

[1]

[2]

[3]

Taxpayer		Spouse	
Social security number	[4]		[5]
First name	[6]		[7]
Last name	[8]		[9]
Occupation	[10]		[11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	[12]		[14]
Mark if dependent of another taxpayer	[15]		[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	[17]		
Mark if legally blind	[20]		[21]
Date of birth	[22]		[24]
Date of death	[26]		[27]
Work/daytime telephone number/ext number	[28]	[29]	[30] [31]
Home/evening telephone number	[32]		[33]
Do you authorize us to discuss your return with the IRS? (Y, N)	[34]		

Present Mailing Address

Address	_____	[38]
Apartment number	_____	[39]
City, state postal code, zip code	_____ [40] _____ [41] _____	[42]
Foreign country name	_____	[44]
In care of addressee	_____	[47]

Dependent Information

(* Please refer to Dependent Codes located at the bottom)

Care expenses paid for dependent

First Name[48]

Last Name

Date of Birth

Social Security No.

Relationship

Month
in
home

****Dep
Codes
* ****

expenses
paid for
dependent

[illegible]

[49]

[50]

Dependent Codes

* Basic

1	= Child who lived with you
2	= Child who did not live with you
3	= Other dependent
5	= Qualifying child for Earned Income
6	= Children who lived with you, but
7	= Children who lived with you, but
8	= Children who lived with you, but

****Other** **1 = Student (Age 19 - 23)**
 2 = Disabled dependent
 3 = Dependent who is both a student and disabled

*** Months77 = Reported on odd year return
88 = Reported on even year return
99 = Not reported on return

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse)

____[8]

Taxpayer email address

____[9]

Spouse email address

____[10]

Taxpayer

Spouse

Fax telephone number

____[11]

____[19]

Mobile telephone number

____[12]

____[20]

Mobile telephone #2 number

____[13]

____[21]

Pager number

____[14]

____[22]

Other:

____[15]

____[23]

Telephone number

____[16]

____[24]

Extension

____[17]

____[25]

Preferred method of contact:

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____[18]

____[26]

NOTES/ QUESTIONS:

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Primary account:

Financial institution routing transit number _____ [1]
 Name of financial institution _____ [2]
 Your account number _____ [3]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [4]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [5]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [6]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [7] or Percent (xxx.xx) _____ [8]

Secondary account #1:

Financial institution routing transit number _____ [23]
 Name of financial institution _____ [24]
 Your account number _____ [25]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [26]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [27]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [28]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [9] or Percent (xxx.xx) _____ [10]

Secondary account #2:

Financial institution routing transit number _____ [29]
 Name of financial institution _____ [30]
 Your account number _____ [31]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [32]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [33]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [34]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [13] or Percent (xxx.xx) _____ [14]

* Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [15] or Percent (xxx.xx) _____ [16]
 Owner's name (First Last) _____ [36] _____ [37]
 Co-owner or beneficiary (First Last) _____ [38] _____ [39]
 Mark if the name listed above is a beneficiary _____ [40]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [19] or Percent (xxx.xx) _____ [20]
 Owner's name (First Last) _____ [41] _____ [42]
 Co-owner or beneficiary (First Last) _____ [43] _____ [44]
 Mark if the name listed above is a beneficiary _____ [45]

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification) _____[1]
Identification number _____[2]
Issue date _____[3]
Expiration date _____[4]
Location of issuance _____[5]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification) _____[6]
Identification number _____[7]
Issue date _____[8]
Expiration date _____[9]
Location of issuance _____[10]

NOTES/ QUESTIONS:

If you have an overpayment of 2015 taxes, do you want the excess:

Refunded _____ [52]

Applied to 2016 estimated tax liability _____ [53]

Do you expect a considerable change in your 2016 income? (Y, N) _____ [54]

If yes, please explain any differences:

_____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in your deductions for 2016? (Y, N) _____ [59]

If yes, please explain any differences:

_____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a considerable change in the amount of your 2016 withholding? (Y, N) _____ [64]

If yes, please explain any differences:

_____ [65]

_____ [66]

_____ [67]

_____ [68]

Do you expect a change in the number of dependents claimed for 2016? (Y, N) _____ [69]

If yes, please explain any differences:

_____ [70]

_____ [71]

_____ [72]

_____ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes _____ [74]

2015 Federal Estimated Tax Payments

2014 overpayment applied to 2015 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/15/15	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/15/15	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/15/15	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/15/16	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]		

* Method of payment indicated in prior year

EFTW = Electronic funds withdrawal

EFTPS = Electronic Federal Tax Payment System

Voucher = Form 1040-ES estimated tax payment voucher

NOTES/ QUESTIONS:

Control Totals +

Form ID: Est

Taxpayer/Spouse/Joint (T, S, J)

____[1]

State postal code

____[2]

Amount paid with 2014 return

+ _____[3]

2014 overpayment applied to '15 estimates

+ _____[4]

Treat calculated amounts as paid

____[8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____[9]	+ _____[10]	_____
2nd quarter payment _____[11]	+ _____[12]	_____
3rd quarter payment _____[13]	+ _____[14]	_____
4th quarter payment _____[15]	+ _____[16]	_____
Additional payment _____[17]	+ _____[18]	_____

2015 City Estimated Tax Payments

City #1		City #2	
City name _____[28]		City name _____[50]	
Amount paid with 2014 return + _____[31]		Amount paid with 2014 return + _____[53]	
2014 overpayment applied to '15 estimates + _____[32]		2014 overpayment applied to '15 estimates + _____[54]	
Treat calculated amounts as paid _____[36]		Treat calculated amounts as paid _____[58]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____[37]	+ _____[38]	1st quarter payment _____[59]	+ _____[60]
2nd quarter payment _____[39]	+ _____[40]	2nd quarter payment _____[61]	+ _____[62]
3rd quarter payment _____[41]	+ _____[42]	3rd quarter payment _____[63]	+ _____[64]
4th quarter payment _____[43]	+ _____[44]	4th quarter payment _____[65]	+ _____[66]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3		City #4	
City name _____[72]		City name _____[94]	
Amount paid with 2014 return + _____[75]		Amount paid with 2014 return + _____[97]	
2014 overpayment applied to '15 estimates + _____[76]		2014 overpayment applied to '15 estimates + _____[98]	
Treat calculated amounts as paid _____[80]		Treat calculated amounts as paid _____[102]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____[81]	+ _____[82]	1st quarter payment _____[103]	+ _____[104]
2nd quarter payment _____[83]	+ _____[84]	2nd quarter payment _____[105]	+ _____[106]
3rd quarter payment _____[85]	+ _____[86]	3rd quarter payment _____[107]	+ _____[108]
4th quarter payment _____[87]	+ _____[88]	4th quarter payment _____[109]	+ _____[110]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

1 = Attached
2 = N/ A

[illegible]

[illegible]

Wages and Salaries #1

10

Please provide all copies of Form W-2.

2015 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Employer name _____ [3]
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____ [5]
 Mark if this is your current employer _____ [6]
 Federal wages and salaries (Box 1) + _____ [10]
 Federal tax withheld (Box 2) + _____ [12]
 Social security wages (Box 3) (If different than federal wages) + _____ [14]
 Social security tax withheld (Box 4) + _____ [16]
 Medicare wages (Box 5) (If different than federal wages) + _____ [18]
 Medicare tax withheld (Box 6) + _____ [21]
 SS tips (Box 7) + _____ [23]
 Allocated tips (Box 8) + _____ [25]
 Dependent care benefits (Box 10) + _____ [27]
Box 13 -
 Statutory employee _____ [29]
 Retirement plan _____ [30]
 Third-party sick pay _____ [31]
 State postal code (Box 15) _____ [32]
 State wages (Box 16) (If different than federal wages) + _____ [34]
 State tax withheld (Box 17) + _____ [36]
 Local wages (Box 18) + _____ [38]
 Local tax withheld (Box 19) + _____ [40]
 Name of locality (Box 20) _____ [43]

Control Totals +

Wages and Salaries #2

Please provide all copies of Form W-2.

2015 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Employer name _____ [3]
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____ [5]
 Mark if this your current employer _____ [6]
 Federal wages and salaries (Box 1) + _____ [10]
 Federal tax withheld (Box 2) + _____ [12]
 Social security wages (Box 3) (If different than federal wages) + _____ [14]
 Social security tax withheld (Box 4) + _____ [16]
 Medicare wages (Box 5) (If different than federal wages) + _____ [18]
 Medicare tax withheld (Box 6) + _____ [21]
 SS tips (Box 7) + _____ [23]
 Allocated tips (Box 8) + _____ [25]
 Dependent care benefits (Box 10) + _____ [27]
Box 13 -
 Statutory employee _____ [29]
 Retirement plan _____ [30]
 Third-party sick pay _____ [31]
 State postal code (Box 15) _____ [32]
 State wages (Box 16) (If different than federal wages) + _____ [34]
 State tax withheld (Box 17) + _____ [36]
 Local wages (Box 18) + _____ [38]
 Local tax withheld (Box 19) + _____ [40]
 Name of locality (Box 20) _____ [43]

Control Totals +

Did you have any securities become worthless during 2015? (Y, N)	__[8]
Did you have any debts become uncollectible during 2015? (Y, N)	__[9]
Did you have any commodity sales, short sales, or straddles? (Y, N)	__[10]
Did you exchange any securities or investments for something other than cash? (Y, N)	__[12]

[illegible]

Miscellaneous Income #1**16a**

Please provide all Forms 1099-MISC

--	--

Preparer use only

Name of payer	[3]
Taxpayer/Spouse/Joint (T, S, J)	[5]
State postal code	[6]
Rents (Box 1)	+ [13]
Royalties (Box 2)	+ [15]
Other income (Box 3)	+ [17]
Federal income tax withheld (Box 4)	+ [19]
Fishing boat proceeds (Box 5)	+ [21]
Medical and health care payments (Box 6)	+ [23]
Nonemployee compensation (Box 7)	+ [25]
Substitute payments in lieu of dividends or interest (Box 8)	+ [27]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	[29]
Crop Insurance proceeds (Box 10)	+ [31]
Excess golden parachute payments (Box 13)	+ [36]
Gross proceeds paid to an attorney (Box 14)	+ [38]
Section 409A deferrals (Box 15a)	+ [40]
Section 409A income (Box 15b)	+ [42]
State tax withheld (Box 16)	+ [44]
State/Payer's state no. (Box 17)	[46]
State income (Box 18)	+ [47]

	Control Totals +	
--	-------------------------	--

Miscellaneous Income #2

Please provide all Forms 1099-MISC

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Preparer use only

Name of payer	[3]
Taxpayer/Spouse/Joint (T, S, J)	[5]
State postal code	[6]
Rents (Box 1)	+ [13]
Royalties (Box 2)	+ [15]
Other income (Box 3)	+ [17]
Federal income tax withheld (Box 4)	+ [19]
Fishing boat proceeds (Box 5)	+ [21]
Medical and health care payments (Box 6)	+ [23]
Nonemployee compensation (Box 7)	+ [25]
Substitute payments in lieu of dividends or interest (Box 8)	+ [27]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	[29]
Crop Insurance proceeds (Box 10)	+ [31]
Excess golden parachute payments (Box 13)	+ [36]
Gross proceeds paid to an attorney (Box 14)	+ [38]
Section 409A deferrals (Box 15a)	+ [40]
Section 409A income (Box 15b)	+ [42]
State tax withheld (Box 16)	+ [44]
State/Payer's state no. (Box 17)	[46]
State income (Box 18)	+ [47]

	Control Totals +	
--	-------------------------	--

NOTES/ QUESTIONS:

Pension, Annuity, and IRA Distributions #1

22

Please provide all Forms 1099-R.

