## Miscellaneous Information SSN: Name: **Personal Information** No Yes Did your marital status change during the year? If "Yes," explain Can you or your spouse be claimed as a dependent by someone else? Did your address change during the year? **Dependent Information** Did you have any changes in dependents during the year? If "Yes," explain Can another person qualify to claim the child? Did you have any childcare expenses during the year? Did you have any adoption expenses during the year? Did you have any children under age 19 or a full-time student under age 24 with more than \$1900 of unearned income? Provide documentation for proof of dependency for earned income credit (school records, medical records, daycare records, etc.) **Health Care Information** Did any member of your household **NOT** have healthcare coverage for the entire year? Provide copies of all Forms 1095-A, 1095-B, 1095-C for ALL members of your household. If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN). Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year? Income, Purchases, Sales, and Debt Information Did you have a financial interest in or signature authority over a financial account located in a foreign country? Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust? Did you have any income from, or pay taxes to, a foreign country? Did you receive any tips not reported to your employer? Did you receive any disability income during the year? Did you cash any U.S. Savings Bonds during the year? Did you receive any other income not provided with this organizer? If "Yes," explain Did you start a new business or purchase any rental property during the year? Did you sell an existing business, rental, or other property during the year? Did you purchase any business assets or convert any assets to business use? If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage. Did you purchase any gasoline, diesel, or special fuels for non-highway business use? Did you buy or sell any stocks, bonds, or other investments during the year? Did you sell a principal residence during the year? If "Yes," provide closing documentation for the purchase and sale of the home Did you foreclose or abandon a principal residence or real property during the year? Did you refinance your principal home or second home or take out a home equity loan during the year? If "Yes," provide all escrow, closing, and other pertinent documentation and information. Did you receive any principal or interest, during this year, from property sold in prior years? Did you rent out your home or use it for business? Did you sell, exchange, or purchase any real estate during the year? Did you acquire a new or additional interest in a partnership or S corporation? Did you have any debts canceled or forgiven this year?

# **Itemized Deduction Information**

Does anyone owe you money that has become uncollectible?

	Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
	Did you pay any long-term healthcare premiums for you, your spouse, or a dependent during the year?
	Did you receive any state or local income tax refunds from prior years?
П	Did you make any major purchases (vehicle, boats, etc.) during the year?

Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?

If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

Did you pay any real estate property taxes or personal property taxes during the year?

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		Miscellaneous Information
Name	:	SSN:
		Did you make cash donations to charity during the year?  Did you make noncash donations to charity (clothes, fumiture, etc.) during the year?  Did you donate a boat or vehicle during the year?
		If "Yes," attach Form 1098-C.  Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?  Did you use your vehicle on the job other than for commuting to work?  Did you work out of town at any time during the year?  Did you have gambling losses during the year?
Reti	rem	ent Information
		Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?  Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?  Did you receive any Social Security benefits during the year?
Edu	catio	on Information
		Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?  Did anyone in your household attend a post-secondary school during the year?  Did you make a contribution to or receive a distribution from an Education Savings Acount or Qualified Tuition Program during the year?  Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?
Mise	cella	neous Information
		Did you incur a loss due to damaged or stolen property?
		If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.  Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?  Did you make any gifts to any one person in excess of \$14,000 during the year?  If "Yes," are you splitting the gift with your spouse?
		Did you incur moving expenses due to a change in employment?  Did you make any energy-efficient improvements to your main home during the year?  Are you a business owner and paid health insurance premiums for your employees during the year?  Did you apply an overpayment of your 2014 taxes to your 2015 estimated taxes?  If you have an overpayment of 2015 taxes, do you want the refund applied to your 2016 estimated taxes?  Did you make any estimated payments toward your 2015 taxes?
		Do you want to have any refund or balance due directly deposited or withdrawn?  If "Yes," provide a canceled checking or savings slip.  Did you receive any notices from the IRS or state taxing authority?
		If "Yes," explain
Prei	are	Notes
M	iscel	laneous Notes

# **Personal and Dependent Information** SSN: Name: **Personal Information** Healthcare coverage ALL year SSN Date of Birth Name Occupation Taxpayer Spouse **Daytime Phone Evening Phone Cell Phone** Email Taxpayer Spouse Street address, city, state, and ZIP <u>Taxpayer</u> **Spouse** Marital Status at end of 2015 Married Yes Yes No You are blind? Yes No You are disabled? Married filing separately Single No You are a full-time student Widow(er), Date of Spouse's Death You want \$3 to go to the No **Presidential Election Camp Fund? Dependent Information** Required Full-Months Date of Birth Disabled to file a return coverage ALL year First and last name SSN Relationship time in Home **Child and Other Dependent Care Expenses** SSN Name of care provider Address or EIN Amount Paid **Appointment Information & Notes** Your 2015 appointment is scheduled for \*\* Indicates an associated detail worksheet

lame:				SSN:
HealthCare Information				
Had healthcare coverage:	For the entire year	For part of the year (Less than 12 months)	No healthcare coverage at all	
			+	
C C But att		Control Management	- Constant Patent all and	0
		for anyone not listed above?	je for anyone listed above	97
If you had coverage for any part of the		Tor dryone flot lided above.		
Where was the policy obtained?				
		ketplace(Exchange) / Other		
If you didn't have coverage part or al Answer YES if it applies to any member	-	old		
YES NO Was your previous in				
YES NO Was coverage offere	ed by your emplo	oyer or your spouse's employer?		
YES NO Are you a member of	f a federally reco	ognized Indian tribe?		
YES NO Are you eligible for se	ervices through	an Indian healthcare provider?		
YES NO Are you a member of	f a healthcare sh	naring ministry?		
YES NO Did you live in the Ur	nited States the	entire year?		
YES NO Are you enrolled in T	RICARE?			
YES NO Did you apply for CH	IP coverage?			
YES NO Do any of the following	ng apply to you?	Do NOT indicate which one.		
_	Became homele	ess		
_	Evicted in the pa	ast six months, or facing eviction	or foreclosure	
_	Received a shu	t-off notice from a utility company	У	
_	Recently experi	enced domestic violence		
		enced the death of a close family		-1
		enced a fire, flood, or other natu substantial damage to your prope		asier
	Filed for bankru	ptcy in the last six months		
		bursed medical expenses in the		
	Experienced un ill. disabled, or a	expected increases in essential aging family member	expenses due to caring f	or an

# Income

Name:					SSN	
Wages & Salaries			Form 1099-Mis		(# A)	
attach all copies of Form W-2	0045 ( ) 1		Attach all copies of	Form 1099-MISC		
Employer name	2015 federal wages	2014 federal wages	Payer	name	2015 amount	2014 amount
Interest Income attach all copies of Form 1099-INT, eport interest income	, 1099-OID and other	r statements that	Retirement Attach all copies of	Form 1099-R		
Payer name	2015 interest	2014 interest	Payer na		2015 distribution	2014 distribution
f any interest income listed above is blease provide the payer's ID numb <b>Dividend Income</b> Provide all copies of Form 1099-DI'	er and address		nd income 2015 ordinary dividends	2014 ordinary dividends	2015 qualified dividends	2014 qualified dividends
Sale of Capital Assets (Not r Iso provide all brokerage statemer Description of	nts	ı 1099-B)	Date purchased	Date sold	Cost	Sales price
* Indicates an associated detail wo						

# Other Income and Adjustments

ame:			SSN	
Partnerships, S corporations, Estates and Trusts ovide all copies of Schedule K-1 and attachments				
Entity Name EIN	En	tity Name		EIN
Enuty Name Env	<u> </u>	uty Name		LIN
ther Income	0045	004.4	0045	0044
	2015 Taxpayer	2014 Taxpayer	2015 Spouse	2014 Spous
cholarships or grants not reported on W-2				
ate income tax refund (attach Forms 1099-G)				
mony received				
nemployment compensation (attach Forms 1099-G)				
nemployment compensation repaid in 2015				
ocial Security Benefits (attach Forms 1099-SSA)				
ailroad Retirement Benefits (attach Forms 1099-RRB)				
ambling winnings (attach Forms W2-G)				
aska Permanent Fund				
ther income:				
djustments				
	2015	2014	2015 Spanso	2014 Spaus
ducator expenses (If you are an educator, enter the amount you paid for	Taxpayer	Taxpayer	Spouse	Spous
assroom supplies) · · · · · · · · · · · · · · · · · · ·				
contributions made to a Health Savings Account (HSA)				
ontributions made to a Self-Employed Pension plan (SEP)				
imony paid				
Name: SSN:				
Name: SSN:				
ontributions made to an Individual Retirement Account (IRA)				
ontributions made to a Roth IRA				
ntributions made to a myRA				
erest paid on a student loan				

# **Schedule C - Profit or Loss from Business**

Name:			SSN	l:
General Business Information				
Business name		Employ	er ID Number	
Professional product or service				
Business address, city, state, ZIP				
☐ This business started or was acquired during 2015	Yes I	No Payments of \$600 or more were pa not your employee for services prov	id to an individua	al who is ness
☐ This business was disposed of during 2015	Yes I	No You filed Forms 1099 for these indiv		
Income				
2015	2014		2015	2014
Gross receipts or sales		Other income		
Income from Form 1099-MISC				
Returns & allowances				
Expenses				
2015	2014		2015	2014
Advertising		Travel		
Car & truck expenses		Total meals & entertainment		
Commissions & fees		Utilities		
Contract labor		Wages		
Depletion		Other expenses		
Employee benefit programs				
Insurance (other than health)				
Mortgage interest				
Other interest				
Legal & professional services				
Office expenses				
Pension & profit sharing plansRent or lease (vehicles,				
machinery, & equipment)				
Rent (other business property)				
Repairs & maintenance				
Supplies				
Taxes & licenses				
Cost of Goods Sold	2014		2015	2014
Inventory at beginning of year		Materials & supplies		
		Other costs		
Cost of personal use items		Inventory at end of year		
Cost of labor		There was a change in inventor	y method	
** Indicates an associated detail worksheet				

# Schedule E - Income and Loss from Rental Real Estate & Royalties SSN: Name: **General Property Information** Property description Address, city, state, ZIP Select the property type Self-rental Single family residence Vacation / short-term rental Land Multi-family residence Commercial Royalties Other Number of days property was rented Number of days property was used for personal use If the rental is a multi-dwelling unit and you occupied part of the unit, what percentage did you occupy Yes No Payments of \$600 or more were paid to an individual who is This property is your main home not your employee for services provided for this rental. This property was disposed of during 2015 Yes No You filed Forms 1099 for these individuals This property was owned as a qualified joint venture Income 2015 2014 2015 2014 Royalties from oil, gas, Rent Income . . . . . . . . . . . . . . . . mineral, copyright or patent . . . . \_ Rental income from Form 1099-MISC Royalties from Form 1099-MISC **Expenses** Rental unit expenses Rental and homeowner expenses If this Schedule E is for a Advertisina a multi-unit dwelling and you Auto & travel lived in one unit and rented Cleaning & maintenance out the other units, use the "Rental and homeowner Commissions . . . . . . . . . . . . expenses" column to show Depletion . . . . . . . . . . . . . . . . expenses that apply to the entire property. Use the "Rental unit Insurance expenses" column to show Legal & professional fees expenses that pertain ONLY to the rental portion of the property. Interest - mortgage If the Schedule E is not for a multi-unit property in which you Interest - other . . . . lived in one unit, complete just the "Rental unit expenses" column. Other expenses \*\* Indicates an associated detail worksheet

	Schedule F - Profit or	Loss from Farming		
Name:			SSN	:
Principal product		Employe	er ID Number	
This farm was disposed of during 2015 This farm received government subsidy	/ in 2015	Payments of \$600 or more were paid to not your employee for services provide You filed Form(s) 1099 for these individuals.	ed for this farm	/ho is
Income				
	2015 2014		2015	2014
Sales of livestock / other items		Beginning inventory for accrual		
Cost of items bought for resale		Ending inventory for accrual		
Sale of products you raised		You used unit-livestock-price or f	arm-price invent	ory method
Total cooperative distributions		Other income		
Total agricultural payments				
Commodity Credit Corporation (CCC) loans	S:			
CCC loans reported				
CCC loans forfeited				
Crop insurance proceeds:				
Amount received in 2015		- <u></u>		
You elect to defer				
Amount deferred from last year				
Custom hire income				
Expenses				
	2015 2014		2015	2014
Car & truck expenses		Seeds & plants purchased		
Chemicals		Storage & warehousing		
Conservation expenses		Supplies purchased		
Custom hire (machine work)		Taxes		
Employee benefit programs		Utilities		
Feed purchased		Veterinary, breeding, & medicine		
Fertilizers & lime		Other expenses · · · · · · _		
Freight & trucking				
Gasoline, fuel, & oil				
Insurance (other than health)				
Interest - mortgage (paid to banks, etc.)				
Interest - other				
Labor hired (less jobs credit)				
Pension & profit-sharing plans				
Rent - vehicles, machinery, & equip				
Rent - other (land, animals, etc.)				
Popaire & maintanance				
Repairs & maintenance				

			al Income and Expenses		
Name:				SSN:	
Description			Employe	r ID Number	
This farm was disposed of during 2015	_		ed applicable subsidy during 2015		
Income					
Income from production of livestock, grains, and other crops	2015	2014	Other income	2015	2014
Total cooperative distributions					
Total agricultural payments					
Commodity Credit Corporation (CCC) loans:					
CCC loans reported					
CCC loans forfeited					
Crop insurance proceeds:					
Amount received in 2015					
You elect to defer to next year					
Amount deferred from last year					
Expenses					
	2015	2014		2015	2014
Car & truck expenses			Seeds & plants purchased		
Chemicals			Storage & warehousing		
Conservation expenses			Supplies purchased		
Custom hire (machine work)			Taxes		
Employee benefit programs			Utilities		
Feed purchased			Veterinary, breeding, & medicine		
Fertilizers & lime			Other expenses		
Freight & trucking					
Gasoline, fuel, & oil					
Gasoline, fuel, & oil					
Insurance (other than health)					
Insurance (other than health)  Interest - mortgage (paid to banks, etc.)					
Insurance (other than health)  Interest - mortgage (paid to banks, etc.)  Interest - other:					
Insurance (other than health) Interest - mortgage (paid to banks, etc.) Interest - other: Labor hired (less jobs credit)					
Insurance (other than health)					
Insurance (other than health)					

# 2015 **Expenses Related to Business** SSN: Name: **Auto Expense** Name of business vehicle is used for Description of vehicle Date vehicle was placed in service There is evidence to support your deduction Another vehicle is available for personal use This vehicle is available for use during off-duty hours The evidence is written Number of miles the vehicle was driven during 2015 Total Business Commuting Garage rent . . . . . . . . . . . \_\_\_\_\_ Property tax . . . . . . . . . \_\_\_\_\_ Repairs . . . . . . . . . . . . \_ Other expenses Parking fees . . . . . . . . . . . . . . . Lease payments . . . . . . . . . \_ **Business Use of Home** Name of business home is used for What is the total square footage of your home that was used regularly and exclusively for business What is the total square footage of your home For daycare facilities, not used exclusively for business, complete the following questions How many days during the year was the area used How many hours per day was the area used The daycare facility was in operation for the entire year Office expenses Home expenses **Expenses** 2015 2014 Mortgage interest . . . . . . . . . \_ In the "Office expenses" column, enter those expenses that pertain exclusively to your office; Excess mortgage interest . . . . . in the "Home expenses" column, enter those expenses that Insurance pertain to the entire dwelling. Repairs & maintenance . . . . . . . Other expenses . . . . . . . . . . . . **Employee Business Expense Not Reimbursed by Your Employer** Rural mail carrier expenses . . . . . \_ Other business expenses . . . . . Parking fees, tolls, local transportation . Meals & entertainment . . . . . . . Overnight business travel expenses (Do not include meals & entertainment) You used your personal vehicle in your job during 2015. You are a reservist You are a fee-based state or local government official You are a disabled employee with impairment-related work expenses You are a qualified performing artist

You are a member of the clergy\*\* Indicates an associated detail worksheet

# **Asset Listing**

Name: SSN:

Description of Property	Date Acquired	Cost/Basis	Date Disposed of	Sales Price	Expense of Sale

Sched	lule A - Item	ized Deductions
Name:		SSN:
Medical and Dental Expenses		Charitable Contributions
2015	2014	2015 2014
Health insurance premiums (paid by you)		Donations to charity (cash)
Long-term care premiums (you)		Miles driven for charitable purposes
Long-term care premiums (your spouse)		Donations to charity (noncash)
Long-term care premiums (dependents)		If noncash donations are greater than \$500, list below.
Mileage driven for medical purposes		
Medical and dental expenses (list)		<u> </u>
		<del></del>
		Lab Farmana & Contain Mina Dadustiana
		Job Expenses & Certain Misc. Deductions  Necessary job expenses you paid that were not reimbursed by your
·		employer (list)
Taxes Paid		
State and local income taxes		
Sales tax		
Real estate taxes		
Personal property taxes		Tax preparation fees
Other taxes (list)		Other nonpersonal expenses related to taxable income (list)
Interest paid		
Mortange interest paid (v. 15 1999)		Other Misc. Deductions
Mortgage interest paid (attach Form 1098)		Amortizable bond premiums
Mortgage interest paid to an individual Paid to:		Federal estate tax
Name		Gambling losses
Address		Impairment-related work expenses .
City, State, ZIP		Claim repayments
SSN or EIN		Unrecovered pension investments .
Qualified mortgage insurance premiums		Schedule K-1
Investment interest		Ordinary loss debt instrument

\*\* Indicates an associated detail worksheet

# **Other Information**

Name:					SSN:	
Job-related Moving Expenses			Estimated payn	nents		
		Amount		Fede	eral	
Number of miles from old home to old wo	orkplace			11 0011	Date Paid	Amount
Number of miles from old home to new w	orkplace		Overpayment applie			
Expense to move household goods & pe			First Quarter			
Lodging expenses while traveling to your (Do not include cost of meals) · · · ·	new home		Second Quarter .			
This was a military move			Third Quarter			
<b>Education Expenses</b>			Fourth Quarter		·	
Attach all copies of Form 1098-T			Additional Payments			
Student Name				Residen	State	
Type of Expense		Amount			Date Paid	Amount
			Overpayment applie	ed from 2014		
			First Quarter			
			Second Quarter			
Student Name			Third Quarter		·	
Type of Expense		Amount	Fourth Quarter			
			Additional Payments	·	·	
				Resider	nt City	
					Date Paid	Amount
Casualties and Thefts			Overpayment applie	ed from 2014		
Property description			First Quarter			
Property location			Second Quarter .			
Date property was damaged or stolen			Third Quarter			
Cost of property damaged or stolen			Fourth Quarter			
Amount of damage			Additional Payments	3		
Insurance reimbursement						
Mortgage Interest						
Attach all copies of Form 1098						
	2015 Mortgage Interest	2014 Mortgage Interest	2015 Mortgage Insurance	2014 Mortgage Insurance	2015 Real Estate	2014 Real Estate
Lender's name	Received	Received	Premiums	Premiums	Taxes Paid	Taxes Paid
** Indicates an associated detail workshe	<b>e</b> t					

# **Detail Worksheet**

Name:	SSN:

Description	2015	2014
Drake Software - Individual Organizer - Convright 2015		DETAILLD

