

|             |             |           |                           |          |
|-------------|-------------|-----------|---------------------------|----------|
| <b>2015</b> | <b>1040</b> | <b>US</b> | <b>Client Information</b> | <b>1</b> |
|-------------|-------------|-----------|---------------------------|----------|

**STANLEY J. FIALA P.C.**  
 1921 S ALMA SCHOOL RD STE 103  
 MESA, AZ 85210-3037  
 Telephone number: 480-831-5140  
 Fax number: 480-897-9332  
 E-mail address: info@fialacpa.com

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2015 tax return. Please add, change, or delete information as appropriate.

**CLIENT INFORMATION**

|                 |  |  |  |
|-----------------|--|--|--|
| Filing Status   | Filing status (table) .....                                    |  | <p align="center"><b>Filing Status</b></p> <p>1 = Single<br/>                 2 = Married filing joint<br/>                 3 = Married filing separate<br/>                 4 = Head of household<br/>                 5 = Qualifying widow(er)</p> |
|                 | 1=married filing separate and lived with spouse .....          |  |  |
|                 | Year spouse died, if qualifying widow(er) (2013 or 2014) ..... |  |  |
| Taxpayer        | First name and initial .....                                   |  |  |
|                 | Last name .....  |  |  |
|                 | Title/suffix .....   |  |  |
|                 | Social security number .....                                   |  |  |
|                 | Occupation .....   |  |  |
|                 | Date of birth (m/d/y) .....                                    |  |  |
|                 | Date of death (m/d/y) .....                                    |  |  |
| 1=blind .....   |  |  |  |
| Spouse          | First name and initial .....                                   |  |  |
|                 | Last name .....  |  |  |
|                 | Title/suffix .....   |  |  |
|                 | Social security number .....                                   |  |  |
|                 | Occupation .....   |  |  |
|                 | Date of birth (m/d/y) .....                                    |  |  |
|                 | Date of death (m/d/y) .....                                    |  |  |
| 1=blind .....   |  |  |  |
| Address         | In care of .....   |  |  |
|                 | Street address .....   |  |  |
|                 | Apartment number .....   |  |  |
|                 | City .....   |  |  |
|                 | State .....  |  |  |
|                 | ZIP code .....   |  |  |
| Foreign Address | Region .....   |  |  |
|                 | Postal code .....  |  |  |
|                 | Country .....  |  |  |

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Client Information (continued)

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Please add, change or delete information for 2015.

CLIENT INFORMATION

|                                    |                             |  |  |
|------------------------------------|-----------------------------|--|--|
| Taxpayer<br>Contact<br>Information | Home phone .....            |  | <b>Daytime Phone</b><br><br>1 = Work<br>2 = Home<br>3 = Mobile |
|                                    | Work phone .....            |  |  |
|                                    | Work extension .....        |  |  |
|                                    | Daytime phone (table) ..... |  |  |
|                                    | Mobile phone .....          |  |  |
|                                    | Pager number .....          |  |  |
|                                    | Fax number .....            |  |  |
|                                    | E-mail address .....        |  |  |
| Spouse<br>Contact<br>Information   | Home phone .....            |  |  |
|                                    | Work phone .....            |  |  |
|                                    | Work extension .....        |  |  |
|                                    | Daytime phone (table) ..... |  |  |
|                                    | Mobile phone .....          |  |  |
|                                    | Pager number .....          |  |  |
|                                    | Fax number .....            |  |  |
|                                    | E-mail address .....        |  |  |

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|             |             |           |                   |          |
|-------------|-------------|-----------|-------------------|----------|
| <b>2015</b> | <b>1040</b> | <b>US</b> | <b>Dependents</b> | <b>2</b> |
|-------------|-------------|-----------|-------------------|----------|

**Please add, change or delete information for 2015.**

**DEPENDENTS**

|                                       | Dependent | Dependent |   |
|---------------------------------------|-----------|-----------|---|
| First name.....                       |           |           | <p style="text-align:center;"><b>Type of Dependent</b></p> <p>1 = Child living w/taxpayer<br/>                     2 = Child not living w/taxpayer<br/>                     3 = Dependent other than child<br/>                     4 = Head of household only, not a dependent<br/>                     5 = Earned income credit only, not a dependent</p> <p style="text-align:center;"><b>Earned Income Credit</b></p> <p>1 = When applicable (default)<br/>                     2 = Student age 19 to 23<br/>                     3 = Disabled<br/>                     4 = Force<br/>                     5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> <li>1. School records or statement</li> <li>2. Landlord or property management statement</li> <li>3. Health care provider statement</li> <li>4. Medical records</li> <li>5. Child care provider records</li> <li>6. Placement agency statement</li> <li>7. Social service records or statement</li> <li>8. Place of worship statement</li> <li>9. Indian tribe office statement</li> <li>10. Employer statement</li> </ol> <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> <li>1. Doctor statement</li> <li>2. Other health care provider statement</li> <li>3. Social services agency or program statement</li> </ol> |
| Last name.....                        |           |           |   |
| Title/suffix.....                     |           |           |   |
| Date of birth (m/d/y).....            |           |           |   |
| Date of death.....                    |           |           |   |
| Social security number.....           |           |           |   |
| Relationship.....                     |           |           |   |
| Months lived at home.....             |           |           |   |
| Type of dependent (see table).....    |           |           |   |
| Earned income credit (see table)..... |           |           |   |
| Claimed by: 1=taxpayer, 2=spouse..... |           |           |   |
|                                       | Dependent | Dependent |   |
| First name.....                       |           |           |   |
| Last name.....                        |           |           |   |
| Title/suffix.....                     |           |           |   |
| Date of birth (m/d/y).....            |           |           |   |
| Date of death.....                    |           |           |   |
| Social security number.....           |           |           |   |
| Relationship.....                     |           |           |   |
| Months lived at home.....             |           |           |   |
| Type of dependent (see table).....    |           |           |   |
| Earned income credit (see table)..... |           |           |   |
| Claimed by: 1=taxpayer, 2=spouse..... |           |           |   |
|                                       | Dependent | Dependent |   |
| First name.....                       |           |           |   |
| Last name.....                        |           |           |   |
| Title/suffix.....                     |           |           |   |
| Date of birth (m/d/y).....            |           |           |   |
| Date of death.....                    |           |           |   |
| Social security number.....           |           |           |   |
| Relationship.....                     |           |           |   |
| Months lived at home.....             |           |           |   |
| Type of dependent (see table).....    |           |           |   |
| Earned income credit (see table)..... |           |           |   |
| Claimed by: 1=taxpayer, 2=spouse..... |           |           |   |
|                                       | Dependent | Dependent |   |
| First name.....                       |           |           |   |
| Last name.....                        |           |           |   |
| Title/suffix.....                     |           |           |   |
| Date of birth (m/d/y).....            |           |           |   |
| Date of death.....                    |           |           |   |
| Social security number.....           |           |           |   |
| Relationship.....                     |           |           |   |
| Months lived at home.....             |           |           |   |
| Type of dependent (see table).....    |           |           |   |
| Earned income credit (see table)..... |           |           |   |
| Claimed by: 1=taxpayer, 2=spouse..... |           |           |   |

|             |             |           |                                |
|-------------|-------------|-----------|--------------------------------|
| <b>2015</b> | <b>1040</b> | <b>US</b> | <b>Miscellaneous Questions</b> |
|-------------|-------------|-----------|--------------------------------|

**If any of the following items pertain to you or your spouse for 2015, please check the appropriate box and provide additional information if necessary.**

| YES                              | NO                       |   |
|----------------------------------|--------------------------|---|
| <b>PERSONAL INFORMATION</b>      |                          |   |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did your marital status change during the year?   |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did your address change during the year?  |
| <input type="checkbox"/>         | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2015?  |
| <b>DEPENDENTS</b>                |                          |   |
| <input type="checkbox"/>         | <input type="checkbox"/> | Were there any changes in dependents?   |
| <input type="checkbox"/>         | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2015?   |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2015, with interest and dividend income in excess of \$1,000, or total investment income in excess of \$2,000?  |
| <b>HEALTH CARE COVERAGE</b>      |                          |   |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you and your dependents have health care coverage for the full-year?  |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach.   |
| <input type="checkbox"/>         | <input type="checkbox"/> | If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach. |
| <b>INCOME</b>                    |                          |   |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month?   |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?  |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you receive any disability income?  |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you have any foreign income or pay any foreign taxes?   |
| <b>PURCHASES, SALES AND DEBT</b> |                          |   |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?   |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?   |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property in 2015?   |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?  |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?  |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you have any debts cancelled or forgiven?   |
| <input type="checkbox"/>         | <input type="checkbox"/> | Does anyone owe you money which has become uncollectible?   |

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**Miscellaneous Questions (continued)**

If any of the following items pertain to you or your spouse for 2015, please check the appropriate box and provide additional information if necessary.

| YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>RETIREMENT PLANS</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan?   |
|                          |                          | <b>EDUCATION</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?   |
|                          |                          | <b>ITEMIZED DEDUCTIONS</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town for part of the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)?   |
|                          |                          | <b>ESTIMATED TAXES</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you apply an overpayment of 2014 taxes to your 2015 estimated tax (instead of being refunded)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have an overpayment of 2015 taxes, do you want the excess applied to your 2016 estimated tax (instead of being refunded)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you expect your 2016 taxable income and withholdings to be different from 2015?   |
|                          |                          | <b>MISCELLANEOUS</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?  |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? |

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2015, please check the appropriate box and provide additional information if necessary.

- | YES                      | NO                       | <b>MISCELLANEOUS (continued)</b>  |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change of employment?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your bank account information change within the last twelve months?   |

Please enter all pertinent 2015 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

|  |  |  |
|--|--|--|
| 1=direct deposit of federal tax refund into bank account ..... |  |  |
| 1=electronic payment of balance due .....                      |  |  |
| 1=electronic payment of estimated tax .....                    |  |  |

**BANK INFORMATION**

| Name of Bank | Percent to Deposit (xx.xx) | Routing Number | Account Number | Type of Account (Table 1) | Type of Invest. (Table 2) |
|--------------|----------------------------|----------------|----------------|---------------------------|---------------------------|
|              |                            |                |                |                           |                           |
|              |                            |                |                |                           |                           |
|              |                            |                |                |                           |                           |

**2015 ESTIMATED TAX / 1040-ES (6)**

**Federal**

|  | Amount Paid | Date Paid | TS | 2015 Voucher Amount |
|--|-------------|-----------|----|---------------------|
| Overpayment applied from 2014 .....        |             |           |    |                     |
| 1st quarter payment .....                  |             |           |    |                     |
| 2nd quarter payment .....                  |             |           |    |                     |
| 3rd quarter payment .....                  |             |           |    |                     |
| 4th quarter payment .....                  |             |           |    |                     |
| Additional Estimated Tax Payments          |             |           |    |                     |
| Paid with extension .....                  |             |           |    |                     |
| Former spouse SSN if joint estimates ..... |             |           |    |                     |

**State**

|                                     | Amount Paid | Date Paid | TS | 2015 Voucher Amount |
|-------------------------------------|-------------|-----------|----|---------------------|
| Overpayment applied from 2014 ..... |             |           |    |                     |
| 1st quarter payment .....           |             |           |    |                     |
| 2nd quarter payment .....           |             |           |    |                     |
| 3rd quarter payment .....           |             |           |    |                     |
| 4th quarter payment .....           |             |           |    |                     |
| Additional Estimated Tax Payments   |             |           |    |                     |
| Paid with extension .....           |             |           |    |                     |

**1**      **Type of Account**

1 = Savings  
2 = Checking

**2**      **Type of Investment**

|                                       |  |
|---------------------------------------|--|
| 1 = Checking or savings (default)     | 6 = Coverdell savings account (ESA)      |
| 2 = Taxpayer's IRA (next year limits) | 7 = Other                                |
| 3 = Spouse's IRA (next year limits)   | 8 = Taxpayer's IRA (current year limits) |
| 4 = Health savings account (HSA)      | 9 = Spouse's IRA (current year limits)   |
| 5 = Archer MSA                        |  |

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2015 information.

**APPLICATION OF 2015 OVERPAYMENT (7.1)**

If you have an overpayment of 2015 taxes, do you want the excess refunded?  or applied to 2016 estimate? ...

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2016 ESTIMATED TAX INFORMATION**

Do you expect your 2016 taxable income to be different from 2015? ..... Yes  No

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2016 withholding to be different from 2015? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.1

|             |             |           |   |                       |
|-------------|-------------|-----------|---|-----------------------|
| <b>2015</b> | <b>1040</b> | <b>US</b> | <b>Wages, Pensions, Gambling Winnings</b> | <b>10, 13.1, 13.2</b> |
|-------------|-------------|-----------|---|-----------------------|

Please enter all pertinent 2015 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

**WAGES, SALARIES, TIPS (10)**

| No. | Name of Employer (Box c) | 1=retirement plan (Box 13) |  | Wages, Tips, Other Compensation (Box 1) | Tax Withheld    |                         |                  |                |                | 2014 Wages |
|-----|--------------------------|----------------------------|--|---|-----------------|-------------------------|------------------|----------------|----------------|------------|
|     |                          | 1=spouse                   |  |   | Federal (Box 2) | Social Security (Box 4) | Medicare (Box 6) | State (Box 17) | Local (Box 19) |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

| No. | Name of Payer | Distribution code #2 |  | Gross Distribution (Box 1) | Taxable Amount (Box 2a) | Tax Withheld    |                | Value of all IRAs at 12/31/15 | 2014 Distribution |
|-----|---------------|----------------------|--|----------------------------|-------------------------|-----------------|----------------|-------------------------------|-------------------|
|     |               | Distribution code #1 |  |                            |                         | Federal (Box 4) | State (Box 12) |                               |                   |
|     |               | 1=IRA/SEP/SIMPLE     |  |                            |                         |                 |                |                               |                   |
|     |               | 1=spouse             |  |                            |                         |                 |                |                               |                   |
|     |               |                      |  |                            |                         |                 |                |                               |                   |
|     |               |                      |  |                            |                         |                 |                |                               |                   |
|     |               |                      |  |                            |                         |                 |                |                               |                   |
|     |               |                      |  |                            |                         |                 |                |                               |                   |
|     |               |                      |  |                            |                         |                 |                |                               |                   |
|     |               |                      |  |                            |                         |                 |                |                               |                   |

**GAMBLING WINNINGS (W-2G) (13.2)**

| No. | Name of Payer | 1=spouse | Gross Winnings (Box 1) | Tax Withheld    |                |                | 2014 Winnings |
|-----|---------------|----------|------------------------|-----------------|----------------|----------------|---------------|
|     |               |          |                        | Federal (Box 4) | State (Box 15) | Local (Box 17) |               |
|     |               |          |                        |                 |                |                |               |
|     |               |          |                        |                 |                |                |               |
|     |               |          |                        |                 |                |                |               |

**GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)**

|  |                    |          |          |                    |
|--|--------------------|----------|----------|--------------------|
|  | <b>2015 Amount</b> | <b>T</b> | <b>S</b> | <b>2014 Amount</b> |
| Total gambling losses .....              |                    |          |          |                    |
| Winnings not reported on Form W-2G ..... |                    |          |          |                    |

**10, 13.1, 13.2**



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**Miscellaneous Income**

**14.1**

Please enter all pertinent 2015 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

**MISCELLANEOUS INCOME**

|  | 2015 Amount |        | 2014 Amount |        |
|--|-------------|--------|-------------|--------|
|  | Taxpayer    | Spouse | Taxpayer    | Spouse |
| Social security benefits (SSA-1099, box 5) .....   |             |        |             |        |
| Medicare premiums paid (SSA-1099) .....            |             |        |             |        |
| Tier 1 RR retirement benefits (RRB-1099, box 5) .. |             |        |             |        |
| 1=lump-sum election for SS benefits .....          |             |        |             |        |
| Alimony received .....                             |             |        |             |        |
| Taxable scholarships and fellowships .....         |             |        |             |        |
| Jury duty pay .....                                |             |        |             |        |
| Household employee income not on W-2 .....         |             |        |             |        |
| Excess minister's allowance .....                  |             |        |             |        |
| Alaska permanent fund dividends .....              |             |        |             |        |
| Income from rental of personal property .....      |             |        |             |        |
| Income subject to S/E tax:                         |             |        |             |        |
| _____  |             |        |             |        |
| _____  |             |        |             |        |
| _____  |             |        |             |        |
| _____  |             |        |             |        |
| Other income (1099-MISC, box 3, 8)                 |             |        |             |        |
| _____  |             |        |             |        |
| _____  |             |        |             |        |
| _____  |             |        |             |        |
| _____  |             |        |             |        |

**TAX WITHHELD** (not entered elsewhere)

|                                   |  |  |  |  |
|-----------------------------------|--|--|--|--|
| Federal income tax withheld ..... |  |  |  |  |
| State income tax withheld .....   |  |  |  |  |
| Local income tax withheld .....   |  |  |  |  |

**14.1**

**Please enter all pertinent 2015 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.**

**MEDICAL AND DENTAL EXPENSES**

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

|  | 2015 Amount | TS | 2014 Amount |
|--|-------------|----|-------------|
| Prescription medicines and drugs .....   |             |    |             |
| Doctors, dentists and nurses .....   |             |    |             |
| Hospitals and nursing homes .....  |             |    |             |
| Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) .. |             |    |             |
| Long-term care premiums - taxpayer .....   |             |    |             |
| Long-term care premiums - spouse .....   |             |    |             |
| Insurance reimbursement (enter as a positive number) .....                                 |             |    |             |
| Lodging and transportation:  |             |    |             |
| Out-of-pocket expenses .....   |             |    |             |
| Medical miles driven .....   |             |    |             |
| Other medical and dental expenses:   |             |    |             |
| _____  |             |    |             |
| _____  |             |    |             |
| _____  |             |    |             |

**TAXES PAID** (State and local withholding and 2015 estimates are automatic.)

|  |  |  |  |
|--|--|--|--|
| State income taxes - 1/15 payment on 2014 state estimate .....           |  |  |  |
| State income taxes - paid with 2014 state return extension .....         |  |  |  |
| State income taxes - paid with 2014 state return .....                   |  |  |  |
| State income taxes - paid for prior years and/or to other state .....    |  |  |  |
| City/local income taxes - 1/15 payment on 2014 city/local estimate ..... |  |  |  |
| City/local income taxes - paid with 2014 city/local extension .....      |  |  |  |
| City/local income taxes - paid with 2014 city/local return .....         |  |  |  |

**SALES AND USE TAXES PAID**

|  |  |  |  |
|--|--|--|--|
| State and local sales taxes (except autos and special items) ..... |  |  |  |
| Use taxes paid on 2015 purchases .....                             |  |  |  |
| Use taxes paid with 2014 state return .....                        |  |  |  |
| Sales tax on autos not included above .....                        |  |  |  |
| Sales tax on boats, aircraft, other special items .....            |  |  |  |

**OTHER TAXES PAID**

|   |  |  |  |
|---|--|--|--|
| Real estate taxes - principal residence:  |  |  |  |
| _____   |  |  |  |
| _____   |  |  |  |
| _____   |  |  |  |
| Real estate taxes - property held for investment .....  |  |  |  |
| Personal property taxes (including auto fees in some states. Provide a copy of tax notice) .. |  |  |  |
| Foreign income taxes .....  |  |  |  |
| Other taxes:  |  |  |  |
| _____   |  |  |  |
| _____   |  |  |  |
| _____   |  |  |  |

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Itemized Deductions (continued)

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Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2015 Amount

TS

2014 Amount

Table with 3 columns: Description, 2015 Amount, TS, 2014 Amount. Includes rows for home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, city, state, ZIP code, region, postal code, and country.

Table for amount paid, with columns for 2015 Amount, TS, and 2014 Amount.

Points not reported on Form 1098:

Table for points not reported on Form 1098, with columns for 2015 Amount, TS, and 2014 Amount.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . .

Table for mortgage insurance premiums, with columns for 2015 Amount, TS, and 2014 Amount.

Investment interest (interest on margin accounts):

Table for investment interest, with columns for 2015 Amount, TS, and 2014 Amount.

Passive interest . . . . .

Table for passive interest, with columns for 2015 Amount, TS, and 2014 Amount.

Certain home mortgage interest included above (6251) . . . . .

Table for certain home mortgage interest, with columns for 2015 Amount, TS, and 2014 Amount.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Table for cash or check contributions to churches, schools, hospitals, and other charitable organizations.

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

Table for volunteer expenses and charitable miles for churches, schools, hospitals, and other charitable organizations.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table for cash or check contributions to veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations.

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

Table for volunteer expenses and charitable miles for veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations.

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Itemized Deductions (continued)

25 p3

Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

Four horizontal lines for entering 2015 amounts.

2015 Amount

TS

2014 Amount

Table with 3 columns: 2015 Amount, TS, 2014 Amount. 4 rows.

30% limitation (see above):

Four horizontal lines for entering 2015 amounts.

Table with 3 columns: 2015 Amount, TS, 2014 Amount. 4 rows.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Four horizontal lines for entering 2015 amounts.

Table with 3 columns: 2015 Amount, TS, 2014 Amount. 4 rows.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Four horizontal lines for entering 2015 amounts.

Table with 3 columns: 2015 Amount, TS, 2014 Amount. 4 rows.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

Table with 3 columns: 2015 Amount, TS, 2014 Amount. 1 row.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Five horizontal lines for entering 2015 amounts.

Table with 3 columns: 2015 Amount, TS, 2014 Amount. 5 rows.

Investment expense:

Five horizontal lines for entering 2015 amounts.

Table with 3 columns: 2015 Amount, TS, 2014 Amount. 5 rows.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2015 Amount, TS, 2014 Amount. 2 rows.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Five horizontal lines for entering 2015 amounts.

Table with 3 columns: 2015 Amount, TS, 2014 Amount. 5 rows.

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Itemized Deductions (continued)

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If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- Total home equity debt exceeded \$100,000 at any time during 2015 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
- Total home acquisition debt exceeded \$1,000,000 at any time during 2015 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2015 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

|  | 2015 Amount | TS | 2014 Amount |
|--|-------------|----|-------------|
| Fair market value of the property on the date that the last debt was secured     |             |    |             |
| Home acquisition and grandfather debt on the date that the last debt was secured |             |    |             |

**LOAN INFORMATION**

Loan #1

|   |  |  |  |
|---|--|--|--|
| Lender's name                                     |  |  |  |
| Form (see table)                                  |  |  |  |
| Number of form                                    |  |  |  |
| 1=taxpayer, 2=spouse, blank=joint                 |  |  |  |
| Interest paid                                     |  |  |  |
| Points paid                                       |  |  |  |
| Total principal paid                              |  |  |  |
| Lump sum principal payment (if paid off)          |  |  |  |
| Months outstanding (if not 12)                    |  |  |  |
| Home acquisition debt balance - beginning of year |  |  |  |
| Home acquisition debt borrowed in 2015            |  |  |  |
| Home equity debt balance - beginning of year      |  |  |  |
| Home equity debt borrowed in 2015                 |  |  |  |
| Grandfather debt balance - beginning of year      |  |  |  |

Loan #2

|   |  |  |  |
|---|--|--|--|
| Lender's name                                     |  |  |  |
| Form (see table)                                  |  |  |  |
| Number of form                                    |  |  |  |
| 1=taxpayer, 2=spouse, blank=joint                 |  |  |  |
| Interest paid                                     |  |  |  |
| Points paid                                       |  |  |  |
| Total principal paid                              |  |  |  |
| Lump sum principal payment (if paid off)          |  |  |  |
| Months outstanding (if not 12)                    |  |  |  |
| Home acquisition debt balance - beginning of year |  |  |  |
| Home acquisition debt borrowed in 2015            |  |  |  |
| Home equity debt balance - beginning of year      |  |  |  |
| Home equity debt borrowed in 2015                 |  |  |  |
| Grandfather debt balance - beginning of year      |  |  |  |

**Form**  
1 = Schedule A (default)  
2 = Business use of home  
3 = Schedule E

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Health Coverage Form

39.1

Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C. Attach the document with this organizer if you have it.

GENERAL INFORMATION

1=entire household covered for all months, 2=no months
Date married (if in current year)

COVERED INDIVIDUAL (#1)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2014, 1=December 2014, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

COVERED INDIVIDUAL (#2)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2014, 1=December 2014, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

COVERED INDIVIDUAL (#3)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2014, 1=December 2014, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

COVERED INDIVIDUAL (#4)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2014, 1=December 2014, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

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