2015 Information**Prior Year Information**

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [5]
 Gross distributions received (**Box 1**) + _____ [7]
 Taxable amount received (**Box 2a**) + _____ [9]
 Federal withholding (**Box 4**) + _____ [11]
 Distribution code (**Box 7**) _____ [14]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [16]
 State withholding (**Box 12**) + _____ [17]
 Local withholding (**Box 15**) + _____ [19]
 Amount of rollover + _____ [21]
 Mark if distribution was due to a pre-retirement age disability _____ [23]

Control Totals +**Pension, Annuity, and IRA Distributions #2**

Please provide all Forms 1099-R.

2015 Information**Prior Year Information**

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [5]
 Gross distributions received (**Box 1**) + _____ [7]
 Taxable amount received (**Box 2a**) + _____ [9]
 Federal withholding (**Box 4**) + _____ [11]
 Distribution code (**Box 7**) _____ [14]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [16]
 State withholding (**Box 12**) + _____ [17]
 Local withholding (**Box 15**) + _____ [19]
 Amount of rollover + _____ [21]
 Mark if distribution was due to a pre-retirement age disability _____ [23]

Control Totals +**Pension, Annuity, and IRA Distributions #3**

Please provide all Forms 1099-R.

2015 Information**Prior Year Information**

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [5]
 Gross distributions received (**Box 1**) + _____ [7]
 Taxable amount received (**Box 2a**) + _____ [9]
 Federal withholding (**Box 4**) + _____ [11]
 Distribution code (**Box 7**) _____ [14]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [16]
 State withholding (**Box 12**) + _____ [17]
 Local withholding (**Box 15**) + _____ [19]
 Amount of rollover + _____ [21]
 Mark if distribution was due to a pre-retirement age disability _____ [23]

Control Totals +**NOTES/ QUESTIONS:**

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)

____ [1]

State postal code

____ [2]

Social Security Benefits**2015 Information****Prior Year Information**

If you received a Form SSA - 1099, please complete the following information:

Net Benefits for 2015 (Box 3 minus Box 4) **(Box 5)**

+ _____ [8]

Voluntary Federal Income Tax Withheld **(Box 6)**

+ _____ [10]

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums

+ _____ [12]

Prescription drug (Part D) premiums

+ _____ [14]

Tier 1 Railroad Benefits**2015 Information****Prior Year Information**

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:

Portion of Tier 1 Paid in 2015 **(Box 5)**

+ _____ [22]

Federal Income Tax Withheld **(Box 10)**

+ _____ [25]

Medicare Premium Total **(Box 11)**

+ _____ [27]

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2015 or receive any prior year benefits in 2015. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

____ [40]

____ [41]

____ [42]

____ [43]

____ [44]

NOTES/ QUESTIONS:

Taxpayer

Spouse

Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)

__ [1]

__ [2]

Do you want to contribute the maximum allowable traditional IRA contribution amount? If

yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

__ [3]

__ [4]

Enter the total traditional IRA contributions made for use in 2015

+ _____ [5] + _____ [6]

Taxpayer

Spouse

Enter the nondeductible contribution amount made for use in 2015

+ _____ [11] + _____ [12]

Enter the nondeductible contribution amount made in 2016 for use in 2015

+ _____ [13] + _____ [14]

Traditional IRA basis

+ _____ [15] + _____ [16]

Value of all your traditional IRA's on December 31, 2015:

+ _____ [17] + _____ [18]

+ _____

+ _____

+ _____

+ _____

Roth IRA

Please provide copies of any 1998 through 2014 Form 8606 not prepared by this office

Taxpayer

Spouse

Mark if you want to contribute the maximum Roth IRA contribution

__ [27]

__ [28]

Enter the total Roth IRA contributions made for use in 2015

+ _____ [29] + _____ [30]

Enter the total amount of Roth IRA conversion recharacterizations for 2015

+ _____ [37] + _____ [38]

