



Dear Valued Client,

Thank you for allowing Myslajek Kemp & Spencer, Ltd. the opportunity to prepare your 2015 income tax returns. Your 2015 Tax Organizer is now available! Please follow the outline below to complete your organizer.

Methods to complete your Tax Organizer

1. Print out the organizer and enter your data by hand. OR,
2. If you choose to complete the organizer electronically, please save the pdf to your desktop, enter your data, and save it again.

Methods to submit your completed Tax Organizer

1. Attach pdf to an email and send it to taxinfo@myslajek.com with all your source documents. OR,
2. Drop off the tax organizer and your source documents at our office. OR,
3. Mail the organizer and source documents to our office.

Please send all your source documents (W-2's, 1099's, etc.) as well as the organizer at least one week prior to your appointment. Failure to comply with this procedure may result in a postponement of your appointment.

We wish you the very best and a prosperous 2016!

Warm regards,

Myslajek Kemp & Spencer, Ltd.

CHECKLIST - Tax Year 2015

TAXPAYER NAME(S): _____ & _____

Please gather the following tax information and **mail all items at least one week prior to your appointment.**

Please send all your documents at one time.

- A signed copy of the [2015 Client Engagement Letter](#). **(REQUIRED)** We will not begin working on your return until we receive this signed letter.
- A completed copy of the [Health Insurance Questionnaire](#). **(REQUIRED)** We cannot complete your return until we receive the completed questionnaire.
- W-2 Forms for wages, salaries, and tips.
- 1099 Forms for interest, dividends, stock sales, miscellaneous income, rents, etc.
- If you sold stocks, bonds, or transferred mutual funds, we need **Brokerage Statements** showing the investment transactions. We also need the **cost basis** for all investments sold in 2015. Cost basis includes the date purchased and price paid for each investment. You may need to review statements prior to 2015 or contact your broker to obtain this information. We are unable to complete your return until we receive this information.

Use the following format:

<i>Quantity</i>	<i>Description</i>	<i>Date Purchased</i>	<i>Date Sold</i>	<i>Total Proceeds</i>	<i>Total Cost</i>
<i>100 shares</i>	<i>Microsoft</i>	<i>10/20/2014</i>	<i>6/02/2015</i>	<i>\$4,661</i>	<i>\$4,293</i>

- K-1 Forms showing income from partnerships, S-corporations, estates, and trusts.
- Form-1098 for mortgage interest.
- HUD Closing Statement if you PURCHASED, SOLD or REFINANCED real estate in 2015.
- Property tax statements for 2015 and 2016 if you own your home. 2016 statements may not be available until the middle or end of March.
- CRP forms (Certificates of Rent Paid) if you rent your home.
- A copy of your 2014 tax return, if **not** prepared by our office.
- A list of all estimated tax payments made in 2015. Be sure to include the Q4 payment which is paid in January of 2016. See data sheet.
- A categorized list of income and expenses for rental and business (sole proprietor/single member LLC) income. If you use QuickBooks, please send us a QuickBooks backup file. (QBB file)
- A categorized list of unreimbursed employee business expenses.
- Any tax notices recently sent to you in by the IRS, MN Revenue or other taxing authority.
- This completed [Checklist](#), [Questionnaire](#), and [Data Sheet](#).

CLIENT ENGAGEMENT LETTER – Tax Year 2015

I have engaged Myslajek Kemp & Spencer, Ltd. to prepare federal and state income tax returns for the year ended December 31, 2015:

Individual	Name(s):	_____
Corporate	Business Name:	_____
Partnership/LLC	Business Name:	_____
Other	Business Name:	_____

I understand that it is my responsibility to provide Myslajek Kemp & Spencer, Ltd. with all of the required information in order to complete my tax return. In that regard, I state that, to the best of my knowledge and belief:

- I have provided true, correct and complete information regarding all of my income, including the Forms W-2, 1099 and written summaries, to Myslajek Kemp & Spencer, Ltd.** I understand that it is my responsibility to provide all necessary information to complete the returns. I will retain for a minimum of seven years all documents, receipts, cancelled checks and other records required to substantiate the items of income and expense claimed on my return.
- I have provided true, correct and complete information regarding amounts claimed as tax deductions, and have maintained written documentation supporting all deductions, including calendars, logbooks and receipts.** I understand that if a question arises regarding the interpretation of tax law, and a conflict exists between the tax authorities' interpretation of the law and other supportable positions, that Myslajek Kemp & Spencer, Ltd. will use professional judgment in resolving the issues. I understand that Myslajek Kemp & Spencer, Ltd. will follow whatever position I request, so long as it is consistent with the codes and regulations and interpretations that have been promulgated. If the IRS or state tax authorities should later contest the position taken, there may be an assessment of additional tax plus interest and/or penalties. I further understand that Myslajek Kemp & Spencer, Ltd. will assume no liability for such additional taxes, penalties or interest.
- I understand that taxing authorities may examine the returns, and that documentation should be retained to support the information I provide to Myslajek Kemp & Spencer, Ltd., especially business travel and entertainment deductions, business use percentage of autos and other assets, barter activities, and charitable contributions. I understand that penalties may be imposed on returns that are late, underpaid, or incorrect. If you have any questions on these penalties, please ask. I further understand that if I have any questions as to the type of records and documents required, I can ask Myslajek Kemp & Spencer, Ltd. for advice in that regard.
- I understand that Myslajek Kemp & Spencer, Ltd. will not verify any information I provide, that Myslajek Kemp & Spencer, Ltd. may require clarification or additional information, and that Myslajek Kemp & Spencer, Ltd. will not be responsible for disallowed deductions or the inclusion of additional unreported income or any resulting taxes, penalties, or interest.**
- I understand I will be charged an additional fee if Myslajek Kemp & Spencer, Ltd. is asked to assist or represent me in a tax examination or inquiry. I understand that, in the event of preparer error, I am responsible for additional tax and any interest that may be due, and the extent of Myslajek Kemp & Spencer, Ltd.'s responsibility is to pay any penalty the IRS or state tax authority may assess.
- I will contact Myslajek Kemp & Spencer, Ltd. immediately if I discover additional information that will lead to a change in my return, or if I receive any letters from the IRS or state tax authorities.
- I understand that upon request, Myslajek Kemp & Spencer, Ltd. will put all tax advice in writing. Any unwritten advice may be tentative, incomplete, or not fully reviewed.
- I understand that my bill from Myslajek Kemp & Spencer, Ltd. is due and payable immediately upon completion of these returns, and that additional services will not be performed until the bill for these services is paid in full. If Myslajek Kemp & Spencer, Ltd. prepares a return for an entity (such as a corporation, LLC, or partnership), I am also responsible to pay for those services. I understand that all outstanding balances must be paid before my 2015 returns are prepared. In the event that any bills are not paid, I will pay collection costs including reasonable attorney fees.**
- If there are other services or tax returns that I expect Myslajek Kemp & Spencer, Ltd. to prepare, such as estate, gift, sales, fiduciary, property, payroll, or other states or cities, I will note them at the top of this letter.
- I understand that Myslajek Kemp & Spencer, Ltd. must receive all of my tax information as soon as possible, but not later than April 1, 2016 to ensure that Myslajek Kemp & Spencer, Ltd. will have adequate time to review my data by April 15, 2016. If Myslajek Kemp & Spencer, Ltd. has not received all of my information by April 1, 2016, my return may not be completed by April 15, 2016 and my return may be extended and I may be subject to late filing or late payment penalties.**
- I understand that it is the policy of Myslajek Kemp & Spencer, Ltd. to electronically file all individual tax returns. I will return Form 8879 as well as any additional required forms deemed necessary for electronic processing of the return in a timely manner, as **my return cannot be sent to the proper agencies until Myslajek Kemp & Spencer, Ltd. receives the above-mentioned forms.**
- I understand that it is my responsibility to carefully examine and approve my completed tax returns.
- With my consent, Myslajek Kemp & Spencer, Ltd. may provide me with a copy of my tax returns by posting the returns to an internet based account. Myslajek Kemp & Spencer, Ltd. reserves the right to remove the documents from that site after two years. It is my responsibility to print or download copies of returns from the internet account if I want copies of these returns.

The terms described in this letter are acceptable and are hereby agreed to and shall remain in effect until terminated by either party in writing. Accepted by:

Taxpayer:	_____	Date:	_____
Spouse:	_____	Date:	_____
Myslajek Kemp & Spencer, Ltd.:	_____	Date:	_____

2015 HEALTH INSURANCE QUESTIONNAIRE (REQUIRED)

Starting in 2014, most people were required to have health insurance. This questionnaire is required to be completed in order for us to prepare your 2015 tax return.

Please answer the following questions:

1. Did you receive a Form 1095-A, 1095-B, or 1095-C for 2015?

YES (If yes, enclose copies)
 NO

2. Did you have health insurance for every month of 2015?

YES
 NO (Please check months without insurance) Jan Feb Mar Apr May Jun
 Jul Aug Sep Oct Nov Dec

3. Did your spouse have health insurance for every month of 2015?

YES
 NO (Please check months without insurance) Jan Feb Mar Apr May Jun
 NO SPOUSE Jul Aug Sep Oct Nov Dec

4. Did everyone else on your tax return have health insurance for every month of 2015?

YES
 NO (Please check months without insurance) Jan Feb Mar Apr May Jun
 NO DEPENDENTS Jul Aug Sep Oct Nov Dec

5. If you had health insurance, did you, your spouse or your dependents receive premium assistance through a Health Care Exchange?

YES (If yes, you must provide form 1095-A, 1095-B, or 1095-C before we can file your tax return.)
 NO

4. If you answered "NO" to question 2, 3, or 4, can you tell us why that person does not have health insurance? (Check all that apply)

- My employer doesn't offer insurance
 My employer offers insurance, but it's too expensive
 I tried to get health insurance but was denied due to my health
 Insurance is too expensive
 I receive services at a low-cost or free clinic
 I might be eligible for Medicaid but haven't applied
 I don't want/need insurance
 Other: _____

QUESTIONNAIRE – Tax Year 2015

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change? How? _____ Update Data Sheet
<input type="checkbox"/>	<input type="checkbox"/>	Is there a change in the number of dependents you can claim? Update Data Sheet
<input type="checkbox"/>	<input type="checkbox"/>	Do you have children that earned investment income? Include their 1099's
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a Traditional or Roth IRA for 2015? Update Data Sheet
<input type="checkbox"/>	<input type="checkbox"/>	If you haven't already contributed to a Traditional or Roth IRA for 2015, do you plan to? Update Data Sheet
<input type="checkbox"/>	<input type="checkbox"/>	Did you make gifts of more than \$14,000 to any individual? Description: _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur moving costs due to a job change? Include list of moving expenses
<input type="checkbox"/>	<input type="checkbox"/>	If so, was the move over 50 miles? Date: ___ / ___ / 2015
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a casualty or theft loss? Description: _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an allowance or expense account at work?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any non-reimbursed business expenses? Update Data Sheet
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job, other than for commuting? Update Data Sheet
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any job-seeking expenses? Update Data Sheet
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your dependents incur any higher-education expenses? Include 1098-T & Update Data Sheet
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any student loan interest? Include 1098-E's and Update Data Sheet
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell, exchange, purchase, abandon, or foreclose on any real estate? Include 1099's & closing statements
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a home in 2008 and claim the First-Time Homebuyer Credit? Include copy of return unless we prepared it
<input type="checkbox"/>	<input type="checkbox"/>	Did you refinance or take out a home equity loan during 2015? Include all 1098's and closing statements
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell or dispose of any stock? Include all 1099's, brokerage statements, and cost basis info
<input type="checkbox"/>	<input type="checkbox"/>	Did you own any stock that became worthless in 2015? Include brokerage statements
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell an existing business or rental property? Include closing statements
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a new business or purchase rental property? Update Data Sheet or include closing statements
<input type="checkbox"/>	<input type="checkbox"/>	Did you have ownership interest in a partnership or S-Corporation? Include K-1's
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay foreign taxes? Include documentation
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any affiliation with a foreign bank or brokerage account in 2015? Include documentation
<input type="checkbox"/>	<input type="checkbox"/>	Did you own any foreign assets?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any payments from property sold prior to 2015?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive correspondence from the IRS or state tax authorities? Include copies
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a payment &/or make a withdrawal from a retirement account? Include 1099-R
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a withdrawal from an education savings/529 Plan? Include 1099-Q
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a withdrawal or contribution to an HSA or MSA? Update Data Sheet & include 1099-SA
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income? Include income documentation
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any gambling winnings? Include W2-G's Losses: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did any of your life insurance policies mature, or did you surrender a policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any Series EE or I Series U.S. Savings bonds issued after 1989? Include all documentation
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debt canceled or forgiven this year? Include all 1099-A Forms or 1099-C Forms
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any purchases in 2015 for which sales or use tax was not paid? Amount: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to contribute to the MN Wildlife Fund? Amount: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any energy saving home improvements to your home?

DATA SHEET – Tax Year 2015

Personal Information

***If you are a new client or if information has changed, please complete all the pertinent personal information.**

All information is the same as it appears on my 2014 return.

New/Updated Contact Information:

New/Updated Taxpayer Information

Full Name: _____

SSN: _____ - _____ - _____

Date of Birth: ____ - ____ - _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Taxpayer Cell Phone: _____ - _____ - _____

Spouse Cell Phone: _____ - _____ - _____

Taxpayer Email: _____

Spouse Email: _____

New/Updated Dependent Information

Full Name: _____

SSN: _____ - _____ - _____

Date of Birth: ____ - ____ - _____

Relationship: _____

New/Updated Spouse Information

Full Name: _____

SSN: _____ - _____ - _____

Date of Birth: ____ - ____ - _____

*If new spouse, provide a copy of their 2014 tax return.

New Address

Street Address: _____

City: _____

State: ____

Zip Code: _____ - _____

New/Updated Dependent Information

Full Name: _____

SSN: _____ - _____ - _____

Date of Birth: ____ - ____ - _____

Relationship: _____

Refund Direct Deposit Information

I request that my refund be direct deposited.

Bank Name: _____

Type of Account: Checking Savings

Routing #: _____

Account #: _____

DATA SHEET (cont.) – Tax Year 2015

Estimated Tax Payments

Federal 1 st Quarter: ___/___/2015 \$ _____ 2 nd Quarter: ___/___/2015 \$ _____ 3 rd Quarter: ___/___/2015 \$ _____ 4 th Quarter: ___/___/___ \$ _____	State 1 st Quarter: ___/___/2015 \$ _____ 2 nd Quarter: ___/___/2015 \$ _____ 3 rd Quarter: ___/___/2015 \$ _____ 4 th Quarter: ___/___/___ \$ _____
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Medical Expenses

Health Insurance: \$ _____	Medical Supplies: \$ _____
Dental Insurance: \$ _____	Dentist: \$ _____
Cobra Premiums: \$ _____	Glasses/Contacts: \$ _____
Doctor: \$ _____	Hearing Aids: \$ _____
Clinics, Hospitals, etc. \$ _____	Prescriptions: \$ _____
	Medical Miles Driven: _____

* Only list health or dental insurance if it is **NOT** withheld pre- tax from your paycheck.

* Only list expenses that are **NOT** reimbursed by an FSA, HSA or MSA or health insurance.

Long-Term Care Insurance

	Taxpayer	Spouse
Amount:	\$ _____	\$ _____
Policy Number: (REQUIRED)	_____	_____
Insurance Company:	_____	_____

2015 HSA or MSA Contributions & Withdrawals

	Taxpayer	Spouse
Annual Deductible:	\$ _____	\$ _____
Contributions:	\$ _____	\$ _____
Withdrawals:	\$ _____	\$ _____
Account Type:	HSA / MSA / FSA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HSA / MSA / FSA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Coverage Type	<input type="checkbox"/> Single <input type="checkbox"/> Family	<input type="checkbox"/> Single <input type="checkbox"/> Family
All withdrawals were used for medical expenses:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Real Estate Taxes

Primary Residence: \$ _____	Cabin: \$ _____
Secondary Residence: \$ _____	Other: _____ \$ _____

DATA SHEET (cont.) – Tax Year 2015

Miscellaneous Deductions (not entered elsewhere)

License Tabs: \$ _____ Tax Preparation Fee: \$ _____
 # of vehicles included in above figure: _____ Union Dues: \$ _____
 Safety Deposit Box: \$ _____

Mortgage Interest

	Name of lender:	Amount paid:
Primary Res. - 1st Mortgage:	_____	\$ _____
Primary Res. - 2 nd Mortgage:	_____	\$ _____
Secondary Residence:	_____	\$ _____
Cabin:	_____	\$ _____
Home Equity Loan/Line:	_____	\$ _____
Mortgage Insurance Premiums* \$ _____	* Only list insurance for loans taken out in 2007 or later*	

Investment Expenses (not entered elsewhere)

Management Fees: \$ _____ Internet Expenses: \$ _____
 Margin Interest Paid: \$ _____ Subscriptions: \$ _____

Alimony

Paid to: _____ SSN: _____ - _____ - _____
 Received from: _____ SSN: _____ - _____ - _____
 Amount: \$ _____

Job-Seeking Expenses (not entered elsewhere)

	Taxpayer	Spouse		Taxpayer	Spouse
Subscriptions:	\$ _____	\$ _____	Phone:	\$ _____	\$ _____
Internet:	\$ _____	\$ _____	Meals & Ent.:	\$ _____	\$ _____
Office Supplies:	\$ _____	\$ _____	Travel:	\$ _____	\$ _____
Miles Driven:	_____	_____	<u>If you have more, please attach list...</u>		

DATA SHEET (cont.) – Tax Year 2015

Charitable Contributions

Per IRS: All donations must be substantiated by receipt/letter from recipient with the exception of donations less than \$250, which can be documented with a cancelled check instead. Receipt/letter must be received by date of tax-return filing. Non-cash contributions should be valued using garage-sale prices, and donations totaling over \$5,000 require an appraisal.

Total donations by cash or check: \$ _____ (cash or check)

Total value of property donated: \$ _____ (clothing, household goods, toys, furniture, etc.)

*Description of what was donated: _____

*Name of Organization: _____

*Organization Address: _____

*Date of Donation(s): ____/____/2015, ____/____/2015, ____/____/2015, ____/____/2015

**(Applies to property donations only) (Attach a list for additional property donations)*

**Volunteer Expenses: \$ _____ Miles Driven: _____

**Only include actual out of pocket expenses (your time does not count)

Higher Education (College/Post-Secondary) Expenses

Student #1: Name: _____

Student #2: Name: _____

Freshman Sophomore Junior Senior Grad

Freshman Sophomore Junior Senior Grad

Tuition Paid: \$ _____

Tuition Paid: \$ _____

Books: \$ _____

Books: \$ _____

Supplies, etc.: \$ _____

Supplies, etc.: \$ _____

Student Loan Interest

Taxpayer: \$ _____ Spouse: \$ _____ Dependent(s): \$ _____

Tax Year 2015 IRA Contributions

Taxpayer: \$ _____

Traditional Roth

Already made contribution **OR**

Planning to make by 4/15/2016

Spouse: \$ _____

Traditional Roth

Already made contribution **OR**

Planning to make by 4/15/2016

DATA SHEET (cont.) – Tax Year 2015

Daycare Expenses

Child #1 Name: _____ Provider Tax ID# (REQUIRED) _____
Provider Name: _____ Provider Address: (REQUIRED) _____
Amount Paid: \$ _____

Child #2 Name: _____ Provider Tax ID# (REQUIRED) _____
Provider Name: _____ Provider Address: (REQUIRED) _____
Amount Paid: \$ _____

*Attach additional information if needed.

Minnesota K-12 Expenses

Student #1 Name: _____	Student #2 Name: _____
Grade: _____	Grade: _____
Tuition: \$ _____	Tuition: \$ _____
Books/Supplies: \$ _____	Books/Supplies: \$ _____
Musical Instruments: \$ _____	Musical Instruments: \$ _____
Gym Clothes: \$ _____	Gym Clothes: \$ _____
Transportation Fees: \$ _____	Transportation Fees: \$ _____

Tutoring Drivers Ed Lessons

Tutoring Drivers Ed Lessons

Class Type: _____	Class Type: _____
Name of Instructor: _____	Name of Instructor: _____
Amount: \$ _____	Amount: \$ _____

Amount paid to purchase a home computer or educational software in 2015: \$ _____

DATA SHEET (cont.) – Tax Year 2015

Business Vehicle Expenses

	Vehicle #1:	Vehicle #2:	Vehicle #3:
Type:	<input type="checkbox"/> Sch. C/self-employed <input type="checkbox"/> W-2 employee	<input type="checkbox"/> Sch. C/self-employed <input type="checkbox"/> W-2 employee	<input type="checkbox"/> Sch. C/self-employed <input type="checkbox"/> W-2 employee
Description:	_____	_____	_____
Driven by:	_____	_____	_____
Date placed in service:	_____	_____	_____
-Total Miles Driven:	_____	_____	_____
-Business Miles Driven:	_____	_____	_____
Insurance:	\$ _____	\$ _____	\$ _____
Oil Changes:	\$ _____	\$ _____	\$ _____
Repairs:	\$ _____	\$ _____	\$ _____
Car Washes:	\$ _____	\$ _____	\$ _____
Fuel:	\$ _____	\$ _____	\$ _____
MPG:	_____ MPG	_____ MPG	_____ MPG
Parking:	\$ _____	\$ _____	\$ _____
Lease Payments:	\$ _____	\$ _____	\$ _____
Loan Interest:	\$ _____	\$ _____	\$ _____
License Tabs:	\$ _____	\$ _____	\$ _____
Odometer Readings:			
-01/01/2015	_____	_____	_____
-12/31/2015	_____	_____	_____

DATA SHEET (cont.) – Tax Year 2015

**Unreimbursed Employee Business Expenses
Form 2106 (not entered elsewhere)**

	Taxpayer	Spouse
Office Supplies:	\$ _____	\$ _____
Taxes/Licenses:	\$ _____	\$ _____
Travel:	\$ _____	\$ _____
Meals & Entertainment:	\$ _____	\$ _____
Internet:	\$ _____	\$ _____
Subscriptions:	\$ _____	\$ _____
Phone:	\$ _____	\$ _____
Referral Fees:	\$ _____	\$ _____
Business Gifts:	\$ _____	\$ _____
Union Dues:	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Teachers (K-12) Educator Exp.:	\$ _____	\$ _____

If you purchased any fixed assets, please provide the following information:

Description:	Date Acquired:	Cost:
_____	___ / ___ / 2015	\$ _____
_____	___ / ___ / 2015	\$ _____
_____	___ / ___ / 2015	\$ _____
_____	___ / ___ / 2015	\$ _____
_____	___ / ___ / 2015	\$ _____

(Attach list if necessary)

Does your employer have a business expense reimbursement policy? Taxpayer: YES NO

Spouse: YES NO

If you get reimbursed from your employer for any of the expenses listed above, please list the amounts below:

Auto/ Mileage:	\$ _____	Other Reimbursements: (Please describe below)
Meals & Entertainment:	\$ _____	_____ : \$ _____
Cell Phone:	\$ _____	_____ : \$ _____

DATA SHEET (cont.) – Tax Year 2015

Schedule C/Self-Employed Business Income & Expenses

	Taxpayer	Spouse
Sales/Revenue:	\$ _____	\$ _____
Cost of Goods Sold:		
Purchases:	\$ _____	\$ _____
Materials:	\$ _____	\$ _____
Labor:	\$ _____	\$ _____
Other:	\$ _____	\$ _____
Inventory at cost 12/31/2015:	\$ _____	\$ _____
Expenses:		
Advertising:	\$ _____	\$ _____
Commissions/Fees:	\$ _____	\$ _____
Contract Labor:	\$ _____	\$ _____
Employee Benefits:	\$ _____	\$ _____
Business Insurance:	\$ _____	\$ _____
Interest:	\$ _____	\$ _____
Legal/Professional Fees:	\$ _____	\$ _____
Office Supplies:	\$ _____	\$ _____
Pension/Profit-Sharing:	\$ _____	\$ _____
Rent:	\$ _____	\$ _____
Repairs/Maintenance:	\$ _____	\$ _____
Taxes/Licenses:	\$ _____	\$ _____
Supplies:	\$ _____	\$ _____
Travel:	\$ _____	\$ _____
Meals & Entertainment:	\$ _____	\$ _____
Utilities:	\$ _____	\$ _____
Wages:	\$ _____	\$ _____
Dues:	\$ _____	\$ _____
Phone:	\$ _____	\$ _____
Internet:	\$ _____	\$ _____
Business Gifts:	\$ _____	\$ _____

Self-Employed Business Expenses (cont.):

Subscriptions: \$ _____ \$ _____
 Other _____: \$ _____ \$ _____
 Other _____: \$ _____ \$ _____
 Other _____: \$ _____ \$ _____
 Other _____: \$ _____ \$ _____
 Other _____: \$ _____ \$ _____
 Other _____: \$ _____ \$ _____

Fixed Assets:

If you purchased any fixed assets, please provide the following information:

Description:	Date Acquired:	Cost:
_____	___ / ___ / 2015	\$ _____
_____	___ / ___ / 2015	\$ _____
_____	___ / ___ / 2015	\$ _____
_____	___ / ___ / 2015	\$ _____
_____	___ / ___ / 2015	\$ _____

(Attach a list if necessary)

If you received any 1099's from your customers/clients, please provide all to your preparer.

Did you make payments to any LLC or individual for services rendered or rent for your business? YES NO
 If yes, did you issue 2015 IRS Form 1099 to each company or person that you paid \$600 or more? YES NO

If you have a solo/individual 401(k) plan, what was the 12/31/2015 balance in that account? \$ _____

Home Office Expenses

Taxpayer OR Spouse

*You can only deduct a home office if you do not have an office available to you somewhere else.

Total Square Feet of Home:	_____	Association Fee:	\$ _____
Total Square of Office:	_____	Rent:	\$ _____
Improvements:	\$ _____	Repairs (to home office):	\$ _____
Insurance:	\$ _____		
Utilities:	\$ _____		

(water, gas, electric, garbage)

DATA SHEET (cont.) – Tax Year 2015

Rental Property

	Property #1	Property #2	Property #3
Address:	_____	_____	_____
Rental Income:	\$ _____	\$ _____	\$ _____
Rental Expenses:			
Advertising:	\$ _____	\$ _____	\$ _____
Travel:	\$ _____	\$ _____	\$ _____
# of Miles Driven:	_____	_____	_____
Cleaning/ Maintenance:	\$ _____	\$ _____	\$ _____
Commissions Paid:	\$ _____	\$ _____	\$ _____
Insurance:	\$ _____	\$ _____	\$ _____
Legal/Professional Fees:	\$ _____	\$ _____	\$ _____
Management Fees:	\$ _____	\$ _____	\$ _____
Mortgage Interest:	\$ _____	\$ _____	\$ _____
Other Interest:	\$ _____	\$ _____	\$ _____
Repairs:	\$ _____	\$ _____	\$ _____
Supplies:	\$ _____	\$ _____	\$ _____
Property Taxes:	\$ _____	\$ _____	\$ _____
Utilities:	\$ _____	\$ _____	\$ _____
Asset Bought (send list):	\$ _____	\$ _____	\$ _____
Improvements:	\$ _____	\$ _____	\$ _____
Association Dues:	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____

Did you make payments to any LLC or individual for services rendered for your rental property? YES NO
 If yes, did you issue 2015 IRS Form 1099 to each company or person that you paid \$600 or more? YES NO