# 2015 Tax Organizer Personal and Dependent Information

	nal Information											
		Name				SSN	Date	e of Birth	0	ccupation	1	Healthcare coverage ALL year
Taxpaye	er											
Spouse	Doutime Bhane	Evening Phone	Call F	Nama .					Fmail			
	Daytime Phone	Evening Phone	Cell P	none					Email			
Taxpaye	er											
Spouse												
Street ac	ddress, city, state, and Z	ZIP										
Marital St	atus at end of 2015			Тахр	ayer		Spe	ouse				
Marrie	ed			│	s $\square$ No	[	☐ Ye	es 🗆 No	You are	blind?		
Marrie	ed filing separately			Yes	s No	į	Y6	es 🗌 No	You are	disabled?	•	
Single	•			Yes	s No	[	Ye	es 🗌 No	You are	a full-time	student	
Widow	v(er), Date of Spouse's I	Death		Yes	s 🗌 No	[	Ye	es 🗌 No		nt \$3 to go	to the ion Camp Fu	nd?
Depen	dent Information											
	First and last name	e	SSN	Rel	lationship		nths ome	Date of Birt	th Disabled	Full- time Student	Required to file a return	Healthcare coverage ALL year
										Otadoni		,
			-									
			+									
Child a	and Other Depende	ent Care Expense	es e									
	Name of care provider				Address					SSN	Am	ount Paid
										EIN		
Other	Information											
	Information ion to bring to your a	ppointment										
Informat					☐ Ca	anceled fund or h	checl	king or savi	ngs slip (fo	or direct o	deposit or de	bit of
Informat Copy	ion to bring to your a	ax retum	}s, etc.)		⊢ re	fund or l	oalan	ice due)	•		•	
Informat Copy All in	ion to bring to your a of your 2014 income t	ax retum ms W-2, 1098s, 1099	. ,	В, 1095-С	☐ re	fund or l ocument	oalan ation	ice due)	dependen	cy for ea	rned income	
Informat Copy All in All he	ion to bring to your a of your 2014 income to acome statements (Formal ealthcare coverage stack I items that apply to y	ax retum  ms W-2, 1098s, 1099  tements (Forms 109  ou, your spouse, or	5-A, 1095- depender	•	re Do (so	fund or to ocument ochool re	oalan ation cords	ce due) for proof of s, medical re	dependen ecords, da	cy for ear	rned income ords, etc.)	
Informat Copy All in All he Select all	ion to bring to your a of your 2014 income to accome statements (Formal ealthcare coverage sta	ax retum  ms W-2, 1098s, 1099  tements (Forms 109  ou, your spouse, or	5-A, 1095- depender	•	i) rei	fund or bocuments chool re- ou receiv	oalan ation cords	ce due) for proof of s, medical re come from o	dependen ecords, day	cy for ear	rned income	
Informat Copy All in All he Select all You e If ye Anot	ion to bring to your a  y of your 2014 income to income statements (Formealthcare coverage statements to your and the claimed as a deas, explain	nax retum ns W-2, 1098s, 1099 tements (Forms 109 ou, your spouse, or ependent by someone claim any dependent	5-A, 1095- depender e else	nt ve	:) re	fund or becument chool re- ou receive ou sold a	oalan ation cords e inc prine	for proof of s, medical re come from o cipal reside	dependen ecords, day r pay taxe nce during	cy for ear ycare red s to a fore 2015	rned income ords, etc.) eign country	credit
Informat Copy All in All he Select all Your If ye Anot You	ion to bring to your a of your 2014 income to come statements (Fore ealthcare coverage sta litems that apply to y can be claimed as a de es, explain ther person qualifies to have a child under 19	ms W-2, 1098s, 1099 tements (Forms 109 ou, your spouse, or expendent by someone claim any dependent or a full-time student	5-A, 1095- depender e else	nt ve	re	fund or becuments chool reconstruction of the contraction of the contr	oalan ation cords /e inc i prindosed	for proof of for proof of s, medical re- come from o cipal reside or abandor	dependen ecords, day r pay taxe nce during ned a princ	cy for ear ycare rec s to a fore 2015 sipal resic	rned income ords, etc.) eign country	credit
Informat Copy All in All he Select all You If ye Anot You more	ion to bring to your a of your 2014 income to come statements (Fore ealthcare coverage sta litems that apply to y can be claimed as a de es, explain ther person qualifies to have a child under 19 of ethan \$1,900 of unearr	ms W-2, 1098s, 1098 tements (Forms 109 ou, your spouse, or expendent by someone claim any dependent or a full-time student ned income	5-A, 1095- r depender e else : listed abov under 24 v	nt ve with	re	fund or bocuments chool receive ou receive ou sold a ou forecle ou had d	oalan ation cords /e inc princosed ebts o	ice due) for proof of s, medical re come from o cipal reside or abandor canceled or	dependen ecords, day r pay taxe nce during ned a princ forgiven c	cy for ear ycare rec s to a fore 2015 cipal resid luring 201	rned income ords, etc.) eign country dence during	credit
Informat Copy All in All he Select all Your If ye Anot Youl more	ion to bring to your a of your 2014 income to come statements (Fore ealthcare coverage sta litems that apply to y can be claimed as a de es, explain ther person qualifies to have a child under 19	ms W-2, 1098s, 1099 tements (Forms 109 ou, your spouse, or expendent by someone claim any dependent or a full-time student need income exceived hobby income	5-A, 1095- r depender e else : listed abov under 24 v	nt ve with	re	fund or I ocument chool re- ou receiv ou sold a ou forecle ou had d ou engag	oalan ation cords /e inc opring osed ebts o	ice due) for proof of s, medical re- come from o cipal reside or abandor canceled or	dependen ecords, day r pay taxe nce during ned a princ forgiven cg transacti	cy for ear ycare rec s to a fore 2015 cipal resid luring 201 on during	rned income ords, etc.) eign country dence during	credit
Informat Copy All in All he Select all You If ye Anot You You You You You You You	ion to bring to your a y of your 2014 income to noome statements (Forrealthcare coverage sta I items that apply to y can be claimed as a de as, explain ther person qualifies to have a child under 19 at than \$1,900 of unearre are self-employed or re	ms W-2, 1098s, 1099 tements (Forms 109 ou, your spouse, or expendent by someone claim any dependent or a full-time student ned income exceived hobby income farming during 2015	5-A, 1095- r depender e else listed abov under 24 v	nt ve with	re	fund or I becument ou receiv ou sold a ou foreclo ou had d ou engaç ou gave	oalan ation cords /e inc prin/ osed ebts oged ir a gift	for proof of s, medical re- come from o cipal reside or abandor canceled or a bartering of more that	dependen ecords, day r pay taxe nce during ned a princ forgiven of g transacti	cy for ear ycare rec s to a fore 2015 sipal residuring 201 on during to one o	rned income ords, etc.) eign country dence during	credit
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Informat  Copy All in All he Select all You If ye Anot You You You You You You U	ion to bring to your a  y of your 2014 income to come statements (Forrealthcare coverage stated) I items that apply to your and be claimed as a deas, explain ther person qualifies to have a child under 19 to than \$1,900 of unearre are self-employed or refreceived income from the process of	ms W-2, 1098s, 1099 tements (Forms 109 ou, your spouse, or expendent by someone claim any dependent or a full-time student ned income exceived hobby income arming during 2015 tental property during imber, minerals, oil,	5-A, 1095- r depender e else t listed abov under 24 v ne during 20 g 2015 gas, copyri	ve with 015	re	fund or I chool receive ou sold a ou forecle ou had d ou engaç ou gave ou paid s ou paid s ou paid s ou paid t	e incords  ve incords osed ebts of ged in a gift studer uition	ice due) for proof of s, medical re- come from o cipal reside or abandor canceled or n a bartering of more tha nt loan intern expenses i	dependen ecords, day r pay taxe nce during ned a prince forgiven og transaction \$14,000 est during required to	cy for early care reconstant a form 2015 cipal residuring 201 on during 0 to one of 2015 or attend of attend of attend of the control of the	rned income ords, etc.) eign country dence during 15 1 2015 or more peop	credit 2015 le during 2015 nd high
Informat  Copy All in All he Select all Your Anot Your Your Your Your Your Anot Your Anot	ion to bring to your a y of your 2014 income to icome statements (Forrealthcare coverage sta I items that apply to y can be claimed as a deas, explain ther person qualifies to have a child under 19 of the than \$1,900 of unearre are self-employed or re received income from to received income from to g 2015	ms W-2, 1098s, 1099 tements (Forms 109 ou, your spouse, or expendent by someone claim any dependent or a full-time student ned income eccived hobby income arming during 2015 rental property during imber, minerals, oil, est in or signature autl of country during 2015	5-A, 1095- r depender e else illisted abov under 24 v ne during 20 g 2015 gas, copyri pority over	ve with 015 ights, etc. a financial	re	fund or I chool receive ou sold a cou forecle ou had d ou engaç ou gave ou paid s ou paid s ou paid s ou paid t hool du ou incurr	ealanderion de incords  ve incords  osed ebts oged in a gift studen de incords  studen de incords  ed a ged a	ice due) for proof of s, medical re- come from o cipal reside or abandor canceled or n a bartering of more tha nt loan intern expenses i	dependen ecords, day r pay taxe nce during ned a prince forgiven of g transactian \$14,000 est during required to damaged	cy for early care reconstant to a force 2015 cipal residuring 201 on during 0 to one of 2015 of attend corrections of the correction of th	rned income ords, etc.) eign country dence during 15 12015 or more peop	credit 2015 le during 2015 nd high

# 2015 Tax Organizer Income

Wages & Salaries Attach all copies of Form W-2			Form 1099-Mis		0	
		2015 federal	•		C	2015
Employer name		wages	Payer	name		amount
Interest Income	1000 OID and other a	tatamenta that	Retirement	: Form 1000 P		
Attach all copies of Form 1099-INT report interest income	r, 1099-OID and other s		Attach all copies of	FOIII 1099-K		204.5
Payer name		2015 interest	Payer na	ame		2015 distribution
If any interest income listed above provide the payer's ID number and	is from a seller-financed address.	l mortgage,				
Dividend Income						
Provide all copies of Form 1099-D	IV and other statements 2015	that report divide <b>2015</b>	end income		2015	2015
Payer name	ordinary dividends	qualified dividends	Payer r	name	ordinary dividends	qualified dividends
			_			
Sale of Capital Assets (Not		099-B)				
Also provide all brokerage stateme	ents		Date	Date	Cont	Sales
Description of property			purchased	sold	Cost	price
			<del>-</del> ,	-	<del>-</del>	
			_			
			_			
			_			

# 2015 Tax Organizer Other Income & Adjustments

	and Trusts			
Provide all copies of Schedule K-1 and attachme	ents			
Entity Name	EIN	Entity Name		EIN
Other Income				
			2015 Taxpayer	2015 Spouse
Scholarships or grants not reported on W-2	· • • • • • • • • • • • • • • • • • • •			
tate income tax refund (attach Forms 1099-G)		-		
limony received	· · · · · · · · · · · · · · · · · · ·	-		
Inemployment compensation (attach Forms 1099	9-G)	-		
Inemployment compensation repaid in 2015				
Social Security Benefits (attach Forms 1099-SS)				
Railroad Retirement Benefits (attach Forms 1099				
	3-IXIXD)			
,	•			
Gambling winnings (attach Forms W2-G)				
Gambling winnings (attach Forms W2-G)		_ 		
Gambling winnings (attach Forms W2-G)		_ 		
Sambling winnings (attach Forms W2-G)		_ 		
cambling winnings (attach Forms W2-G)		_ 	2015	2015
Gambling winnings (attach Forms W2-G)		- - · · · · · · · · · · · · · · · · · ·		
Gambling winnings (attach Forms W2-G)	r the amount you paid for classr	pom supplies)	2015 Taxpayer	2015 Spouse
Sambling winnings (attach Forms W2-G)	r the amount you paid for classre	pom supplies)	2015 Taxpayer	2015 Spouse
Contributions made to a Self-Employed Pension  Cambling winnings (attach Forms W2-G)	r the amount you paid for classrot (HSA)	pom supplies)	2015 Taxpayer	2015 Spouse
Adjustments  Educator expenses (If you are an educator, enter contributions made to a Health Savings Account Contributions made to a Self-Employed Pension Payments made for Self-Employed Health Insura Islimony paid	r the amount you paid for classret (HSA)	pom supplies)	2015 Taxpayer	2015 Spouse
Contributions made to a Self-Employed Pension Payments made for Self-Employed Health Insura	r the amount you paid for classrot (HSA)	pom supplies)	2015 Taxpayer	2015 Spouse
Contributions made to a Self-Employed Pension Payments made for Self-Employed Health Insura Slimony paid Name:  Name:	r the amount you paid for classre t (HSA)	pom supplies)	2015 Taxpayer	2015 Spouse
Contributions made to a Self-Employed Pension Payments made for Self-Employed Health Insura Slimony paid Name:  Name:	r the amount you paid for classre t (HSA)	pom supplies)	2015 Taxpayer	2015 Spouse
Adjustments  Educator expenses (If you are an educator, enter contributions made to a Self-Employed Pension Payments made for Self-Employed Health Insura Name:  Name:  Contributions made to an Individual Retirement A	r the amount you paid for classret (HSA)	pom supplies)	2015 Taxpayer	2015 Spouse
Adjustments  Educator expenses (If you are an educator, enter Contributions made to a Self-Employed Pension Payments made for Self-Employed Health Insura Name:  Name:  Contributions made to an Individual Retirement A Contributions made to a Roth IRA	r the amount you paid for classret (HSA)	pom supplies)	2015 Taxpayer	2015 Spouse
Gambling winnings (attach Forms W2-G) Alaska Permanent Fund	r the amount you paid for classret (HSA)	pom supplies)	2015 Taxpayer	2015 Spouse

# 2015 Tax Organizer Schedule A - Itemized Deductions

Medical and Dental Expenses	Charitable Contributions
Health insurance premiums (paid by you)	_ Donations to Charity Cash Noncash Amount
Long-term care premiums (you) · · · · · · · · ·	
Long-term care premiums (your spouse) · · · · · · · .	Boy or Girl Scouts
Long-term care premiums (dependents)	Goodwill
Mileage driven for medical purposes	Red Cross
Medical and dental expenses (list)	Salvation Army
Doctor, dental, etc	United Way
Prescription medicines	Veterans
Insulin	Hospital
Glasses and contacts	University
Hearing aids	Other
Braces	Miles driven for charitable purposes
Medical equipment & supplies	Job Expenses & Certain Misc. Deductions
Hospital services	<ul> <li>Necessary job expenses you paid that were not reimbursed by your employer (list)</li> </ul>
Laboratory services	Safety equipment, tools, & supplies
Nursing services	Uniforms
Other	Protective clothing (shoes, hardhats, glasses, etc.)
Taxes Paid	Dues to professional organizations
State and local income taxes	Books & subscriptions
Sales tax	Other
Real estate taxes	Tax preparation fees
	Other nonpersonal expenses related to taxable income (list)
Personal property taxes	Safe deposit box fees
Other taxes (list)	Investment expenses
	Other
Interest paid	Other Misc. Deductions
Mortgage interest paid (attach Form 1098)	Amortizable bond premiums
Mortgage interest paid to an individual	Federal estate tax
Paid to: Name	Gambling losses
Address	Impairment-related work expenses
0', 0, , 710	Claim repayments
SSN or EIN	Unrecovered pension investments
	Loss from other activities from Schedule K-1
Qualified mortgage insurance premiums	Ordinary loss debt instrument
Investment interest	

# 2015 Tax Organizer Expenses Related to Business

Auto Expense			
Name of business vehicle is used for  Description of vehicle		Date	e vehicle was placed in service
Another vehicle is available for personal use  This vehicle is available for use during off-duty hours	=	here is evidence to suppo he evidence is written	·
Number of miles the vehicle was driven during 2015  Business Commuting	Total		
Garage rent		Property tax	
Gas		Repairs	
Insurance		Tires	
Licenses		Tolls	
Oil		Other expenses	
Parking fees		<u> </u>	
Lease payments		<u> </u>	
Interest			
Business Use of Home			
What is the total square footage of your home that was used reg What is the total square footage of your home For daycare facilities, not used exclusively for business, comple How many days during the year was the area used  The daycare facility was in operation for the entire year	ete the follo	wing questions	r day was the area used
•	ce expense	•	In the "Office oversee" column enter these
Mortgage interest			In the "Office expenses" column, enter those expenses that pertain exclusively to your office;
Real estate taxes			in the "Home expenses" column, enter those
Excess mortgage interest			expenses that pertain to the entire dwelling.
Insurance			
Rent			
Repairs & maintenance			
Utilities			
Other expenses		<u> </u>	
Employee Business Expense Not Reimbursed by Y		-	
Rural mail carrier expenses		<del></del>	enses
Parking fees, tolls, local transportation			
Meals & entertainment			
You used your personal vehicle in your job during 2015			
		I state or local governme employee with impairmen	

# 2015 Tax Organizer Other Information

	Estimated payments		
Amount	Feder	al	
	-	Date Paid	Amount
	<del>-</del>		
	First Quarter		
	=		
	Third Quarter		
	Fourth Quarter		
	Additional Payments		
Amount	i tosiasiii	Date Paid	Amount
	Overpayment applied from 2014		
	First Quarter		
	Third Quarter		
Amount			
	residen	Date Paid	Amount
	Overpayment applied from 2014		
	First Quarter		
	_		
	=		
	=		
	_		
	Additional Payments		
	_		
			2015
	2015 Mortgage Interest Received	2015 Mortgage Insurance Premiums	Real Estate Taxes Paid
			-
	Amount	Amount  Overpayment applied from 2014  First Quarter  Second Quarter  Third Quarter  Additional Payments  Resident  Amount  Overpayment applied from 2014  First Quarter  Second Quarter  Third Quarter  Second Quarter  Amount  Fourth Quarter  Additional Payments  Resident  Amount  Fourth Quarter  Additional Payments  Resident  Third Quarter  Additional Payments  Fourth Quarter  Second Quarter  Third Quarter  Second Quarter  Additional Payments  Resident  Additional Payments	Amount Pedia Date Paid  Overpayment applied from 2014  First Quarter

# Health Care Coverage Questionnaire for taxpayer and spouse ( for preparer use)

PRIMARY TAXPAYER													
	All Year	January	February	March	April	May	June		August	September	October	August_September_October_November December	cember
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Employer offered health coverage which was declined													
If YES, what would be the cost for SELF coverage?													
If YES what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													
SPOUSE	All Year	January	February March.	March	April	Мау	June	-yluly-	August	September	October	August_September_October November December	cember
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Employer offered health coverage which was declined													
If YES, what would be the cost for SELF coverage?													
If YES what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

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	He	alth Car	Health Care Coverage Questionnaire for Dependents ( for preparer use)	age Que ( for	Questionnaire for ( for preparer use)	aire for l er use)	<b>Depend</b>	ents					
	All Year	January	Eebruary	March.	April	Мау	June	_ylnt	August	September	October	August_September_October November December	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a retum?	YES	□ 0		AGI of that retum?	ıt retum?								
	All Year	January	February	March	April	Мау	June	-yluly	August	September	October	August_September_October_November December	ecember
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a retum?	YES	ON		AGI of that retum?	ıt retum?								
	All Year	January	January Eebruary.	March	April	May	June	- Auly	August	September	October	August_September_October November December	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a retum?	YES	ON		AGI of that retum?	it retum?								

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