Enter the total contribution Roth IRA basis on December 31, 2014

+ _____ [41] + _____ [42]

Enter the total Roth IRA contribution recharacterizations for 2015

+ _____ [43] + _____ [44]

Enter the Roth conversion IRA basis on December 31, 2014

+ _____ [45] + _____ [46]

Value of all your Roth IRA's on December 31, 2015:

+ _____ [47] + _____ [48]

+ _____

+ _____

+ _____

+ _____

NOTES/ QUESTIONS:

Preparer use only
2015 Information**Prior Year Information**

Taxpayer/Spouse/Joint (T, S, J) _____ [2]

Employer identification number _____ [3]

Business name _____ [5]

Principal business/profession _____ [6]

Business code _____ [11]

Business address, if different from home address on Organizer Form ID: 1040

Address _____ [14]

City/State/Zip _____ [15] _____ [16] _____ [17]

Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____ [18]

If other: _____ [20]

Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____ [21]

If other enter explanation: _____ [23]

Enter an explanation if there was a change in determining your inventory: _____ [24]

Did you "materially participate" in this business? (Y, N) _____ [25]

If not, number of hours you did significantly participate _____ [27]

Mark if you began or acquired this business in 2015 _____ [29]

Did you make any payments in 2015 that require you to file Form(s) 1099? (Y, N) _____ [30]

If "Yes", did you or will you file all required Forms 1099? (Y, N) _____ [32]

Mark if this business is considered related to qualified services as a minister or religious worker _____ [34]

Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____ [36]

Medical insurance premiums paid by this activity + _____ [40]

Long-term care premiums paid by this activity + _____ [44]

Amount of wages received as a statutory employee + _____ [47]

Business Income**2015 Information****Prior Year Information**

Gross receipts and sales

_____ + _____ [52]

_____ + _____

_____ + _____

_____ + _____

Returns and allowances + _____ [55]

Other income:

_____ + _____ [57]

_____ + _____

_____ + _____

_____ + _____

Cost of Goods Sold**2015 Information****Prior Year Information**

Beginning inventory + _____ [59]

Purchases + _____ [61]

Labor:

_____ + _____ [63]

_____ + _____

Materials + _____ [65]

Other costs:

_____ + _____ [67]

_____ + _____

_____ + _____

_____ + _____

Ending inventory + _____ [69]

Control Totals +**Form ID: C-1**

Preparer use only

Principal business or profession _____

2015 Information**Prior Year Information**

Advertising + _____ [6]

Car and truck expenses + _____ [8]

Commissions and fees + _____ [10]

Contract labor + _____ [12]

Depletion + _____ [14]

Depreciation + _____ [16]

Employee benefit programs (Include Small Employer Health Ins Premiums credit):

+ _____ [18]

+ _____

Insurance (Other than health):

+ _____ [20]

+ _____

Interest:

Mortgage (Paid to banks, etc.)

+ _____ [22]

+ _____

+ _____

Other:

+ _____ [24]

+ _____

Legal and professional services

+ _____ [26]

Office expense

+ _____ [29]

Pension and profit sharing:

+ _____ [31]

+ _____

Rent or lease:

Vehicles, machinery, and equipment

+ _____ [33]

Other business property

+ _____ [35]

Repairs and maintenance

+ _____ [37]

Supplies

+ _____ [39]

Taxes and licenses:

+ _____ [41]

+ _____

+ _____

+ _____

+ _____

Travel, meals, and entertainment:

Travel

+ _____ [43]

Meals and entertainment

+ _____ [45]

Meals (Enter 100% subject to DOT 80% limit)

+ _____ [47]

Utilities

+ _____ [51]

Wages (Less employment credit):

+ _____ [53]

+ _____

Other expenses:

+ _____ [55]

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

Control Totals +**Form ID: C-2**

Preparer use only

2015 Information

Prior Year Information

Description _____ [2]
 Taxpayer/Spouse/Joint (T, S, J) ____ [3] State postal code ____ [4]
 Physical address: Street _____ [5]
 City, state, zip code _____ [6] ____ [7] _____ [8]
 Foreign country _____ [10]
 Foreign province/county _____ [11]
 Foreign postal code _____ [12]
 Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) ____ [13]
 Description of other type (Type code #8) _____ [14]
 Did you make any payments in 2015 that require you to file Form(s) 1099? (Y,N) ____ [16]
 If "Yes", did you or will you file all required Forms 1099? (Y, N) ____ [18]
 Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) ____ [20]
 Percentage of ownership if not 100% _____ [22]
 Business use percentage, if not 100% (Not vacation home percentage) _____ [24]

Rent and Royalty Income

Rents and royalties

2015 Information

Prior Year Information

_____ + _____ [33]

Rent and Royalty Expenses

2015 Information

Percent if not 100%

Prior Year Information

Advertising + _____ [35] _____ [36]
 Auto + _____ [38] _____ [39]
 Travel + _____ [41] _____ [42]
 Cleaning and maintenance + _____ [44] _____ [45]
 Commissions:
 _____ + _____ [47] _____ [49]
 _____ + _____
 Insurance:
 _____ + _____ [50] _____ [52]
 _____ + _____
 Legal and professional fees + _____ [54] _____ [55]
 Management fees:
 _____ + _____ [57] _____ [59]
 _____ + _____
 Mortgage interest paid to banks, etc (Form 1098)
 _____ + _____ [60] _____ [62]
 _____ + _____
 Other mortgage interest + _____ [63] _____ [65]
 Qualified mortgage insurance premiums + _____ [66] _____ [67]
 Other interest:
 _____ + _____ [69] _____ [71]
 _____ + _____
 Repairs + _____ [72] _____ [73]
 Supplies + _____ [75] _____ [76]
 Taxes:
 _____ + _____ [78] _____ [80]
 _____ + _____
 Utilities + _____ [81] _____ [82]
 Depreciation + _____ [84] _____ [85]
 Depletion + _____ [87] _____ [88]
 Other expenses:
 _____ + _____ [90] _____
 _____ + _____
 _____ + _____
 _____ + _____

Control Totals +

Form ID: Rent

☐ **Preparer use only**

Description _____

Refinancing Points

Preparer - Enter on Screen Rent

2015 Information

Prior Year Information

Refinancing points paid -

Recipient's/Lender's name _____ [92]
 Date of refinance _____
 Total # Payments _____
 Reported on 1098 in 2015 _____
 Total points paid _____
 Points deemed as paid in current year (**Preparer use only**) _____

Refinancing points paid -

Recipient's/Lender's name _____
 Date of refinance _____
 Total # Payments _____
 Reported on 1098 in 2015 _____
 Total points paid _____
 Points deemed as paid in current year (**Preparer use only**) _____

Refinancing points paid -

Recipient's/Lender's name _____
 Date of refinance _____
 Total # Payments _____
 Reported on 1098 in 2015 _____
 Total points paid _____
 Points deemed as paid in current year (**Preparer use only**) _____

Vacation Home Information

2015 Information

Prior Year Information

Number of days home was used personally _____ [6]
 Number of days home was rented _____ [8]
 Number of day home owned, if not 365 _____ [10]
 Carryover of disallowed operating expenses into 2015 + _____ [20]
 Carryover of disallowed depreciation expenses into 2015 + _____ [21]

Passive and Other Information

Preparer use only Carryovers	Regular	AM T
Operating	+ [29]	+ [30]
Short-term capital	+ [31]	+ [32]
Long-term capital	+ [33]	+ [34]
28% rate capital	+ [35]	+ [36]
Section 1231 loss	+ [37]	+ [38]
Ordinary business gain/loss	+ [39]	+ [40]
Comm revitalization	+ [41]	+ [42]
Section 179	+ [43]	+ [44]

Control Totals +

Form ID: Rent-2

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [9]
 State postal code _____ [10]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [13]

	Preparer use only Carryovers	Regular	AM T
Enter on K1-7	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[34]	[35]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [9]
 State postal code _____ [10]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [13]

	Preparer use only Carryovers	Regular	AM T
Enter on K1-7	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[34]	[35]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [9]
 State postal code _____ [10]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [13]

	Preparer use only Carryovers	Regular	AM T
Enter on K1-7	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[34]	[35]

T/S/J

2015 Information

Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

[1]		+	[2]
—		+	
—		+	
—		+	
—		+	
—		+	

Medical insurance premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.)

