

Prepared By:

MEZZASALMA CPAs
106 Apple St Ste 107
Tinton Falls, NJ 07724

Prepared For:



2015 Client Organizer

MEZZASALMA CPAs
106 Apple St Ste 107
Tinton Falls, NJ 07724
732-842-1120

Fax - 732-676-7639 Email - john@mezzcpa.com Website - mezzcpa.com

Dear Client:

It's time to get your taxes done! We would like to thank the many of you who have been with us for most of our over 30 years in practice! With our 2 main CPAs, John and son Anthony, we will be around for the next 30 to help you! We appreciate your business!

For your convenience, please find enclosed your Tax Organizer for 2015. It is designed to facilitate gathering information necessary to **prepare your 2015 tax return**. To help you complete the organizer with minimal time and effort, we have preprinted information from your 2014 tax returns if we prepared your 2014 returns.

Please supply all K-1, W-2, 1099 & 1098 forms as well as complete documentation regarding loans, real estate transactions, stock transactions, and any other items which may require research. **By supplying these forms, you need not fill out the information on the Organizer!** Please enter all other information on the Organizer and draw a line through or make corrections to any information that does not apply or is incorrect.

In order to serve you better and make it more convenient for many clients, you may **mail** in your information. If you mailed it in last year, a return envelope is enclosed for your convenience. It is advisable to mail or make an appointment **as early as possible**. In fact, this should be done **even if you do not have your K-1 form(s)** (if applicable) yet. **You can always send/fax them later when you receive them.**

Please note that best efforts will be made to file all returns by the April 15th deadline. No guarantees, however, can be made if the deadlines on the following page are not met.

If you expect to owe taxes, it is strongly recommended that you file on a timely basis to avoid potentially harsh penalties.

Thank you for the opportunity to serve you.

Sincerely,

MEZZASALMA CPAs

P.S. Important: If you are making an appointment, please specify which location (NY or NJ) you prefer. If you **mail** your information, please use the **above NJ address**. Also please note: If you are contemplating **IRA, ROTH IRA, 401k or SEP Contributions**, it would be advisable to discuss different options **before** you finalize them.

In order to provide you with the best possible service and turn around time, we ask that you please adhere to our deadline schedule:

*****DEADLINES*****

MARCH 31, 2016 - All required data should be received by this date in order to guarantee filing of your return by April 15, **2016**.

April 7, 2016- Extensions will be filed on all returns with information received **after** March 31, **2016** and **before** April 6, **2016**.

*****MAILING YOUR RETURN IN?*****

March 31, 2016- If you are mailing your information to us, it should be received by this date.

*******Avoid Delays*******

Many K-1s are sent out sometime **after** March 15. Please don't let a missing K-1 form delay the preparation of your return.

Make sure we get all the other information early. The K-1s can be sent or faxed to us afterward!

*****OUR PRIVACY POLICY*****

Like all providers of personal financial services, tax professionals are required by law to inform clients of their policies regarding privacy of client information. Our firm continues to adhere to professional standards of confidentiality that are even more stringent than those required by law. We have always protected the security and privacy of your personal and financial information.

Types of Nonpublic Personal Information We Collect

The only nonpublic personal information we collect is provided to us by you or obtained with your authorization.

Parties to Whom We Disclose Information

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures may include providing information to our employees. In all situations, we stress the confidential nature of the information being shared.

Protecting the Confidentiality and Security of Clients' Information

We retain records relating to our professional services to better serve your professional needs and, in some cases, to comply with professional guidelines. In order to protect your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

*****IRS EFILE INFORMATION*****

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

MEZZASALMA CPAs
106 Apple St Ste 107
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Dear Client:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2015 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. It is our policy to keep records related to this engagement for 5 years. However, MEZZASALMA CPAs does not keep any original client records, so we will return those to you at the completion of the services rendered under this engagement. When records are returned to you, it is your responsibility to retain and protect your records. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

The fee does not include responding to Internal Revenue Service inquiries, and the client understands that the tax preparer is not responsible for Internal Revenue Service disallowance of doubtful deductions or deductions unsupported by adequate documentation or for resulting taxes, penalties, and interest.

If any dispute arises among the parties hereto, the parties agree first to try in good faith to settle the dispute by mediation administered by the American Arbitration Association under its Rules for Professional Accounting and Related Services Disputes before

resorting to litigation. The costs of any mediation proceeding shall be shared equally by all parties.

Client and accountant both agree that any dispute over fees charged by the accountant to the client will be submitted for resolution by arbitration in accordance with the Rules for Professional Accounting and Related Services Disputes of the American Arbitration Association. Such arbitration shall be binding and final. IN AGREEING TO ARBITRATION, WE BOTH ACKNOWLEDGE THAT IN THE EVENT OF A DISPUTE OVER FEES CHARGED BY THE ACCOUNTANT, EACH OF US IS GIVING UP THE RIGHT TO HAVE THE DISPUTE DECIDED IN A COURT OF LAW BEFORE A JUDGE OR JURY AND INSTEAD WE ARE ACCEPTING THE USE OF ARBITRATION FOR RESOLUTION.

We will be pleased to discuss this letter with you at your convenience. If the foregoing is acceptable to you, please sign the original copy of this letter in the space provided and return it to us in the enclosed envelope.

Very truly yours,

MEZZASALMA CPAs

Accepted By: _____

Date: _____

Sincerely,

MEZZASALMA CPAs

From:

[Empty rectangular box for address information]

To:

MEZZASALMA CPAs
106 Apple St Ste 107
Tinton Falls, NJ 07724
|||||||

2015 Client Organizer

CELL PHONE _____ **E-MAIL(IF USED):** _____

By providing your e-mail address, you provide permission for us to correspond with you by email.

Would you like this organizer securely emailed to you next year? Yes ____ No ____

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature _____ Date _____

Spouse signature _____ Date _____

Preparer Use Only-----Intw _____ Primary _____ Review1 _____ Review2 _____

TR - E M P F H O SD - E M P F H O TA - E M P F H O

DR _____

Form ID: 1040	Personal Information	1
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Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____ [1]
 Mark if you were married but living apart all year _____ [2]
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____ [3]

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

Present Mailing Address

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

Dependent Information

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

First Name ^{48]}	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	**Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent _____ [49]
 Social security number of qualifying person _____ [50]

Dependent Codes	
<p>*Basic</p> <ul style="list-style-type: none"> 1 = Child who lived with you 2 = Child who did not live with you 3 = Other dependent 5 = Qualifying child for Earned Income Credit only 6 = Children who lived with you, but do not qualify for Earned Income Credit 7 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit <p>***Month</p> <ul style="list-style-type: none"> 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return 	<p>**Other</p> <ul style="list-style-type: none"> 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

	Taxpayer	Spouse
Fax telephone number	_____ [11]	_____ [19]
Mobile telephone number	_____ [12]	_____ [20]
Mobile telephone #2 number	_____ [13]	_____ [21]
Pager number	_____ [14]	_____ [22]
Other:	_____ [15]	_____ [23]
Telephone number	_____ [16]	_____ [24]
Extension	_____ [17]	_____ [25]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	_____ [18]	_____ [26]

NOTES/QUESTIONS:

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code <small>(**See codes below)</small>	Interest Income ^[1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information	
	1	Payer	DON'T FILL OUT						
		Amounts	+						
	2	Payer	JUST SUPPLY 1099S						
		Amounts	+						
	3	Payer							
		Amounts	+						
	4	Payer							
		Amounts	+						
	5	Payer							
		Amounts	+						
	6	Payer							
		Amounts	+						
	7	Payer							
		Amounts	+						
	8	Payer							
		Amounts	+						
	9	Payer							
		Amounts	+						
	10	Payer							
		Amounts	+						

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T	S Type	Ordinary [2]	Qualified	Total	28%	Tax Exempt	U.S.	Tax Exempt*	Foreign	Prior Year
J	Code (**See codes below)	Dividends	Dividends	Cap Gain	Capital Gain	Dividends	Obligations*	\$ or %	Taxes	Information
				Distributions			\$ or %	\$ or %	Paid	
				Section 1250	Sec. 1202					

		1	Payer	DON'T FILL OUT							
			Amounts ⁺								
		2	Payer	JUST SUPPLY 1099S							
			Amounts ⁺								
		3	Payer								
			Amounts ⁺								
		4	Payer								
			Amounts ⁺								
		5	Payer								
			Amounts ⁺								
		6	Payer								
			Amounts ⁺								
		7	Payer								
			Amounts ⁺								
		8	Payer								
			Amounts ⁺								
		9	Payer								
			Amounts ⁺								
		10	Payer								
			Amounts ⁺								

**Dividend Codes	
Blank = Other	3 = Nominee

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S

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

T/S/J	Description of Property ^[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
—				+ _____	+ _____
—				+ _____	+ _____
—				+ _____	+ _____
—				+ _____	+ _____
—				+ _____	+ _____
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1 Preparer use only

	2015 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J) _____	[2]	
Employer identification number _____	[3]	
Business name PLEASE PROVIDE IF APPLICABLE _____	[5]	
Principal business/profession _____	[6]	
Business code _____	[11]	
Business address, if different from home address on Organizer Form ID: 1040		
Address _____	[14]	
City/State/Zip _____ [15] _____ [16] _____	[17]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____	[18]	
If other: _____	[20]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____	[21]	
If other enter explanation: _____	[23]	

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

Did you "materially participate" in this business? (Y, N) _____	[25]	
If not, number of hours you did significantly participate _____	[27]	
Mark if you began or acquired this business in 2015 _____	[29]	
Did you make any payments in 2015 that require you to file Form(s) 1099? (Y, N) _____	[30]	
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[32]	
Mark if this business is considered related to qualified services as a minister or religious worker _____	[34]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____	[36]	
Medical insurance premiums paid by this activity + _____	[40]	
Long-term care premiums paid by this activity + _____	[44]	
Amount of wages received as a statutory employee + _____	[47]	

Business Income

	2015 Information	Prior Year Information
Gross receipts and sales		
_____	+ _____ [52]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [55]	
Other income:		
_____	+ _____ [57]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Cost of Goods Sold

	2015 Information	Prior Year Information
Beginning inventory	+ _____ [59]	
Purchases	+ _____ [61]	
Labor:		
_____	+ _____ [63]	
_____	+ _____	
Materials	+ _____ [65]	
Other costs:		
_____	+ _____ [67]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [69]	

Control Totals+

BUSINESS

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

Rent and Royalty Income

	2015 Information	Prior Year Information
Rents and royalties		
_____ + _____[33]		_____
_____		_____

Rent and Royalty Expenses

	2015 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____[35]	_____ [36]	
Auto	+ _____[38]	_____ [39]	
Travel	+ _____[41]	_____ [42]	
Cleaning and maintenance	+ _____[44]	_____ [45]	
Commissions:			
_____	+ _____[47]	_____ [49]	
_____	+ _____	_____	
Insurance:			
_____	+ _____[50]	_____ [52]	
_____	+ _____	_____	
Legal and professional fees	+ _____[54]	_____ [55]	
Management fees:			
_____	+ _____[57]	_____ [59]	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098)			
_____	+ _____[60]	_____ [62]	
_____	+ _____	_____	
Other mortgage interest	+ _____[63]	_____ [65]	
Qualified mortgage insurance premiums	+ _____[66]	_____ [67]	
Other interest:			
_____	+ _____[69]	_____ [71]	
_____	+ _____	_____	
Repairs	+ _____[72]	_____ [73]	
Supplies	+ _____[75]	_____ [76]	
Taxes:			
_____	+ _____[78]	_____ [80]	
_____	+ _____	_____	
Utilities	+ _____[81]	_____ [82]	
Depreciation	+ _____[84]	_____ [85]	
Depletion	+ _____[87]	_____ [88]	
Other expenses:			
_____	+ _____[90]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	

Schedule A - Medical and Dental Expenses

T/S/J

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

2015 Information

Prior Year Information

[1]	MEDICAL EXPENSES MUST EXCEED	+		[2]	
	10% OF YOUR INCOME	+			
	TO BE USEFUL	+			
		+			
		+			
		+			

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

[4]	_____	+		[5]	
	_____	+			
	_____	+			
	_____	+			

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

[7]	_____	+		[8]	
	_____	+			

Prescription medicines and drugs:

[10]	_____	+		[11]	
	_____	+			
	_____	+			

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

Schedule A - Tax Expenses

T/S/J

State/local income taxes paid:

2015 Information

Prior Year Information

[18]	_____	+		[19]	
	_____	+			
	_____	+			
	_____	+			
	_____	+			

2014 state and local income taxes paid in 2015:

[21]	_____	+		[22]	
	_____	+			
	_____	+			

Real estate taxes paid:

[24]	PLEASE PROVIDE FORM 1098	+		[25]	
	FROM MORTGAGE COMPANY	+			
	_____	+			

Personal property taxes:

[27]	_____	+		[28]	
	_____	+			

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

[30]	_____	+		[31]	
	_____	+			
	_____	+			

Sales tax paid on major purchases:

[36]	_____	+		[37]	
	_____	+			

Sales tax paid on actual expenses:

[39]	_____	+		[40]	
	_____	+			
	_____	+			

Control Totals+

ITEMIZED DEDUCTIONS

Form ID: A-1

T/S/J		2015 Interest Paid ^[2]	2015 Points Paid	Type*	2015 Mortgage Ins. Premiums Paid	Prior Year Information
	Home mortgage interest: From Form 1098					
[1]	NO NEED TO FILL OUT	+	+		+	
	PLEASE PROVIDE FORM 1098	+	+		+	
	FROM YOUR MORTGAGE CO.	+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home
 1 = Not used to buy, build, improve home or investment
 2 = Used to pay off previous mortgage
 3 = Used to pay off previous mortgage, excess proceeds invested
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Payee's Name	SSN or EIN	2015 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[4]			+	[5]
	Address			
	City, state and zip code			
			+	
	Address			
	City, state and zip code			

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

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

Refinancing Points paid in 2015 -
 Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2015 (**Preparer use only**) + _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2015 _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2015 (**Preparer use only**) + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2015 _____

T/S/J		2015 Information	Prior Year Information
	Investment interest expense, other than on Schedule(s) K-1:		
[15]		+	[16]
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	

Charitable Contributions

T/S/J		2015 Information	Prior Year Information
	Contributions made by cash or check (including out-of-pocket expenses)		
[2]	VARIOUS ORGANIZED CHARITIES	+ _____ [3]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
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—	_____	+ _____	
—	_____	+ _____	
[5]	Volunteer miles driven	_____ [6]	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		
[8]	_____	+ _____ [9]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

Miscellaneous Deductions

T/S/J		2015 Information	Prior Year Information
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
[11]	_____	+ _____ [12]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
	Union dues:		
[14]	_____	+ _____ [15]	
—	_____	+ _____	
[17]	Tax preparation fees	+ _____ [18]	
	Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees		
[20]	_____	+ _____ [21]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
[23]	Safe deposit box rental	+ _____ [24]	
	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:		
[26]	_____	+ _____ [27]	
—	_____	+ _____	
—	_____	+ _____	
	Other expenses, not subject to the 2% AGI limit:		
[30]	_____	+ _____ [31]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
	Gambling losses: (Enter only if you have gambling income)		
[33]	_____	+ _____ [34]	
—	_____	+ _____	

1 Preparer use only

	2015 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [2]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Occupation in which expenses were incurred _____	_____ [3]	
State postal code _____	_____ [5]	
If the employee expenses were from an occupation listed below, enter the applicable code _____	_____ [6]	
<small>1 = Qualified performing artist, 2 = Impairment-related work expenses, 3 = Fee-basis official</small>		
Mark if these employee expenses are related to qualified services as a minister or religious worker _____	_____ [10]	
Parking fees and tolls	+ _____ [17]	
Local transportation	+ _____ [19]	
Travel expenses	+ _____ [22]	
Other business expenses:		
NOTE: THIS APPLIES ONLY IF YOU	+ _____ [25]	
HAVE UNREIMBURSED BUSINESS EXPENSES:	+ _____	
AUTO EXPENSES - BUSINESS MILES--	+ _____	
BOOKS/JOURNALS	+ _____	
BUSINESS GIFTS	+ _____	
BUSINESS SOFTWARE	+ _____	
BUSINESS TELEPHONE	+ _____	
CONFERENCES	+ _____	
DUES	+ _____	
EDUCATION	+ _____	
GIFTS (BUSINESS)	+ _____	
JOB SEARCH	+ _____	
LEGAL FEES (EMPLOYMENT RELATED)	+ _____	
OFFICE EXPENSES	+ _____	
ON LINE SERVICES	+ _____	
POSTAGE	+ _____	
SEMINAR FEES	+ _____	
SMALL BUSINESS EQUIPMENT	+ _____	
SOFTWARE LICENSE FEES	+ _____	
STATIONERY & POSTAGE	+ _____	
SUBSCRIPTIONS	+ _____	
SUPPLIES	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Nonvehicle depreciation	+ _____ [28]	
Meals and entertainment	+ _____ [31]	
Meals for individuals subject to DOT hours of service limitation	+ _____ [33]	

Employer Reimbursements

Enter Reimbursements not entered on Screen W2, Box 12, Code L

	2015 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2	+ _____ [60]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Reimbursements for meals and entertainment not included on Form W-2	+ _____ [62]	
Reimbursements for meals for DOT service limitation not included on Form W-2+	+ _____ [64]	

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. Please provide all copies of Form(s) 1095-B and/or 1095-C

2015 Information Prior Year Information

Was your entire family covered for the full year with minimum essential health care coverage? (Y, N) [1]

Grey box for prior year information.

If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage. Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming. Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.

Table with columns: Social Security No., First Name, Last Name, Exemption Certificate Number, Other Exemption Type *, Full Year, Start Month, End Month.

*Other Exemption Type Codes
A = Unaffordable coverage
B = Short coverage gap
C = Exempt noncitizen
D = Health care sharing ministry
E = Indian tribe member
F = Incarcerated individual
G = Hardship (combined coverage unaffordable, initial open enrollment, CHIP)
H = Medicaid/TRICARE/Fiscal year employer plan
X = Insured with minimum essential coverage (coverage info found on Form(s) 1095-B or 1095-C)

Table for 2015 Information and Prior Year Information with columns for Taxpayer and Spouse.

NOTES/QUESTIONS:

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you get married to a same-sex spouse in a state that legally recognizes same-sex marriage?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year and it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as home mortgage or student loans?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>

Do you expect a large fluctuation in income, deductions, or withholding next year?
 If your **W2 Income** should be **allocated to other states**, please provide detail in notes section below.

Retirement Information

Are you an active participant in a pension or retirement plan?
 Did you receive any Social Security benefits during the year?
 Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
 Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
 Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
 Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?
 Did anyone in your family receive a scholarship of any kind during the year?
 Did you make any withdrawals from an education savings or 529 Plan account?
 Did you pay any student loan interest this year?
 Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
 Did you make any contributions to an education savings or 529 Plan account?
 If so how much for each child's account? _____

Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of 2014 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
 Did anyone in your family qualify for an exemption from the health care coverage mandate?
 Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received.
 Did you make any contributions to a Health savings account (HSA) or Archer MSA?
 Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
 Did you pay long-term care premiums for yourself or your family?
 If you are a business owner, did you pay health insurance premiums for your employees this year?

Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?
 Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
 Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?
 If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.
 Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization.
 Did you have an expense account or allowance during the year?
 Did you use your car on the job, for other than commuting?
 Did you work out of town for part of the year?
 Did you have any expenses related to seeking a new job during the year?
 Did you make any major purchases during the year (cars, boats, etc.)?
 Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

Miscellaneous Information

- | | | |
|--|--------------------------|--------------------------|
| Did you make gifts of more than \$14,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you utilize an area of your home for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you engage in any bartering transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you retire or change jobs this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur moving costs because of a job change? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any individual as a household employee during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make energy efficient improvements to your main home this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a distribution from, or were you a grantor or transferor for a foreign trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive correspondence from the State or the Internal Revenue Service?
If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If yes, attach the IRS letter. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund. | <input type="checkbox"/> | <input type="checkbox"/> |

NOTES: