2015 Tax Organizer Personal and Dependent Information

Personal Information												
	Name					SSN	Dat	e of Birth	0	ccupation	1	Healthcare coverage ALL year
Taxpayer												
Spouse												
Spouse	Doutime Phone	Evening Phone	Call	Phone					Email			
_	Daytime Phone	Evening Phone	Cent	none					Email			
Taxpayer												
Spouse												
Street add	dress, city, state, and 2	ZIP										
Marital Stat	tus at end of 2015			Тахр	ayer		<u>Sp</u>	ouse				
Married	I			Ye:	s 🗌 No		_ Y	es No	You are	blind?		
Married	filing separately			☐ Ye			_ Y	es No	You are	disabled?	?	
Single				Ye:	s 🗌 No		_ Y	es No	You are	a full-time	student	
∐ Widow((er), Date of Spouse's I	Death		Ye	s 🗌 No		_ Y	es No		it \$3 to go ntial Elect	to the ion Camp Fu	nd?
Depend	lent Information											
	First and last name	e	SSN	Re	lationship		nths Iome	Date of Birth	Disabled	Full- time	Required to file	Healthcare coverage
										Student	a return	ALL year
Child a	nd Other Depende	ent Care Expense	es									
N	lame of care provider				Address					SSN	Am	ount Paid
										EIN		
Other In	nformation											
Information	on to bring to your a	ppointment										
_	of your 2014 income				☐ Ca	anceled fund or	chec balar	king or savin nce due)	gs slip (fo	or direct o	leposit or de	bit of
All income statements (Forms W-2, 1098s, 1099s, etc.)												
All healthcare coverage statements (Forms 1095-A, 1095-B, 1095-C) (school records, medical records, daycare records, etc.)												
Select all items that apply to you, your spouse, or dependent You can be claimed as a dependent by someone else You can be claimed as a dependent by someone else You can be claimed as a dependent by someone else You can be claimed as a dependent by someone else												
If yes, explain You receive income from or pay taxes to a foreign country												
Another person qualifies to claim any dependent listed above You have a child under 19 or a full-time student under 24 with You have a child under 19 or a full-time student under 24 with You foreclosed or abandoned a principal residence during 2015												
	You have a child under 19 or a full-time student under 24 with wore than \$1,900 of unearned income You have a child under 19 or a full-time student under 24 with You had debts canceled or forgiven during 2015											
=	You are self-employed or received hobby income during 2015 You engaged in a bartering transaction during 2015											
You received income from farming during 2015 You gave a gift of more than \$14,000 to one or more people during 20								le during 2015				
=	You received income from rental property during 2015 You received income from timber, minerals, oil, gas, copyrights, etc. You paid student loan interest during 2015 You paid tuition expenses required to attend classes beyond high								nd high			
during	j 2015			_	□ sc	hool du			equirea (C	allena C	iasses beyo	nu myn
	You have a financial interest in or signature authority over a financial account located in a foreign country during 2015 You incurred a loss due to damaged or stolen property during 2015											
☐ You re	You received a distribution from, were a grantor of, or transferor to a You paid wages to a household employee during 2015 You received a notice from IRS or a state taxing authority											

2015 Tax Organizer Income

Wages & Salaries			Form 1099-Mis			
Attach all copies of Form W-2		2015 federal	Attach all copies of	Form 1099-MIS	С	2015
Employer name		wages	Payer	name		amount
Interest Income Attach all copies of Form 1099-IN	NT, 1099-OID and other st	atements that	Retirement Attach all copies of	Form 1099-R		
report interest income		2015				2015
Payer name		interest	Payer na	ame		distribution
If any interest income listed above provide the payer's ID number ar	e is from a seller-financed address.	mortgage,				
Dividend Income						
Provide all copies of Form 1099-	DIV and other statements	that report divide	nd income			
Payer name	2015 ordinary	2015 qualified	Payor	anno.	2015 ordinary	2015 qualified
Payer name	dividends	dividends	Payer r	iame	dividends	dividends
			_			
Sale of Capital Assets (No		099-B)				
Also provide all brokerage staten Description of propert			Date purchased	Date sold	Cost	Sales price
					_	

2015 Tax Organizer Other Income & Adjustments

Entity Name	EIN	Entity Name		EIN
Other Income				
			2015 Taxpayer	2015 Spouse
cholarships or grants not reported on W-2				
ate income tax refund (attach Forms 1099-G)				
imony 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	3)			
ambling winnings (attach Forms W2-G)				
anibiling withings (attach i of the waz e)				
laska Permanent Fund		_		
aska Permanent Fund		_		
aska Permanent Fund		_		
aska Permanent Fund		_		
aska Permanent Fund		_	2015 Taxpayer	2015 Spouse
aska Permanent Fund			2015	2015
aska Permanent Fund	mount you paid for classi	room supplies)	2015 Taxpayer	2015 Spouse
ther income Adjustments ducator expenses (If you are an educator, enter the a contributions made to a Health Savings Account (HSA)	mount you paid for classi	room supplies)	2015 Taxpayer	2015 Spouse
ther income Adjustments ducator expenses (If you are an educator, enter the a contributions made to a Health Savings Account (HSA contributions made to a Self-Employed Pension plan (Savings Account plan (Savings Accoun	mount you paid for classi	room supplies)	2015 Taxpayer	2015 Spouse
ther income Adjustments ducator expenses (If you are an educator, enter the a contributions made to a Health Savings Account (HSA contributions made to a Self-Employed Pension plan (stayments made for Self-Employed Health Insurance for limony paid	mount you paid for classi SEP) · · · · · · · · · · · · · · · · · · ·	room supplies)	2015 Taxpayer	2015 Spouse
aska Permanent Fund	mount you paid for classi SEP) · · · · · · · · · · · · · · · · · · ·	room supplies)	2015 Taxpayer	2015 Spouse
her income Adjustments Jucator expenses (If you are an educator, enter the apprintiputions made to a Health Savings Account (HSA) Contributions made to a Self-Employed Pension plan (Savings made for Self-Employed Health Insurance for mony paid Name: Name:	mount you paid for classi SEP) · · · · · · · · · · · · · · · · · · ·	room supplies)	2015 Taxpayer	2015 Spouse
aska Permanent Fund	mount you paid for classion. SEP)	room supplies)	2015 Taxpayer	2015 Spouse
aska Permanent Fund	mount you paid for classing services of the se	room supplies)	2015 Taxpayer	2015 Spouse
ther income Adjustments ducator expenses (If you are an educator, enter the a contributions made to a Health Savings Account (HSA contributions made to a Self-Employed Pension plan (stayments made for Self-Employed Health Insurance for limony paid	mount you paid for classi SEP) r you, your spouse, or dep SSN: SSN: I SSN:	room supplies)	2015 Taxpayer	2015 Spouse

2015 Tax Organizer Schedule A - Itemized Deductions

Health insurance premiums (pod) Church Chu	Medical and Dental Expenses	Charitable Contributions
Long-term care premiums (your spouse) Long-term care premiums (your spouse) Long-term care premiums (dependente) Goodwill.	Health insurance premiums (paid by you)	
Long-term care premiums (opendents) Cong-term care premiums (opendents) Cong-term care premiums (opendents) Red Cross	Long-term care premiums (you) · · · · · · · · ·	
Long-term care premiums (dependents) Red Cross.	Long-term care premiums (your spouse) · · · · · · · .	
Medical and dental expenses (list) Doctor, dental, etc Prescription medicines Insulin Classes and contacts Hearing aids Braces Medical equipment & supplies Hospital culpment & supplies Medical equipment & supplies Hospital services Medical equipment & supplies Nocessary job expenses you paid that were not reimbursed by your employer (list) Laboratory services Nursing services Other Dues to professional organizations Safety equipment, tools, & supplies Uniforms Uniforms Uniforms Uniforms Uniforms Other Taxes Paid Dues to professional organizations Safety sequipment ats, glasses, etc.) Taxes Paid State and local income taxes Safety sequipment fees Other Taxes (list) Taxes Paid Other Other Agreement (list) Fersonal property taxes Other Other (list) Forestive clothing (shoes, hardhats, glasses, etc.) Other Other Safe deposit box fees Investment expenses Other onopersonal expenses related to taxable income (list) Interest paid Other Misc. Deductions Mortgage interest paid (attent Form 1088) Mortgage interest paid to an individual Federal estate tax Impairment related work expenses City, State, Zip Claim repayments Claim repayments Claim repayments Claim repayments Claim repayments Claim repayments Ordinary loss debt instrument	Long-term care premiums (dependents)	
Decor, dental, etc	Mileage driven for medical purposes	
Prescription medicines Insulin Insulin Glasses and contacts Hearing aids Braces Miles driven for charitable purposes Job Expenses & Certain Misc. Deductions Necessary job expenses you paid that were not reimbursed by your employer (its) Laboratory services Laboratory services Nusing services Uniforms Protective clothing (shoes, hardhats, glasses, etc.) Taxes Paid State and local income taxes Books & subscriptions Other Taxes Paid State and local income taxes Other Cher taxes (list) Interest paid Other taxes (list) Interest paid Other Mortgage interest paid (ettach Form 1089) Mortgage interest paid (ettach Form 1089) Amortizable bond premiums Address City, State, Zip Unrecovered penson investments Loss from other activities from Schedule K-1 Lore from other activities from Schedule K-1 Loss from other activities from Schedule K-1	Medical and dental expenses (list)	,
Insulin Glasses and contacts Hearing aids Dither Hearing aids Braces Miles driven for charitable purposes Braces Medical equipment & supplies Hospital services Laboratory services Nursing services Nursing services Other Dues to professional organizations Sales tax Taxes Patd State and local income taxes Other Cother Taxes (list) Tinterest paid Mortgage interest paid (antach Form 1095) Mortgage interest paid (antach Form 1095) Nortgage insurance premiums Other Glaim repayments Claim repayments Claim repayments Claim repayments Claim repayments Claim repayments Claim repayments Class from Other conductions Cordinary loss debt instrument Class from Other supplies Class from Other dividual conductions Claim repayments Claim repayments Claim repayments Claim repayments Closs from other activities from Schedule K-1 Cordinary loss debt instrument	Doctor, dental, etc	
Company of the comp	Prescription medicines	Veterans
Hearing aids Braces Miles driven for charitable purposes Medical equipment & supplies Hospital services Laboratory services Nursing services Other Taxes Paid Stale and local income taxes Other Real estate taxes Other Cother taxes (list) Interest paid Mortgage interest paid (stasch Form 1089) Mortgage interest paid to an individual Paid to: Name Address City, State, ZIP SN or Elin Gualfiled mortgage insurance premiums Miles driven for charitable purposes Miles driven for charitable purposes Miles driven for charitable purposes Miles driven for charitable purposes Necassary job expenses & Certain Misc. Deductions Necassary job expenses & Certain Misc. Deductions Uniforms Necassary job expenses & Certain Misc. Deductions Uniforms Necassary job expenses & Certain Misc. Deductions Taxer perparation fees Other Taxer Paid Other for Desponsion for professional organizations Other Interest paid Other Misc. Deductions Mortgage interest paid (stasch Form 1089) Amortizable bond premiums Federal estate tax Gambling losses Limpairment-related work expenses City, State, ZIP Unrecovered pension investments Loss from other activities from Schedule K-1 Ordinary loss debt instrument	Insulin	
Hearing aids Braces Medical equipment & supplies Medical equipment & supplies Hospital services Laboratory services Luboratory services Other Taxes Paid State and local income taxes Sales tax Tax preparation fees Other taxes (list) Interest paid Mortgage interest paid (attach Form 1096) Mortgage interest paid to: Name Address City, State, ZIP Sin of Ein Cualified mortgage insurance premiums Miles driven for charitable purposes Job Expenses & Certain Misc. Deductions Necessary job expenses you paid that were not reimbursed by your employer (list) Safety equipment, tools, & supplies Uniforms Uniforms Dues to professional organizations Protective clothing (shoes, hardhats, glasses, etc.) Dues to professional organizations Other Tax preparation fees Other Tax preparation fees Other nonpersonal expenses related to taxable income (list) Safe deposit box fees Investment expenses Other Interest paid Other Misc. Deductions Mortgage interest paid (attach Form 1096) Amortizable bond premitums Federal estate tax Gambling losses Impairment-related work expenses City, State, ZIP Unrecovered pension investments Loss from other activities from Schedule K-1 Cordinary loss debt instrument	Glasses and contacts	University
Medical equipment & supplies Hospital services Laboratory services Cother Taxes Paid Sales tax Real estate taxes Personal property taxes Other taxes (list) Interest paid Mortgage interest paid (attach Form 1988) Mortgage interest paid to an individual Paid to: Name Address City, State, ZIP Cualified mortgage insurance premiums Jafety equipment, tools, & supplies Luiforms Necessary job expenses you paid that were not reimbursed by your employer (list) Safety equipment, tools, & supplies Luiforms Necessary job expenses you paid that were not reimbursed by your employer (list) Safety equipment, tools, & supplies Luiforms Necessary job expenses you paid that were not reimbursed by your employer (list) Safety equipment, tools, & supplies Luiforms Nouse employer (list) Dues to professional organizations Dues to professional organizations Books & subscriptions Other Tax preparation fees Other Other nonpersonal expenses related to taxable income (list) Safe deposit box fees Investment expenses Other Other Interest paid Other Misc. Deductions Amortizable bond premiums Federal estate tax Gambling losses. Impairment-related work expenses Claim repayments Unrecovered pension investments Loss from other activities from Schedule K-1 Ordinary loss debt instrument	Hearing aids	Other
Necessary job expenses you paid that were not reimbursed by your employer (list) Laboratory services . Safety equipment, tools, & supplies . Uniforms Other . Protective clothing (shoes, hardhats, glasses, etc.) Dues to professional organizations . Dues to professional organizations . Other Taxes Paid . Dues to professional organizations . Other . Dues to professional organizations . Other . Dues to professional organizations . Dues debt instrument . Dues to professional organizations . Dues debt instrument . Dues from other activities from Schedule K-1 . Dues from other activities from Schedule K-1 . Dues debt instrument . Du	Braces	Miles driven for charitable purposes
Laboratory services Nursing services Other Taxes Paid State and local income taxes Gales tax Cher It axes (list) Interest paid Interest paid Mortgage interest paid (attach Form 1988) Mortgage interest paid (attach Form 1988) Address City, State, ZIP SSN or EIN Uniforms Uniforms Protective clothing (shoes, hardhats, glasses, etc.) Uniforms Dues to professional organizations Protective clothing (shoes, hardhats, glasses, etc.) Dues to professional organizations Books & subscriptions Other Dues to professional organizations Dues to professional organizations Books & subscriptions Other Other Tax preparation fees Other nonpersonal expenses related to taxable income (list) Safe deposit box fees Univestment expenses Other Other Other Other Claim repayments Unrecovered pension investments Loss from other activities from Schedule K-1 Loss from other activities from Schedule K-1 Loss from other activities from Schedule K-1 Ordinary loss debt instrument		Necessary job expenses you paid that were not reimbursed by your
Nursing services Other Other Dues to professional organizations Dues to professional organizations Dues to professional organizations Books & subscriptions Other Taxes Paid State and local income taxes Other Tax preparation fees Other nonpersonal expenses related to taxable income (list) Safe deposit box fees Investment expenses Other Interest paid Other Misc. Deductions Mortgage interest paid (attach Form 1098) Mortgage interest paid to an individual Peaid to: Name Address City, State, ZIP SSN or EIN Cualified mortgage insurance premiums Ordinary loss debt instrument Ordinary loss debt instrument Ordinary loss debt instrument Ordinary loss debt instrument		
Other Protective clothing (shoes, hardhats, glasses, etc.) Dues to professional organizations Books & subscriptions Other Tax preparation fees Personal property taxes Other nonpersonal expenses related to taxable income (list) Safe deposit box fees Investment expenses Other Interest paid Other Misc. Deductions Mortgage interest paid (attach Form 1098) Amortizable bond premiums Mortgage interest paid to an individual Paid to: Name Address City, State, ZIP SSN or EIN Qualified mortgage insurance premiums Ordinary loss debt instrument Ordinary loss debt instrument Ordinary loss debt instrument Ordinary loss debt instrument Durecovered pension investments Ordinary loss debt instrument		
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 Other Interest paid Amortizable bond premiums Mortgage interest paid (attach Form 1098) Amortizable bond premiums Mortgage interest paid to an individual Federal estate tax Paid to: Gambling losses Name Impairment-related work expenses Address Claim repayments City, State, ZIP Unrecovered pension investments SSN or EIN Loss from other activities from Schedule K-1 Qualified mortgage insurance premiums Ordinary loss debt instrument		Protective clothing (shoes, hardhats, glasses, etc.)
Sales tax Real estate taxes Personal property taxes Other nonpersonal expenses related to taxable income (list) Safe deposit box fees Investment expenses Other Other Interest paid Other Misc. Deductions Mortgage interest paid (attach Form 1098) Mortgage interest paid (attach Form 1098) Amortizable bond premiums Mortgage interest paid to an individual Federal estate tax Address City, State, ZIP SSN or EIN Qualified mortgage insurance premiums Ordinary loss debt instrument Ordinary loss debt instrument		
Sales tax Real estate taxes Personal property taxes Other nonpersonal expenses related to taxable income (list) Safe deposit box fees Investment expenses Other Other Other Other Investment expenses Other Oth		Books & subscriptions
Real estate taxes Personal property taxes Other nonpersonal expenses related to taxable income (list) Safe deposit box fees Investment expenses Other Other Other Interest paid Other Misc. Deductions Mortgage interest paid (attach Form 1098) Mortgage interest paid to an individual Federal estate tax Paid to: Name Address City, State, ZIP SSN or EIN Cualified mortgage insurance premiums Tax preparation fees Other nonpersonal expenses related to taxable income (list) Safe deposit box fees Investment expenses Other Gambling losses Unrecovered pension investments Loss from other activities from Schedule K-1 Ordinary loss debt instrument		 Other
Other nonpersonal expenses related to taxable income (list) Safe deposit box fees		Tax preparation fees
Other taxes (list) Investment expenses Other Other Other Mortgage interest paid (attach Form 1098) Mortgage interest paid to an individual Federal estate tax Paid to: Name Address City, State, ZIP SSN or EIN Qualified mortgage insurance premiums Safe deposit box fees Investment expenses Other Amortizable bond premiums Federal estate tax Gambling losses Impairment-related work expenses Unrecovered pension investments Loss from other activities from Schedule K-1 Ordinary loss debt instrument		Other nonpersonal expenses related to taxable income (list)
Interest paid Other Other Other Misc. Deductions Mortgage interest paid (attach Form 1098) Mortgage interest paid to an individual. Paid to: Name Address City, State, ZIP SSN or EIN Qualified mortgage insurance premiums Other Misc. Deductions Amortizable bond premiums Federal estate tax Gambling losses Umpairment-related work expenses Claim repayments Unrecovered pension investments Loss from other activities from Schedule K-1 Ordinary loss debt instrument		
Interest paid Other Misc. Deductions Mortgage interest paid (attach Form 1098) Mortgage interest paid to an individual . Federal estate tax	Other taxes (list)	Investment expenses
Mortgage interest paid (attach Form 1098) Mortgage interest paid to an individual Paid to: Name Address City, State, ZIP SSN or EIN Qualified mortgage insurance premiums Amortizable bond premiums Federal estate tax Gambling losses Umpairment-related work expenses Claim repayments Unrecovered pension investments Loss from other activities from Schedule K-1 Ordinary loss debt instrument		Other
Mortgage interest paid to an individual . Federal estate tax	Interest paid	Other Misc. Deductions
Paid to: Name Address City, State, ZIP SSN or EIN Qualified mortgage insurance premiums Gambling losses. Impairment-related work expenses Unrecovered pension investments Loss from other activities from Schedule K-1 Ordinary loss debt instrument	Mortgage interest paid (attach Form 1098)	Amortizable bond premiums
Name Address City, State, ZIP SSN or EIN Qualified mortgage insurance premiums Gambling losses. Impairment-related work expenses. Claim repayments Unrecovered pension investments. Loss from other activities from Schedule K-1. Ordinary loss debt instrument.		Federal estate tax
Address City, State, ZIP SSN or EIN Qualified mortgage insurance premiums Impairment-related work expenses Claim repayments Unrecovered pension investments Loss from other activities from Schedule K-1 Ordinary loss debt instrument		Gambling losses
City, State, ZIP SSN or EIN Unrecovered pension investments Loss from other activities from Schedule K-1 Qualified mortgage insurance premiums		Impairment-related work expenses
SSN or EIN Loss from other activities from Schedule K-1 Qualified mortgage insurance premiums		Claim repayments
Cualified mortgage insurance premiums		Unrecovered pension investments
Ordinary loss dept instrument		
Investment interest	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 vehicle was placed in service Another vehicle is available for personal use There is evidence to support your deduction							
This vehicle is available for use during off-duty hours							
Number of miles the vehicle was driven during 2015							
Business Commuting To	otal						
Garage rent	Property tax						
Gas	Repairs	· · · · · · <u> </u>					
Insurance	Tires						
Licenses	Tolls						
Oil	Other expenses						
Parking fees							
Lease payments							
Interest							
Business Use of Home							
Name of business home is used for							
•	expenses Home expenses						
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							
Employee Business Expense Not Reimbursed by Your Employer							
Rural mail carrier expenses	Other business ex	penses					
Parking fees, tolls, local transportation							
Meals & entertainment							
You used your personal vehicle in your job during 2015							
	ee-based state or local governm isabled employee with impairme						

2015 Tax Organizer Other Information

Job-related Moving Expenses		Estimated payments		
	Amount	Federa		
Number of miles from old home to old workplace		- Overpayment applied from 2014	Date Paid	Amount
Number of miles from old home to new workplace		- -		
Expense to move household goods & personal effects ·		First Quarter		
Lodging expenses while traveling to your new home (Do not include cost of meals) · · · · · · · · · · · · · · · · · · ·		Second Quarter		
☐ This was a military move		Third Quarter		
Education Expenses		Fourth Quarter		
Attach all copies of Form 1098-T Student Name		Additional Payments		
		Resident S		
Type of Expense	Amount	Overpayment applied from 2014	Date Paid	Amount
		First Quarter		
		Second Quarter		
Student Name		Third Quarter		
Type of Expense	Amount	Fourth Quarter		
		- Additional Payments		
		Resident		
		_	Date Paid	Amount
Casualties and Thefts		Overpayment applied 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		
Insurance reimbursement		-		
Mortgage Interest		-		
Attach all copies of Form 1098				
Lender's name		2015 Mortgage Interest Received	2015 Mortgage Insurance Premiums	2015 Real Estate Taxes Paid