[4]		+	[5]
—		+	
—		+	
—		+	

Long-term care premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.))

[7]		+	[8]
—		+	

Prescription medicines and drugs:

[10]		+	[11]
—		+	
—		+	

[13]	Miles driven for medical items		[14]
------	--------------------------------	--	------

Schedule A - Tax Expenses

T/S/J

2015 Information

Prior Year Information

State/local income taxes paid:

[18]		+	[19]
—		+	
—		+	
—		+	
—		+	

2014 state and local income taxes paid in 2015:

[21]		+	[22]
—		+	
—		+	

Real estate taxes paid:

[24]		+	[25]
—		+	
—		+	

Personal property taxes:

[27]		+	[28]
—		+	

Other taxes, such as: foreign taxes and State disability taxes

[30]		+	[31]
—		+	
—		+	

Sales tax paid on major purchases:

[36]		+	[37]
—		+	

Sales tax paid on actual expenses:

[39]		+	[40]
—		+	
—		+	

Control Totals +

Form ID: A-1

Interest Expenses

54

T/S/J	2015 Interest Paid ^[2]	2015 Points Paid	Type*	2015 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1]	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	

*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home

1 = Not used to buy, build, improve home or investment

2 = Used to pay off previous mortgage

3 = Used to pay off previous mortgage, excess proceeds invested

4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Payee's Name	SSN or EIN	2015 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				

[4]			+	[5]
Address				
City, state and zip code				
			+	
Address				
City, state and zip code				

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

	Payer's/Borrower's name	[7]
	Street Address	
	City/State/Zip code	

Refinancing Points paid in 2015 -

Taxpayer/Spouse/Joint (T, S, J) [11]

Recipient/Lender name

Total points paid at time of refinance

Percentage of principal exceeding original mortgage (For AMT adjustment)

Points deemed as paid in 2015 (Preparer use only) + [12]

Date of refinance

Term of new loan (in months)

Reported on Form 1098 in 2015

Taxpayer/Spouse/Joint (T, S, J)

Recipient/Lender name

Total points paid at time of refinance

Percentage of principal exceeding original mortgage (For AMT adjustment)

Points deemed as paid in 2015 (Preparer use only) +

Date of refinance

Term of new loan (in months)

Reported on Form 1098 in 2015

T/S/J	2015 Information
-------	------------------

Investment interest expense, other than on Schedule(s) K-1:

[15]	+	[16]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

Control Totals +

Form ID: A-2

T/S/J

2015 Information

Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

_ [2]	<hr/>	+	_ [3]
—	<hr/>	+	<hr/>
—	<hr/>	+	<hr/>
—	<hr/>	+	<hr/>
—	<hr/>	+	<hr/>
—	<hr/>	+	<hr/>
—	<hr/>	+	<hr/>
—	<hr/>	+	<hr/>
—	<hr/>	+	<hr/>

_ [5] Volunteer miles driven

_ [6]

Noncash items, such as: Goodwill/Salvation Army/clothing/household goods

_ [8]	<hr/>	+	_ [9]
—	<hr/>	+	<hr/>
—	<hr/>	+	<hr/>
—	<hr/>	+	<hr/>
—	<hr/>	+	<hr/>
—	<hr/>	+	<hr/>
—	<hr/>	+	<hr/>

Miscellaneous Deductions

T/S/J

2015 Information

Prior Year Information

Unreimbursed expenses, such as: Uniforms, Professional dues,
Business publications, Job seeking expenses, Educational expenses

_ [11]	<hr/>	+	_ [12]
—	<hr/>	+	<hr/>
—	<hr/>	+	<hr/>
—	<hr/>	+	<hr/>
—	<hr/>	+	<hr/>

Union dues:

_ [14]	<hr/>	+	_ [15]
—	<hr/>	+	<hr/>

_ [17] Tax preparation fees

_ [18]

Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees

_ [20]	<hr/>	+	_ [21]
—	<hr/>	+	<hr/>
—	<hr/>	+	<hr/>
—	<hr/>	+	<hr/>

_ [23] Safe deposit box rental

_ [24]

Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:

_ [26]	<hr/>	+	_ [27]
—	<hr/>	+	<hr/>
—	<hr/>	+	<hr/>

Other expenses, not subject to the 2% AGI limit:

_ [30]	<hr/>	+	_ [31]
—	<hr/>	+	<hr/>
—	<hr/>	+	<hr/>
—	<hr/>	+	<hr/>

Gambling losses: (Enter only if you have gambling income)

_ [33]	<hr/>	+	_ [34]
—	<hr/>	+	<hr/>

Control Totals +

Form ID: A-3

Michigan General Information

School district name _____ [1]

School district code _____ [2]

Mark if 2/3 income from seafaring _____ [3]

Taxpayer**Spouse**

Do you want \$3.00 to go to the state campaign fund? (Y, N) _____ [4] _____ [5]

Mark the applicable boxes if the following conditions apply to you and/or your spouse:

Paraplegic, quadriplegic or hemiplegic _____ [6] _____ [7]

Totally and permanently disabled _____ [8] _____ [9]

Deaf _____ [10] _____ [11]

Qualified disabled veteran _____ [12] _____ [13]

Use Tax

Purchases up \$1000 per purchase subject to use tax _____ [14]

Purchases exceeding \$1000 per purchase subject to use tax _____ [15]

Contributions**Amount of charitable contribution you wish to make to:****Contributions must be a minimum of \$5, \$10 or any amount greater than \$10**

ALS of Michigan Fund _____ [16] Children's Trust Fund _____ [20]

Alzheimer's Association of Michigan _____ [17] Military Family Relief Fund _____ [21]

Animal Welfare Fund _____ [18] Special Olympics Michigan _____ [22]

Children of Veterans Tuition Grant Program _____ [19] United Way Fund _____ [23]

Part-year Resident Information**If you were a part-year resident during the tax year, enter the dates you lived in Michigan****Taxpayer****Spouse**

From _____ [24] _____ [26]

To _____ [25] _____ [27]

Residency status of spouse (If different from taxpayer) (1 = Resident, 2 = Nonresident, 3 = Part-year resident) _____ [28]

NOTES/ QUESTIONS:

Ohio General Information

Enter your current Ohio county of residence _____[1]
 School district number _____[2]

Use Tax

Mark this field to certify no sales or use tax is due _____[3]
 Purchases subject to use tax _____[4]

Contributions

Amount of political and charitable contributions you wish to make to:

Political

Contribution to Ohio political party fund? **Taxpayer** _____[5] **Spouse** _____[6]

Charitable Contributions

Military injury relief fund _____[7]
 Natural areas and endangered species fund _____[8]
 Wildlife species and endangered wildlife _____[9]
 Ohio Historical Society _____[10]
 Breast and cervical cancer project _____[11]

Credits

Taxpayer **Spouse**
 Displaced worker training expenses for 12-month period since loss of job _____[12] _____[13]
 Amount contributed to Ohio political campaigns _____[14] _____[15]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Ohio

Taxpayer **Spouse**
 Part-year residency dates:
 From _____[16] _____[18]
 To _____[17] _____[19]

Taxpayer **Spouse**
 Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident) _____[20] _____[21]
 If nonresident, enter state of residency _____[22] _____[23]
 If foreign, enter country of residency _____[24] _____[25]

NOTES/ QUESTIONS: