

F WhippleWood CPAs PC
R 11852 Shaffer Drive, Building B
O Littleton, CO 80127
M 303-989-7600 FAX: 303-989-5810

2015 TAX ORGANIZER

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This tax organizer has been prepared for your use in gathering the information needed for your 2015 tax return.

To save you time, selected information from your 2014 tax return has been entered in this organizer. Please line through any information that does not apply to your 2015 tax return.

In some cases, 2014 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

(303) 989-7600

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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2015 TAX ORGANIZER

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Whipplewood Cpas PC
11852 Shaffer Drive, Building B
Littleton, CO 80127
303-989-7600 Fax: 303-989-5810



January 22, 2016

Littleton, CO 80127

Dear :

We appreciate the opportunity to work with you. To ensure a complete understanding between (client) and WhippleWood CPAs, PC (firm) that we are setting forth the pertinent information about the nature and limitations of the services the client has asked us to perform. Please read this letter carefully as it outlines the expectations by both the firm and your organization. This engagement letter constitutes an agreement between the firm and client. It may be referred to below as "*Engagement Letter*," "*Engagement*," or "*Agreement*."

This letter must be signed and dated by you prior to our undertaking the responsibilities set out in this letter.

Services to be Provided:

WhippleWood CPAs will be pleased to provide any management, advisory or tax services as requested by the client. In order to provide any of these additional services in the most efficient manner, WhippleWood CPAs should be advised in advance of any major transactions the client proposes to undertake. At your request and under your direction, we will perform services described in **Appendix A**.

Client Responsibilities:

The Client is responsible for:

- a) Presenting up-to-date and accurate data to the firm in a timely manner. It is the client's responsibility to provide all the information required for the preparation of complete and accurate returns;
- b) Promptly giving the firm any additional, requested information;
- c) Retain all of the documents, canceled checks, and other data forming the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority;
- d) Informing the firm of any current or past adverse encounters or actions involving the Internal Revenue Service (IRS) or any other federal, state, or local agency; and
- e) Reviewing carefully all income tax returns and other documents before they are submitted by the firm.

Additional client responsibilities if the client is operating a business:

- a) The preparation and fair presentation of the financial statements in accordance with the appropriate method of accounting;

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- b) Designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial statements;
- c) Preventing and detecting fraud;
- d) Identifying and ensuring that the company complies with the laws and regulations applicable to its activities; and
- e) Making all financial records and related information available to the firm;
- f) For the accuracy and completeness of all information submitted to the firm;
- g) Making all management decisions and performing all management functions;
- h) Designating an individual who possesses suitable skill, knowledge, and/or experience, preferably within senior management, to oversee the services;
- i) Evaluating the adequacy and results of the services performed;
- j) Accepting responsibility for the results of the services;
- k) Determining all account coding;
- l) Deciding which proposed journal entries should be implemented;
- m) Acknowledging the firm will use information provided by the client to complete the services, without further verification or investigation regarding this information by the firm; and
- n) By signing below the client is confirming that the travel, entertainment, gifts, and related expenses are supported by the necessary records required under Section 274 of the Internal Revenue Code. If there are any questions as to the type of records required, please ask for advice in that regard.

Disclaimers:

This *Engagement* cannot be relied upon to disclose errors, fraud, fraudulent financial reporting, misappropriation of assets, or illegal acts that may exist. However, WhippleWood CPAs will inform the appropriate individual of any material errors, potential fraud, illegal acts, and any adverse information that comes to the firm's attention during the performance of the services, unless they are clearly inconsequential.

The firm has no responsibility to identify and communicate deficiencies in the client's internal control as part of this *Engagement*.

If other data is presented to accompany the services, it is only for supplementary analysis purposes, and it will be compiled from information presented by the client. It is presented without audit or review, and the firm will not express an opinion or any other form of assurance on this data.

The client has the final responsibility for the income tax returns and, therefore, the client should review them carefully before they are submitted.

Unless the client specifically seeks the firm's advice, WhippleWood CPAs cannot assume responsibility for advising the client with respect to the tax consequences of transactions entered into by the client or the impact of the development in the tax law.



If the firm's work is suspended or terminated as provided in this *Engagement*, the client agrees the firm will not be responsible for any failure to meet government and other deadlines, for any penalties or interest that may be assessed resulting from a failure to meet such deadlines, and for any other damages, including consequential damages.

Electronic (Email) Communications: In connection with this *Engagement*, the firm may communicate via email transmission. As emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails will be properly delivered and read only by the addressee. Therefore, the firm specifically disclaims any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by the firm in connection with the performance of this *Engagement*. In that regard, the client agrees the firm shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect or special damages, by way of example and not limitation, loss of revenues, anticipated profits, or disclosure or communication of confidential or proprietary information.

Additional Services:

If the client requests the firm to perform additional services not contemplated by this *Engagement Letter*, the firm will outline the scope of the additional services and the estimated fee. The firm will issue a separate *Engagement Letter* covering the additional services.

Fees for Services Provided:

The fees for the Services to be Provided are on **Appendix B**.

All invoices are due and payable upon receipt.

WhippleWood CPAs will add a 1.5% per month service charge to all accounts 30 days or more past due. The firm reserves the right to suspend or terminate services, as well as to withdraw as experts, if the invoices are not paid as agreed. The client will be obligated to compensate the firm for all time expended and out-of-pocket expenses through the date of suspension or termination. The client must notify the firm within ten (10) business days of the date of an invoice should there be a question regarding any invoiced charges.

If the firm is called upon to render services, give testimony, produce documents, answer depositions or interrogatories, or otherwise become involved in connection with any administrative or judicial proceedings, investigations, or inquiries relating to the *Engagement*, the client will pay, in addition to the fees set out above, for the time required by any partner or employee of the firm at the firm's standard hourly rates as then in effect, plus out-of-pocket expenses. The firm's current hourly rates are on **Appendix C**.



This *Engagement* is limited to the “Services to be Provided” set out above. Any work requested or performed in addition to those services shall be the subject of a separate, written, *Engagement Letter*.

If the firm retains an attorney for the collection of any amounts due, it shall be entitled to recover all costs of collection including reasonable attorney’s fees.

Hardware and Software Warranties:

During the course of the *Engagement*, the firm may recommend the client purchase an installation of computer or technological hardware, software, communications, or services. Warranties, to the extent they exist, are provided only by the manufacturer/developer/vendor of those computer or software products. The firm is not responsible for repairs, replacement, or servicing of this equipment. The firm will make its best efforts to provide appropriate recommendations when available, but the final decision and responsibility to purchase any computer or software products is at the client’s sole cost and discretion.

Use of the Firm’s Client Portal:

- A. WhippleWood CPAs owns and provides a Client Portal to permit easy and secure electronic transfer of documents between the client and the firm as well as client access to certain documents created or maintained by the firm. All drafts and completed financial statements and tax returns will be accessible via the Client Portal. The Client Portal web-based applications are exclusively provided to the firm’s clients and intended for their sole use. Once the firm receives this *Engagement Letter* signed by the client, the firm will send instructions on how to access it.
- B. By using any feature of the firm’s Client Portal, the client consents to the following terms and conditions and acknowledges that the firm is relying on this consent in allowing the client to use the firm’s Client Portal. The client’s continued use of the firm’s Client Portal after the posting of any amended terms and conditions shall constitute the client’s agreement to be bound by any such changes. The firm may modify, suspend, discontinue, or restrict the use of any portion of the Client Portal, including the availability of any portion of the content at any time, without notice or liability.
- C. The firm will use it’s best, reasonable efforts to provide 24-hour daily availability of the Client Portal Service. However, the firm makes no representation or warranty that 24-hour service will be available. The firm shall not be responsible for any error, omission, interruption, deletion, defect, delay in operation or transmission, communications line failure, theft or destruction or unauthorized access to the Client Portal. The firm is not responsible for any problems or technical malfunctions of any telephone or fiber network or lines, computer on-line systems, servers or providers, computer equipment, software, failure of any e-mail to be received by the firm on account of technical problems or traffic congestion on the Internet or at any website, or any combination thereof, including any injury or damage to the client’s computer or peripherals related to downloading any materials in from the Client Portal.

- D. Client Portal utilizes 256-bit, Secure Socket Layer (SSL) encryption with password protected access. Documents are encrypted before being passed over the internet and while being stored on the Client Portal. Documents are hosted on a Business Logic Layer, so a username and password are required to access files. In addition, documents added to Portal are scanned for viruses before being uploaded. All files are maintained behind firewalls to protect against outside intruders. The firm will use its best efforts to make the Client Portal secure from unauthorized access. However, the client recognizes that no completely secure system for electronic data transfer has yet been devised, and the client understands and agrees that the firm has no liability in this regard.
1. The firm will set up an individual login account for each Client Portal. The firm strongly recommends that the client establishes a policy that logon information not be shared with others. All initial logon passwords will be transmitted to the designee by email, which will then be changed by the client.
 2. The client acknowledges that the use of username and password is an adequate form of security. The client is solely responsible for (a) authorizing, monitoring, controlling access to and maintaining the strict confidentiality of the username and password, (b) not allowing another person to use the username or password, (c) any charges or damages that may be incurred as a result of the client's neglect to maintain the strict confidentiality of the username and password, and (d) promptly informing the firm in writing of any need to deactivate a username due to security concerns or otherwise. The firm is not liable for any harm related to the misuse or theft of usernames or passwords, disclosure of usernames or passwords, or the client's authorization to allow another person or entity to access and use the firm's Client Portal using the client's username or password. The client shall immediately notify the firm of any unauthorized use of the username or password and any breach of confidentiality. Until the firm receives this notification from the client, the client will be held liable for any harm ensuing from the use of the username on the firm's Client Portal.
- E. The client agrees to notify the firm's portal maintenance department via e-mail at portal@whipplewoodcpas.com in writing when an individual logon account is to be terminated. The firm will make every effort to confirm and terminate access as soon as possible. However, the client cannot be assured that access has been terminated until they a confirmation of termination email is received.
- F. The Client Portal website may contain links to other websites ("Linked Sites"). The Linked Sites are not under the control of the firm and the firm is not responsible for the contents of any Linked Site, including without limitation any link contained in a Linked Site, or any changes or updates to a Linked Site. The firm is not responsible for webcasting or any other form of transmission received from any Linked Site. The firm is providing these links to you only as a convenience, and

the inclusion of any link does not imply endorsement by the firm of the site or any association with its operators.

- G. As a condition of the client's use of the Client Portal website, the client warrants to the firm that the client will not use the firm's Client Portal website for any purpose that is unlawful or prohibited by these terms, conditions, and notices. The client may not use the firm's Client Portal website in any manner which could damage, disable, overburden, or impair the firm's website or interfere with any other party's use and enjoyment of the Client Portal Website. The client may not obtain or attempt to obtain any materials or information through any means not intentionally made available or provided for through the Client Portal website.
- H. The firm reserves the right at all times to disclose any information as necessary to satisfy any applicable law, regulation, legal process, or governmental request, or to edit, refuse to post or to remove any information or materials, in whole or in part, in the firm's sole discretion.
- I. The client must both, at the client's own cost: (a) provide for access to the internet and pay any service fees, telephone charges, and online service usage associated with this access, and (b) provide all equipment necessary for connection to the Client Portal, including a computer and modem.
- J. **WhippleWood CPAs makes no warranty, express or implied, regarding the efficacy of the security of the Client Portal. The content and services are provided on an "as is" basis and the firm specifically disclaims any express or implied warranties, including without limitation, warranties of fitness for a particular purpose, warranties of merchantability or warranties against infringement. The firm, its affiliates, employees and agents shall not be liable for any damages or losses, including, without limitation, indirect, consequential, special, incidental, or punitive damages, resulting from or caused by the Client Portal, its content, security or any services provided herein. The firm does not warrant that CLIENT's portal functions will be uninterrupted or error-free, that defects will be corrected, or that the firm's Client Portal or the server that makes it available is free of viruses or other harmful components.**
- K. This *Agreement* and the services contemplated by it may be terminated by either the firm or client with or without cause and with or without notice at any time.

E-Filing Program:

The Internal Revenue Service and the state tax agencies require tax preparers to use the e-file program. If the client does not want to e-file the tax returns, WhippleWood CPAs is required to obtain a waiver signed by the taxpayers. The returns will be filed electronically unless the firm is advised



otherwise or the firm determines that the e-file method is not practical for the returns. This service is offered at no additional charge.

As stated, the firm will provide the tax returns for review via the firm's Client Portal. After review of these returns, the client will sign the e-file consent forms and return them to the firm's office. Once these signed consent forms are received, the firm will release the returns electronically to the taxing authorities. Please note that although the firm will use its best efforts to ensure the returns are successfully transmitted to the appropriate taxing authorities, the firm will not be financially responsible for electronic transmission or other errors arising after the returns have been successfully submitted by our office.

Third Party Disclosure and the use of Third Party Services:

Unless the client indicates otherwise, the client consents to and authorizes the firm to transmit confidential information to third parties in order to facilitate delivering services. Examples of these transmissions may include the access to contact information by members of the firm's team (independent contractors such as consultants, administrative assistants, or third party developers), transfer of accounting information and other data files via the internet, online back-up services, web site developer and hosting services, credit card processing company, etc. The firm only works with established, reputable companies that have demonstrated their commitment to safeguarding data. Please feel free to request additional information regarding the transmission of confidential information to entities outside the firm.

Record Retention:

The firm's policy is to keep our electronic and work paper files electronically for seven (7) years. However, the firm does not keep any original client records, so these will be returned to the client at the completion of the services rendered under this *Engagement*. When records are returned, it is the client's responsibility to retain and protect the records for possible future use, including potential examination by any government or regulatory agency. All work paper and miscellaneous report copies that are not required to be retained are shredded at the conclusion of the *Engagement*. The client acknowledges that upon the expiration of the seven (7) year period, the firm shall be free to destroy records related to this *Engagement*.

Dispute Resolution:

WhippleWood CPAs and the client understand and acknowledge their respective rights to a jury trial and hereby waive that right and agree that any litigation resulting from this *Agreement* will proceed to a trial before the court without a jury.

The jurisdiction and venue for any litigation resulting from this *Engagement Letter* shall be in Jefferson County, Colorado.

Third Party Requests and Settlements:

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In the event the firm receives a request from a third party (including a subpoena, summons, discovery demand in litigation, etc.) calling for the production of privileged or other information, our firm will promptly notify the client. If the client instructs the firm in writing to assert the privilege on the client's behalf, the firm will do so to the extent allowed by law. The client will hold the firm harmless from, reimburse for, and be responsible for any expenses (including attorney's fees, court costs, and any other costs imposed whether by way of penalty or otherwise) incurred by the firm as a result of the client's assertion of the privilege or the client's direction to assert the privilege on the client's behalf. The client will be responsible for the cost of reproduction as well as reasonable attorney's fees and expenses of litigation incurred by the firm in responding to these requests, subpoenas, summons, discovery demands, and the like.

In the event the firm is or may be obligated to pay any cost, settlement, judgment, fine, penalty, or similar award or sanction as a result of a claim, investigation, or other proceeding instituted by any third party, then to the extent that such obligation is or may be a direct or indirect result of the client's intentional or knowing misrepresentation or provision to us of inaccurate or incomplete information in connection with this *Engagement*, and not any failure on our part to comply with professional standards, the client agrees to indemnify, defend, and hold the firm harmless as against these obligations.

Assignment:

Neither party shall assign any rights or delegate any obligations under this *Engagement* without the other party's prior written consent.

Governing Law:

This *Agreement* shall be governed by and construed in accordance with the laws of the State of Colorado, without regard to the principles of conflicts of law. Jurisdiction and venue for any dispute arising in accordance with this *Engagement* letter will be in Jefferson County, Colorado.

Termination of Services:

Either party may terminate this *Agreement* by providing written notice to the other party.

WhippleWood CPAs may withdraw from this *Engagement* at any time for any reason at our sole discretion. In particular, if the client fails to provide the requested information or pay for services on the agreed upon schedule the firm may discontinue performing services until all outstanding balances are paid and/or may withdraw from the *Engagement* ten (10) days after the mailing of written notice at the address to which statements are sent.

If work is suspended due to lack of payment and the firm later receives payment along with a request that services be resumed, the firm will provide an updated timeline for completion of any past due work. This may result in significant delays in processing.



The firm reserves the right to terminate services immediately if, during the course of services, the firm becomes aware of any matters that would compromise the firm's professional or legal standing in any way, either in fact or based on confirmed or potential public perception.

In the event the client terminates services, the client assumes responsibility for the transfer to any third party vendor services as described earlier in this *Agreement*.

If this *Engagement* ends for any reason, the client will have the option to continue any third party subscription based services at the client's expense. (In some cases, the firm may have absorbed the cost of these services.) The client agrees to complete the transfer of services to its name and assume responsibility for payment within ten (10) days of termination. The "end date" will be defined as the 11th business day following the date shown on the email or letter of termination/resignation transmitted by either party. If the client does not assume responsibility for these services, they may be cancelled. Additional fees may apply if the client elects to restore those services (if that option is available from the service provider) or request copies (digital or hard copy) of records from the third party provider.

Conclusion

WhippleWood CPAs, PC appreciates the opportunity to be of service and believes this letter accurately summarizes the significant terms of the *Engagement*. If there are any questions regarding this *Letter*, or believe the terms have missed or misstated our understanding, please call to discuss prior to signing. If the foregoing terms are in accordance with our understanding, please print and sign an original in the space provided and return it via fax or email.

Sincerely,

A handwritten signature in cursive script that reads "WhippleWood CPAs".

WhippleWood CPAs



**** I have read this *Engagement Letter*, been given the opportunity to ask questions, and fully understand its obligations. Accordingly, I understand and accept the terms of the *Agreement* and those set out on the **Appendix**:**

Printed Name: _____

Signature: _____, Date: _____

Spouse Printed Name (If Applicable): _____

Signature: _____, Date: _____

Appendix A

Services to be Provided

Tax Services

WhippleWood CPAs will perform the following Tax Service for the client that will be billed separately at our standard rates (See **Appendix B**):

The firm will prepare the 2015 federal and state income tax returns from information provided by the client.

The client has the final responsibility for the income tax returns and, therefore, the client should review them carefully before they are submitted.

The firm will use professional judgment in preparing the client's returns. Whenever the firm is aware that a possible applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts) the firm will explain the possible positions that may be taken on the client's return. The firm will follow whatever position the client requests long as it is consistent with the codes, regulations, and interpretations that have been promulgated. **If the Internal Revenue Service should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. The firm assumes no liability for any such additional penalties or assessments.** In the event the client asks the firm to take a tax position that in our professional judgment will not meet the applicable laws and standards as promulgated, the firm reserves the right to stop work and it shall not be liable to the client for any damages occurring as a result of ceasing to render services.

The client's returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, the firm will be available upon request to represent you, and it will render additional invoices for the time and expenses incurred.



Fees for Services to be Provided

Appendix B

Current Standard Hourly Rates

| | |
|--------------------|---------------|
| Principals | \$300 - \$375 |
| Directors | \$230 - \$290 |
| Managers | \$165 - \$225 |
| Senior Accountants | \$140 - \$160 |
| Staff Accountants | \$100 - \$135 |
| Administrative | \$75 - \$95 |

Topic Index

| | <u>Form</u> |
|--|--------------|
| Alimony Paid or Received | 13 |
| Annuity Payments Received | 9A, 13 |
| Application of Refund | 20 |
| Business Income and Expenses | 6, 6A |
| Business Use of Home: | |
| Business | 6D |
| Employee Business Expenses | 17A |
| Farm | 12E |
| Itemized Deductions | 16A |
| Passthrough | 11B |
| Rental | 10E |
| Calendar | 33 |
| Casualty or Theft Losses | 16 |
| Child and Dependent Care Expenses | 18 |
| Consolidated Brokerage Statements: | |
| Interest Income & Foreign Information | 5E |
| Dividend Income & Foreign Information | 5F |
| Sales of Stocks, Securities, Capital Assets & Misc. Income | 5G |
| Contributions | 15 |
| Dependent Information | 3A |
| Depreciable Property and Equipment: | |
| Business | 6A |
| Employee Business Expenses | 17 |
| Farm | 12B |
| Rental and Royalty | 10B |
| Direct Deposit Information | 4A |
| Dividend Income | 5B |
| Education Expenses | 18 |
| Educator (Teacher) Expenses | 13A |
| Electronic Filing | 4 |
| Employee Business Expenses | 17 |
| Estate Income | 11 |
| Farm Income and Expenses | 12, 12A, 12B |
| Federal, State and City Estimated Taxes | 20, 20A |
| Foreign Assets | 5C, 5D |
| Foreign Employment Information | 30, 30A, 30B |
| Foreign Housing Expenses | 30C |
| Foreign Taxes | 32 |
| Foreign Travel and Workdays | 30D |
| Foreign Wages and Other Income | 31, 31A, 31B |

| | <u>Form</u> |
|--|-------------|
| Gambling Winnings | 21 |
| Gifts | 34, 35 |
| Health Savings Accounts | 13A |
| Household Employment Taxes | 19 |
| Installment Sale Receipts | 7 |
| Interest Income | 5A |
| Interest Paid | 14A |
| Investment Interest Expense | 14A |
| IRA Contributions | 9 |
| IRA Distributions | 9, 13 |
| Keogh Plan Contributions | 9A |
| Medical and Dental Expenses | 14 |
| Ministerial Income | 13B |
| Miscellaneous Income and Adjustments | 13 |
| Miscellaneous Itemized Deductions | 16 |
| Mortgage Interest Paid | 14A |
| Moving Expenses | 8 |
| Partnership Income | 11 |
| Pension Income | 9A, 13 |
| Personal Information | 3 |
| Railroad Retirement Benefits | 13 |
| Real Estate Mortgage Investment Conduit Income (REMIC) ... | 11 |
| Rental and Royalty Income and Expenses | 10, 10A |
| Roth IRA Contributions/Conversions | 9 |
| S Corporation Income | 11 |
| Sale of Stock, Securities and Other Capital Assets | 7 |
| Sale of Your Home | 8 |
| Savings Bond Purchases | 4B |
| SEP/SIMPLE Plan Contributions | 9A |
| Social Security Benefits | 13 |
| State and Local Tax Refunds | 13 |
| Student Loan Interest | 13 |
| Taxes Paid | 14 |
| Trust Income | 11 |
| Unemployment Compensation | 13 |
| Vehicle/Other Listed Property Information: | |
| Business | 6B, 6C |
| Employee Business Expenses | 17 |
| Farm | 12C, 12D |
| Rental and Royalty | 10C, 10D |
| Partnership/S Corporation | 11A |
| Wages and Salaries | 3A |



2015

Questions (Page 1 of 5)

2

The following questions pertain to the 2015 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

| | Yes | No |
|---|--------------------------|--------------------------|
| Did your marital status change? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you married? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, do you and your spouse want to file separate returns? | <input type="checkbox"/> | <input type="checkbox"/> |
| If No, are you in a domestic partnership, civil union, or other state-defined relationship? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you or your spouse be claimed as a dependent by another taxpayer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse serve in the military or were you or your spouse on active duty? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse been a victim of identity theft and have you contacted the IRS? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, furnish the 6-digit identity protection PIN issued to you by the IRS. _____ Taxpayer _____ Spouse | | |

Dependents:

| | | |
|--|--------------------------|--------------------------|
| Were there any changes in dependents from the prior year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Note: Include non-child dependents for whom you provided more than half the support. | | |
| Did you or your spouse pay for child care while you or your spouse worked or looked for work? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any children under age 18 with unearned income more than \$1,050? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,050? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you adopt a child or begin adoption proceedings? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any of your dependents non-U.S. citizens or non-U.S. residents? | <input type="checkbox"/> | <input type="checkbox"/> |

Healthcare:

| | | |
|--|--------------------------|--------------------------|
| Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage. | | |
| If No, there are several exemptions from the mandate requiring health insurance coverage. Examples include membership in a healthcare sharing ministry, membership in a federally recognized Indian tribe, incarceration, membership in certain religious sects, and enrollment in certain Medicaid and TRICARE programs that do not provide minimum essential coverage. If any of these provisions apply, provide information regarding the exemption, the individual(s) (taxpayer, spouse, dependents) to which the exemption(s) may apply, and the month(s) for which the exemption(s) apply. | | |
| Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you apply for an exemption through the Marketplace? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the Exemption Certificate Number. _____ | | |
| Are any of your dependents required to file a tax return? | <input type="checkbox"/> | <input type="checkbox"/> |



2015

Questions (Page 2 of 5)

2B

Healthcare (continued):

| | Yes | No |
|---|--------------------------|--------------------------|
| Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you eligible for employer-sponsored healthcare coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have any transactions pertaining to a health savings account (HSA)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you received a distribution from an HSA include all Forms 1099-SA. | | |
| Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you received a distribution from an MSA include all Forms 1099-SA. | | |
| Did you or your spouse receive any distributions from long-term care insurance contracts? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1099-LTC. | | |
| If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many months were you covered? _____ | | |
| If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many months were you covered? _____ | | |
| Did you or your spouse lose your job because of foreign competition and pay for your own health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |

Education:

| | | |
|--|--------------------------|--------------------------|
| Did you or your spouse pay any student loan interest? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1099-Q. | | |
| Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? | <input type="checkbox"/> | <input type="checkbox"/> |

Deductions and Credits:

| | | |
|---|--------------------------|--------------------------|
| Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less. | | |
| Did you or your spouse incur any casualty or theft losses? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any large purchases, such as motor vehicles and boats? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes. _____ Gallons _____ Type | | |
| Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? | <input type="checkbox"/> | <input type="checkbox"/> |



2015

Questions (Page 3 of 5)

2C

Investments:

| | Yes | No |
|--|--------------------------|--------------------------|
| Did you or your spouse have any debts canceled, forgiven or refinanced? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell, exchange, or purchase any real estate? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include closing statements. | | |
| Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any put or call transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the transaction details. | | |
| Did you or your spouse close any open short sales? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell any securities not reported on Form 1099-B? | <input type="checkbox"/> | <input type="checkbox"/> |

Retirement or Severance:

| | | |
|---|--------------------------|--------------------------|
| Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse turn age 70 1/2 and have money in an IRA or other retirement account without taking any distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse retire or change jobs? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive deferred, retirement or severance compensation? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enter the date received (Mo/Da/Yr). _____ | | |

Personal Residence:

| | | |
|---|--------------------------|--------------------------|
| Did your address change? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the new address. | | |
| If Yes, did you move to a different home because of a change in the location of your job? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse claim a homebuyer credit for a home purchased in 2008? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your total mortgages on your first and/or second residence greater than \$1,000,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____ | | |
| Did you or your spouse take out a home equity loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have an outstanding home equity loan at the end of the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____ | | |
| Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your mortgagee receive mortgage assistance payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1098-MA. | | |



2015

Questions (Page 4 of 5)

2D

Sale of Your Home:

| | Yes | No |
|--|--------------------------|--------------------------|
| Did you sell your home? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive Form 1099-S? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include Form 1099-S. | | |
| Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse ever rent out the property? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse ever use any portion of the home for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse sold a principal residence within the last two years? | <input type="checkbox"/> | <input type="checkbox"/> |
| At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both | | |

Gifts:

| | | |
|---|--------------------------|--------------------------|
| Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$14,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any gifts to a trust for any amount? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you or your spouse have a life insurance trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse forgive any indebtedness to any individual, trust or entity? | <input type="checkbox"/> | <input type="checkbox"/> |

Foreign Matters:

| | | |
|---|--------------------------|--------------------------|
| Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse create or transfer money or property to a foreign trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse own any foreign financial assets? | <input type="checkbox"/> | <input type="checkbox"/> |



2015

Questions (Page 5 of 5)

2E

Miscellaneous:

| | Yes | No |
|---|--------------------------|--------------------------|
| Did you or your spouse pay in excess of \$1,000 in any quarter, or \$1,900 during the year for domestic services performed in or around your home to individuals who could be considered household employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive unreported tip income of \$20 or more in any month? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any bartering transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? | <input type="checkbox"/> | <input type="checkbox"/> |
| For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? | <input type="checkbox"/> | <input type="checkbox"/> |

Additional state pages have been included at the back of the organizer and should be reviewed.



2015

Personal Information

3

Taxpayer:

First Name and Initial _____ Last Name _____ **On File**
Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Issue Date (Mo/Da/Yr) _____ Expiration Date (Mo/Da/Yr) _____ State _____

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Issue Date (Mo/Da/Yr) _____ Expiration Date (Mo/Da/Yr) _____ State _____

Contact Information:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP or Postal Code _____

Foreign Province or County _____

Foreign Country _____

Taxpayer Daytime/Work Phone _____ Spouse Daytime/Work Phone _____

Taxpayer Evening/Home Phone _____ Spouse Evening/Home Phone _____

Taxpayer Foreign Phone _____ Spouse Foreign Phone _____

Taxpayer Cell Phone _____ Spouse Cell Phone _____

Taxpayer Fax Number _____ Spouse Fax Number _____

Taxpayer Email Address _____

Spouse Email Address _____

Preferred Method of Contact _____

May the IRS or other taxing authority discuss the return with the preparer?

Is the taxpayer claimed as a dependent on someone else's tax return?

| | |
|-----|----|
| Yes | No |
| X | |
| | |

Are you considered legally blind per IRS regulations?

Do you want to contribute to the Presidential Election Campaign Fund?

Are you a U.S. citizen or Green Card holder?

| Taxpayer | | Spouse | |
|----------|----|--------|----|
| Yes | No | Yes | No |
| | | | |
| | | | |
| | | | |

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



2015

Dependents and Wages

3A

Dependent Information:

Did dependent have income over \$4,000?

| First Name and Initial | Last Name | Social Security Number | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr) | Relationship to Taxpayer | Months Lived in Your Home | X if Disabled | Yes or No |
|------------------------|-----------|------------------------|--------------------------|--------------------------|--------------------------|---------------------------|---------------|-----------|
| | | | | | | | | |
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| | | | | | | | | |

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return _____

List the years that a release of claim to exemption is given for a dependent child not living with you _____

If any of your dependents were a victim of identity theft and you have contacted the IRS, provide the identity protection PIN issued to you by the IRS.

Wages and Salaries: **Include all copies of your current year Forms W-2**

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

| TS | Employer's Name | Taxable Wages | Tax Withheld | | | | |
|----|-----------------|---------------|--------------|------------|----------|-------|-------|
| | | | Federal | FICA/TIER1 | Medicare | State | Local |
| | | | | | | | |
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2015

Electronic Filing

4

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return ☐

Do not electronically file the state return(s) ☐

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

| | | |
|---|--------------------------|--------------------------|
| Would you like to use a randomly generated PIN? | Yes | No |
| Taxpayer | <input type="checkbox"/> | <input type="checkbox"/> |
| Spouse | <input type="checkbox"/> | <input type="checkbox"/> |

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____



2015

Direct Deposit and Withdrawal

4A

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2014, your account information may already be included below.

| | | Yes | No |
|---|--|--------------------------|--------------------------|
| Would you like any refunds owed to you directly deposited? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal? | | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, what amount would you like withdrawn, if not the entire balance due? | | | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr) | | | |
| Would you like to pay any amount due on your <i>state</i> return(s) using electronic withdrawal? | | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, what amount would you like withdrawn, if not the entire balance due? | | | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr) | | | |
| The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments. | | | |
| Would you like to pay any estimated payments due for your <i>federal</i> return using electronic withdrawal? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available? | | <input type="checkbox"/> | <input type="checkbox"/> |

Name of bank or financial institution
 Routing Transit Number (RTN)
 Account number

Type of account: ☐ Checking ☐ Traditional Savings ☐ IRA Savings ☐ myRA
 ☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ HSA Savings

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐

| | | Yes | No |
|---|--|--------------------------|--------------------------|
| Would you like any refunds owed to you directly deposited? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal? | | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, what amount would you like withdrawn, if not the entire balance due? | | | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr) | | | |
| Would you like to pay any amount due on your <i>state</i> return(s) using electronic withdrawal? | | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, what amount would you like withdrawn, if not the entire balance due? | | | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr) | | | |
| The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments. | | | |
| Would you like to pay any estimated payments due for your <i>federal</i> return using electronic withdrawal? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available? | | <input type="checkbox"/> | <input type="checkbox"/> |

Name of bank or financial institution
 Routing Transit Number (RTN)
 Account number

Type of account: ☐ Checking ☐ Traditional Savings ☐ IRA Savings ☐ myRA
 ☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ HSA Savings

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐



2015

Interest Income

5A

Interest Information:

Include copies of all Forms 1099-INT or other documents for interest received

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

[illegible]

Seller-Financed Mortgage Interest Information:

| Name of Individual from Whom Mortgage Interest Was Received | Identification Number of Individual | 2015 Interest Amount | 2014 Interest Amount |
|---|-------------------------------------|----------------------|----------------------|
| | | | |

| |
|--|
| Address of Individual from Whom Mortgage Interest Was Received |
| |

Enter Any Additional Information:

| |
|--|
| |
| |
| |
| |

Note: List all items sold during the year on Form 7.



2015

Dividend Income

5B

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

| TSJ | Name of Payer | Box 1a Total Ordinary Dividends | Box 1b Qualified Dividends | Box 2a Total Capital Gain Distribution | U.S. Bond Interest Amount or Percent in Box 1a |
|--------------|---------------|---------------------------------------|----------------------------------|--|--|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |
| I | | | | | |
| J | | | | | |
| K | | | | | |
| L | | | | | |
| M | | | | | |
| N | | | | | |
| Total | | | | | |

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

| Code | Tax-Exempt Interest | 2014 Gross Dividends Amount |
|--------------|------------------------|-----------------------------------|
| A | | |
| B | | |
| C | | |
| D | | |
| E | | |
| F | | |
| G | | |
| H | | |
| I | | |
| J | | |
| K | | |
| L | | |
| M | | |
| N | | |
| Total | | |

Enter Any Additional Information:

| |
|--|
| |
| |
| |
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| |
| |

Note: List all items sold during the year on Form 7.



2015

Sales of Stocks, Securities, Capital Assets & Installment Sales

7

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

Mutual fund transactions

Exchange of any securities or investments for something other than cash

Sales of inherited property

Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale

Commodity sales, short sales or straddles

Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest

Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock

Debts that became uncollectible

Securities that became worthless

Sale of any property where you will receive payments in future years

| Yes | No |
|-----|----|
| | |
| | |
| | |
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| | |
| | |
| | |

| TSJ | Kind of Property and Description | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) | Gross Sales Price (Less Commissions) |
|-----|----------------------------------|-----------------------------|-------------------------|--------------------------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |

| | Cost or Other Basis | Federal Tax Withheld | State Tax Withheld |
|---|---------------------|----------------------|--------------------|
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| E | | | |
| F | | | |
| G | | | |
| H | | | |

Installment Sales: Do not include interest received in principal amount

| TSJ | Property Description | Date Sold (Mo/Da/Yr) | 2015 Principal Received | 2014 Principal Received |
|-----|----------------------|-------------------------|----------------------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



2015

Miscellaneous Income, Adjustments and Alimony

13

Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC and 1099-G

Miscellaneous Income and Adjustments:

| | TSJ ____ | | TSJ ____ | |
|--|-------------|-------------|-------------|-------------|
| | 2015 Amount | 2014 Amount | 2015 Amount | 2014 Amount |
| Taxable pensions and annuities received | | | | |
| Nontaxable pensions and annuities received | | | | |
| Federal withholding on pensions and annuities | | | | |
| State withholding on pensions and annuities | | | | |
| Unemployment compensation received | | | | |
| Unemployment compensation repaid in 2015 | | | | |
| Social security benefits received | | | | |
| Social security benefits repaid in 2015 | | | | |
| Medicare premiums withheld | | | | |
| Tier 1 railroad retirement benefits received | | | | |
| Tier 1 railroad retirement benefits repaid in 2015 | | | | |
| Taxable IRA distributions | | | | |
| Nontaxable IRA distributions | | | | |
| Total lump sum social security received | | | | |
| Lump sum taxable social security | | | | |
| Other federal withholding | | | | |
| Other state withholding | | | | |

State and Local Income Tax Refunds:

| TSJ | State | City | Tax Year | Income Tax Refund | |
|-----|-------|------|----------|-------------------|-------|
| | | | | State | Local |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other Income:

| TSJ | Nature and Source | 2015 Amount | 2014 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Alimony Paid or Received:

| TSJ | Recipient's Name | Recipient's Social Security No. | Alimony Received? | 2015 Amount | 2014 Amount |
|-----|------------------|---------------------------------|-------------------|-------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |



2015

Miscellaneous Adjustments

13A

Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

| TS | 2015 Amount | 2014 Amount |
|----|-------------|-------------|
| | | |
| | | |

Health Savings Accounts (HSAs)

| TS | Description | 2015 Amount | 2014 Amount |
|----|--|-------------|-------------|
| | Contributions made for 2015 | | |
| | Distributions received from all HSAs in 2015 | | |

What type of coverage applies to your high deductible health plan? ☐ Self only ☐ Family

Were any HSA contributions listed above also shown on your Form W-2?

Were all distributions from your HSA for unreimbursed medical expenses?

Did you or your spouse enroll in Medicare?

If Yes, what month did you enroll?

What month did your spouse enroll?

| Yes | No |
|-----|----|
| | |
| | |
| | |

Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid

| TSJ | Nature and Source | 2015 Amount | 2014 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



2015

Itemized Deductions - Medical and Taxes

14

Medical and Dental Expenses:

Prescription medicines and drugs
 Total medical insurance premiums paid *
 Long-term care expenses
 Total insurance reimbursement
 Number of miles traveled for medical care
 Lodging
 Doctors, dentists, etc.
 Hospitals
 Lab fees
 Eyeglasses and contacts

| TSJ | 2015 Amount | 2014 Amount |
|-----|-------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Taxpayer long-term care insurance premiums paid
 Spouse long-term care insurance premiums paid

| 2015 Amount | 2014 Amount |
|-------------|-------------|
| | |
| | |

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

| TSJ | Description | 2015 Amount | 2014 Amount |
|-----|-------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes)
 General sales taxes paid on specified items

| TSJ | 2015 Amount | 2014 Amount |
|-----|-------------|-------------|
| | | |
| | | |

Itemize real estate taxes by state.

| TSJ | Real Estate Taxes | 2015 Amount | 2014 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Other Taxes Paid:

| TSJ | Description | 2015 Amount | 2014 Amount |
|-----|-------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

If you purchased or sold your home in 2015, did you include any taxes from your closing statement in the amounts above? ☐ Yes ☐ No



2015

Itemized Deductions - Mortgage Interest and Points

14A

Mortgage Questions for 2015:

| | Yes | No |
|--|--------------------------|--------------------------|
| If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance your home? (If Yes, enclose the closing statement.) | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many years is your new mortgage loan? _____ | | |
| Did you purchase a new home or sell your former home during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enclose the closing statements from the purchase and sale of your new and former homes. | | |
| If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? | <input type="checkbox"/> | <input type="checkbox"/> |

Home Mortgage Interest Paid To Financial Institutions:

| TSJ | Paid To | Did You Receive Form 1098? | | 2015 Amount | 2014 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
| | | Yes | No | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other Home Mortgage Interest Paid:

| TSJ | Paid To | | ID Number | 2015 Amount | 2014 Amount |
|-----|---------|---------|-----------|-------------|-------------|
| | Name | Address | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Deductible Points:

| TSJ | Paid To | Did You Receive Form 1098? | | 2015 Amount | 2014 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
| | | Yes | No | | |
| | | | | | |
| | | | | | |
| | | | | | |

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

| TSJ | 2015 Amount | 2014 Amount |
|-----|-------------|-------------|
| | | |
| | | |
| | | |

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

| TSJ | Paid To | 2015 Amount | 2014 Amount |
|-----|---------|-------------|-------------|
| | | | |
| | | | |
| | | | |



2015

Itemized Deductions - Contributions

15

Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

| TSJ | Organization or Description of Contribution | 2015 Amount | 2014 Amount |
|-----|---|-------------|-------------|
| | | | |
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| TSJ | Conservation Real Property | 2015 Amount | 2014 Amount |
|-----|----------------------------|-------------|-------------|
| | 100% limit | | |
| | 50% limit | | |

| TSJ | Description | 2015 Miles | 2014 Miles |
|-----|---|------------|------------|
| | Number of miles traveled performing volunteer work for qualified charitable organizations | | |

Noncash Contributions Totaling \$500 or Less: Include all documentation.

| TSJ | Description of Donated Property | 2015 Amount | 2014 Amount |
|-----|---------------------------------|-------------|-------------|
| | | | |
| | | | |

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

TSJ _____
 Description of the donated property _____

Donee organization name _____

Donee organization address _____

Date the property was acquired by the taxpayer (Mo/Da/Yr) _____

Date the property was donated (Mo/Da/Yr) _____

Cost or basis of the donated property

Fair market value of the donated property

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

☐ Appraisal ☐ Thrift shop value ☐ Catalog ☐ Comparable sale

Other - please explain _____

Which of the following describes how this donated property was acquired?

☐ Purchase ☐ Gift ☐ Inheritance ☐ Exchange



2015

Federal Tax Payments

20

Refund Application:

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

Refunded ☐ Yes ☐ No
 Applied to your 2016 estimated tax liability ☐ Yes ☐ No

Federal Estimated Tax Payments:

2015 1st Quarter Estimate (Due 04-15-2015)
 2015 2nd Quarter Estimate (Due 06-15-2015)
 2015 3rd Quarter Estimate (Due 09-15-2015)
 2015 4th Quarter Estimate (Due 01-15-2016)

| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|------------|--|-------------|
| | | |
| | | |
| | | |
| | | |

2014 overpayment applied to 2015 estimate

Tax Planning Information for Tax Year 2016:

Do you expect any of the following to occur in 2016?

| | Yes | No |
|---|--------------------------|--------------------------|
| A change in your marital status | <input type="checkbox"/> | <input type="checkbox"/> |
| A change in the number of your dependents | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your income | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your withholding | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in deductions | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above questions, provide details.

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2015

State and City Tax Payments

20A

State and City Estimated Tax Payments:

| TSJ ____ State/City _____ | | |
|------------------------------|--|-------------|
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2015 1st Quarter Estimate
 2015 2nd Quarter Estimate
 2015 3rd Quarter Estimate
 2015 4th Quarter Estimate

If you have an overpayment of 2015 taxes, do you

want the excess applied to your 2016 estimated tax liability?

☐ Yes ☐ No

2014 overpayment applied to 2015 estimate

Balance of prior year(s)' tax paid in 2015 plus

amount paid with 2014 extensions

Estimated tax payments for 2014 paid in 2015

| |
|--|
| |
| |
| |
| |

State and City Estimated Tax Payments:

| TSJ ____ State/City _____ | | |
|------------------------------|--|-------------|
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2015 1st Quarter Estimate
 2015 2nd Quarter Estimate
 2015 3rd Quarter Estimate
 2015 4th Quarter Estimate

If you have an overpayment of 2015 taxes, do you

want the excess applied to your 2016 estimated tax liability?

☐ Yes ☐ No

2014 overpayment applied to 2015 estimate

Balance of prior year(s)' tax paid in 2015 plus

amount paid with 2014 extensions

Estimated tax payments for 2014 paid in 2015

| |
|--|
| |
| |
| |
| |

State and City Estimated Tax Payments:

| TSJ ____ State/City _____ | | |
|------------------------------|--|-------------|
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
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| | | |
| | | |

2015 1st Quarter Estimate
 2015 2nd Quarter Estimate
 2015 3rd Quarter Estimate
 2015 4th Quarter Estimate

If you have an overpayment of 2015 taxes, do you

want the excess applied to your 2016 estimated tax liability?

☐ Yes ☐ No

2014 overpayment applied to 2015 estimate

Balance of prior year(s)' tax paid in 2015 plus

amount paid with 2014 extensions

Estimated tax payments for 2014 paid in 2015

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