsel and advisory fees		
8	Certain attorney and accounting fees		
9	Safe deposit box rental		
10	IRA custodial fees		
11	Other expenses (list):		
a	_____		
b	_____		
c	_____		
d	_____		
e	_____		
OTHER MISCELLANEOUS DEDUCTIONS		2015	2014
12	Federal estate tax paid on income in respect of a decedent		
13	Amortizable bond premiums (acquired before 10/23/86)		
14	Gambling losses (to the extent of gambling income)		
15	Claim repayments		
16	Unrecovered investment in annuity		
17	Unrecovered investment in annuity		

Sales of Stocks and Securities

ORG21

Attach all copies of Forms 1099-B and/or 1099-S here.

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

- 1 Did you exchange any securities for other securities or any other property held for investment?
- 2 Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale?
- 3 Did you engage in any transactions involving traded options?.....
- 4 Did you engage in any transactions involving commodity future contracts and straddle positions?.....
- 5 Did you engage in any transactions involving *employee* stock options?
- 6 Schedule D included in the 2014 Federal income tax return?

Do not include installment sales transactions here. Complete information on Installment Sales Income (ORG23) instead. See notes below for entries to be made on lines 1d, 4a, 4b and 5

FORMS 1099-B, 1099-S – SALES OF STOCKS, BONDS, REAL ESTATE, ETC.

Transaction number.....

1a Check if this sale was reported to you on Form 1099-B or substitute statement

b If so, check if Box 6a is marked (i.e., this is the sale of noncovered security).....

c If so, check if Box 6b is marked (i.e., the basis amount was reported to the IRS).....

d If so, select type of gain (loss) indicated in Box 1c *.....

2 Description of property

3a Date acquired **b** Date sold

4a Type of transaction *** **b** Property ownership **

5 Holding period *

6 Sales price

7 Cost or other basis

8 Wash sale loss disallowed.....

9 Federal Tax withheld (if any).....

10a State..... **b** State identification **c** State tax withheld

Transaction number.....

1a Check if this sale was reported to you on Form 1099-B or substitute statement

b If so, check if Box 6a is marked (i.e., this is the sale of noncovered security).....

c If so, check if Box 6b is marked (i.e., the basis amount was reported to the IRS).....

d If so, select type of gain (loss) indicated in Box 1c *.....

2 Description of property

3a Date acquired **b** Date sold

4a Type of transaction *** **b** Property ownership **

5 Holding period *

6 Sales price

7 Cost or other basis

8 Wash sale loss disallowed.....

9 Federal Tax withheld (if any).....

10a State..... **b** State identification **c** State tax withheld

*** Type of Holding Period**

- S = Short-term (one year or less)
- L = Long-term (more than one year)
- ** Type of Ownership**
- T = Taxpayer Ownership
- S = Spouse Ownership
- J = Joint Ownership

***** Type of Transaction**

- S = Regular Sale of Stocks, Bonds, etc
- W = Wash Sale
- M = Collectible (28% Rate)
- P = Personal Loss on Noninvestment Property
- X = Expired (options, etc)
- O = Worthless Securities
- K = Bankrupt
- N = Nonbusiness Bad Debt
- E = Stock sales to ESOP's or EWOC's