2015 Individual Taxpayer Organizer

| Name of Taxpayer | | | | | | | SS# | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------|----------------------------------------------------|-------------------------------|----------------------------------|---------------------------------------------|---------|----------|---------------|
| Fin | rst | M.I. | Last | Ema | il | | | | | | |
| Occupation | | | Date of birth | | | | Are you n | ew to our | firm? | Yes | No |
| Address | | City | | | | State | | Zip | | | |
| County | | | Home phone | | | | Work or co | ell | ' | | |
| Name of Spouse | | | | | | | SS# | | | | |
| Fin | rst | M.I. | Last | Ema | il | | | | | | |
| Occupation | | | Date of birth | | | | Are you new to our firm? Yes N | | | No | |
| (Enter information below or | ıly if different fr | om Taxpayer) | 1 | | | | ı | | | | |
| Address | | | City | | | | State Zip | | | | |
| County | | | Home phone | | | | Work or cell | | | | |
| If you moved during 2015 | 5, enter your p | revious address | S. | | | | Date of m | ove | | | |
| Were you divorced or sep Have you received any no Same-sex married couple where the married couple Names of dependent chi Child's full name | otice from the I s are required to e lives. Same-se Idren | RS or state reverse file as Married couples as Married couples as Married couples are social Security ove \$1,050 for the state of the s | enue department wit ed Filing Jointly or M ples may also want to /# | hin the arried of file ar | e past year Filing Sep mended re of birth | er? Yearatel eturns Mont home | for prior ta hs lived in in 2015 | nl returns, x years. Relations taxpayer | regardl | Col stud | lege dent? |
| Is it anticipated that a diff | | | aim a child listed abo | ve as tl | heir deper | ndent | for tax year | 2015? | Yes N | No | |
| Other dependents or people who lived Name | | Social Security # | | Date of birth Relat | | Relati | tionship Income | | P. | | |
| 110000 | | Joenn Joen III | , | 2,,,,, | ,, 01,111 | 10000 | enemp | 111001110 | | | |
| | | | | | | | | | | | |
| If you are due a refund, w | vould you like | it directly depo | osited into your bank | accour | nt? Name o | f bank | | | | | |
| Checking Savings Routing transit number Account nu | | | | | | numbe | ber | | | | |
| Ask your tax preparer for | information a | bout depositing | g a refund into an IR | A accou | unt or spli | tting t | he deposit | into more | than or | e acco | unt. |
| | | | | | | | | | | | |

Questions — All Taxpayers

"You" refers to both taxpayer and spouse—enter "?" if unsure about a question.

| 10 | u refers | 10 00 | ui taxpayer and spo | use—enter | : If unsure about a question. | | | | | | | | | |
|----------------------|-----------|-------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------|------------|--------------------|-------------------|----------------|--|--|--|--|--|
| | Yes | No | Are either you or y | our spouse le | egally blind? | | | | | | | | | |
| | Yes | No | Did you pay or receive alimony in 2015? Paid/Received \$ Recipient's SS# | | | | | | | | | | | |
| | Yes | No | Did you have health insurance for you, your spouse, and all dependents for the entire year? | | | | | | | | | | | |
| | Yes | No | Did you purchase health insurance through a public exchange? | | | | | | | | | | | |
| S | Yes | No | Will there be any significant changes in income or deductions next year, such as retirement? | | | | | | | | | | | |
| TAXE | Yes | No | Have you paid alternative minimum tax (AMT) in previous years? | | | | | | | | | | | |
| YLE & | Yes | No | Did you pay anyor | Did you pay anyone for domestic services in your home? | | | | | | | | | | |
| LIFESTYLE & TAXES | Yes | No | Did you purchase a new energy-efficient car, truck, or van? | | | | | | | | | | | |
| 7 | Yes | No | Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled? | | | | | | | | | | | |
| | Yes | No | Are you a member of the military? | | | | | | | | | | | |
| | Yes | No | Were you a citizen | of or live in a | foreign country, or receive in | come fro | m a foreign inve | estment or bank | account? | | | | | |
| - | Yes | No | | | x preparer or another person t Phone number | | | | | | | | | |
| | Yes | No | Were any children | born or adop | eted in 2015? | | | | - | | | | | |
| | Yes | No | Were any children | Year in | Paid by you: Tuition \$ | | Student loan inte | erest \$ | Books \$ | | | | | |
| | | | attending college? | college | Paid by student: Tuition \$ | | Student loan inte | erest \$ | Books \$ | | | | | |
| NO | | | Other expenses (add | statement if n | eeded) | | | | | | | | | |
| CHILDREN & EDUCATION | Yes | No | Did you pay any tu | iition for a pi | rivate school for a dependent of | or take cl | asses yourself? | | | | | | | |
| & ED | | | Student | | | | | Amount paid \$ | | | | | | |
| DREN | | | Name and address of school | | | | | | | | | | | |
| СНІГ | Yes | No | Did you pay for child or dependent care so you could work or go to school? (add statement if needed) | | | | | | | | | | | |
| | | | Name of provider | | | | | | EIN or SS # | | | | | |
| | | | Address | | | | | Amount paid \$ | 1 | | | | | |
| | Yes | No | Do you have any cl | nildren who | earned more than \$2,100 of inv | vestment | income? | | | | | | | |
| | Yes | No | Did you, or will yo | u, contribute | any money to an IRA for 2015 | 5? | | | | | | | | |
| NTS | Yes | No | Did you roll over a | ny amounts | from a retirement account in 2 | 015? | | | | | | | | |
| INVESTMENTS | Yes | No | Did you sell or trar | sfer any stoc | ck or sell rental or investment j | property | ? | | | | | | | |
| INVE | Yes | No | Did you have any i | nvestments l | pecome worthless or were you | a victim | of investment t | heft in 2015? | | | | | | |
| | Yes | No | Were you granted, | or did you e | xercise, any employee stock op | otions du | ring 2015? | | | | | | | |
| SNO | Yes | No | Did you pay any ir | iterest on a lo | oan for a boat or RV that has liv | ving qua | rters? If yes, pro | vide details. | | | | | | |
| DEDUCTIONS | Yes | No | Did you pay sales t | axes on a ma | ajor purchase in 2015, such as a | a vehicle, | boat, or home? | | | | | | | |
| DEC | Yes | No | Did you have any i | uninsured los | ss to your property in 2015? | | | | | | | | | |
| SS | Yes | No | Did you work from | a home offic | ce or use your car for business | ? | | | | | | | | |
| BUSINESS | Yes | No | Did you receive an | y income fro | m an installment sale? | | | | | | | | | |
| B | Yes | No | Do you own a busi | ness or an in | terest in a partnership, corpora | ation, LL | C, farming activ | ities, or other v | renture? | | | | | |
| | Yes | No | Did you purchase o | or sell a main | home during the year? If yes, | provide o | closing statemer | nt. | | | | | | |
| Lu. | Yes | No | If you sold a home, | did you clai | m the First-Time Homebuyer C | Credit wh | nen it was purch | ased? If yes, pro | ovide details. | | | | | |
| номе | Yes | No | Did you refinance a | a mortgage o | r take a home equity loan? (Pr | ovide clo | osing statement) |) | | | | | | |
| | Yes | No | Did you use any m | ortgage loan | proceeds for purposes other t | han to bu | ıy, build, or sub | stantially impro | ove your home? | | | | | |
| | Yes | No | Did you make any | new energy- | efficient improvements to you | r home? | If yes, provide o | details. | | | | | | |
| Sta | te infor | matio | n Full-year resid | lent Part | -year resident Nonresiden | t | | | | | | | | |
| Sta | tes of re | siden | ce during 2015 and d | ates | | | | | | | | | | |
| Sch | ool dist | rict | | | | | Do you rent or | own your hom | e? Rent Ow | | | | | |
| | | | | | | | | | | | | | | |

Income Worksheet

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

| Indicat | e "T" for taxpayer, "S" for spouse, "J" for joint | | | | Pro | vide additio | nal statemen | ts if mo | ore room is needed | |
|-------------------------------------------------------|----------------------------------------------------------|-------------------------------|-------------|------|----------------|-----------------------------------------|---------------|--------------------------|--------------------|--|
| Forms | W-2—Wage and Tax Statement | | | | | | | | | |
| T/S | Employer name | ployer name T/S Employer name | | | | | | | | |
| | 1) | | | 4) | | | | | | |
| | 2) | | | 5) | | | | | | |
| | 3) | | | 6) | | | | | | |
| Forms | 1099-INT—Interest Income | | | | | | | | | |
| T/S/J | S/J Name of issuer | | | N | Name of issuer | | | | | |
| | 1) | | | 4) | | | | | | |
| | 2) | | | 5) | | | | | | |
| | 3) | | | 6) | | | | | | |
| Forms | 1099-DIV—Dividends and Distributions | | | | | | | | | |
| T/S | Name of issuer | | T/S | N | ame of | issuer | | | | |
| | 1) | | | 4) | | | | | | |
| | 2) | | | 5) | | | | | | |
| | 3) | | | 6) | | | | | | |
| Forms | 1099-R—Distributions From Pensions, Annuities, R | etiremen | t or Profit | t-Sh | aring F | Plans, IRAs, | Insurance Co | ontract | ts, Etc. | |
| T/S | Name of issuer | | T/S | N | ame of | issuer | | | | |
| | 1) | | | | | 4) | | | | |
| | 2) | | | | | | | | | |
| | 3) | | | 6) | | | | | | |
| If the d | istribution is before age 59½, give a reason to determ | ine if an | exception | to p | enalty | applies. | | | | |
| Tax-Ex | empt Interest (such as municipal bonds—include sta | itement) | | | | | | | | |
| Payer | \$ | | Payer | | | | | | \$ | |
| Other 1 | Income | | ' | | | | | | ' | |
| State ta | x refund | \$ | \$ | | | Unreported tips | | \$ | | |
| Alimor | ny | \$ | \$ | | | Other | | \$ | | |
| Unemp | ployment compensation | \$ | \$ | | | | | \$ | | |
| Social S | Security (taxpayer)—provide SSA-1099 or RRB-1099 | \$ | | | | | | \$ | | |
| Social Security (spouse)—provide SSA-1099 or RRB-1099 | | | \$ | | | | | \$ | | |
| | ss income (see Sole Proprietorship Tax Organizer) | | 1 | | | Stock sales | | See "Sales and Exchanges | | |
| Rental income (see Rental Property Tax Organizer) | | | | | | Sale of other property Worksheet" below | | | | |
| Sale | es and Exchanges Worksheet | | | | | | | | | |
| Provid | e information about sales of stock, real estate, or othe | r proper | ty, along v | vith | Forms | 1099-B, 1099 | 9-S, or other | suppoi | rting statements. | |
| Description of property | | Purc | | | Cost/l | Cost/basis Sell date | | | Sale price | |

Notes:

• When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.

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\$

- Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.
- If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.
- If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

Itemized Deductions Worksheet

Deductions must exceed \$6,300 Single, \$12,600 MFJ, \$9,250 HOH, or \$6,300 MFS to be a tax benefit.

| Medical Expenses. Must exceed 10% (7.5% for taxpayers age 65 or | | | | Charitable Contributions. If over \$500 in noncash charitable | | | | | |
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| include any expenses that were reimbursed by insurance. | | | the taxpayer retain documentation for all cash contributions. | | | | | | |
| \$ | Hospitals | \$ | Cash | \$ | | | | | |
| \$ | Insurance | \$ | | | | | | | |
| \$ | Prescriptions | \$ | items must be in go | items must be in good used condition or better. | | | | | |
| \$ | Other | \$ | | | | | | | |
| | @ 23¢ | | | | | \$ | | | |
| not include taxes | paid for full or partia | ıl business or | | | | | | | |
| | | | | | | | | | |
| ıg | | Reported on W-2 | | | | | | | |
| taxes—paid in 20 | 15 | \$ | | | 1 | | | | |
| -residence | | \$ | | Miscellaneous Itemized Deductions. The following must exceed | | | | | |
| Real estate tax—other | | | job-related expense | sheet. | | | | | |
| Personal property taxes \$ | | | Were any expenses | | Yes No | | | | |
| Property tax refund—received in 2015 | | \$() | Dues | \$ | Supplies | \$ | | | |
| Foreign tax paid | | \$ | Investment | \$ | Tax prep fees | \$ | | | |
| Other | | \$ | - | | T. 1 | | | | |
| Other | | \$ | | · · | | \$ | | | |
| | ear returns (do not | | · | 1 | | \$ | | | |
| | | \$ | | · · | | \$ | | | |
| | | | Licenses | \$ | Other | \$ | | | |
| | | | Safety equipment | \$ | Other | \$ | | | |
| | | | Subscriptions | \$ | Other | \$ | | | |
| Interest Paid. Do not include interest paid for full or partial business or rental-use property, including business use of the home. Provide all Forms 1098 or lender information and ID numbers. | | | Other Miscellane subject to a 2% of in | ous Deductions ncome limit. | s. The following ded | uctions are not | | | |
| haer miormation | Equity loan | \$ | Gambling losses | \$ | Federal estate tax on IRD | \$ | | | |
| | Equity loan | \$ | Impairment- | \$ | Loss from box 2, | \$ | | | |
| | Investment interest | \$ | related expenses | | K-1, Form 1065B | | | | |
| nortgage insuranc | e premium when you | ı purchased your h | ome? Amount \$ | Date | | | | | |
| | to be a benefit—enses that were resenses that were resenses that were resenses that were researched in the second of the second | to be a benefit—include cost for deperenses that were reimbursed by insurant \$ Hospitals \$ Insurance \$ Prescriptions Other @ 23¢ not include taxes paid for full or partiarty, including business use of the homogen axes—paid in 2015 residence -other ty taxes and—received in 2015 2015 from prior year returns (do not bor penalties) ceipts for sales tax paid during 2015? Be a car, plane, boat, or home in 2015? Purchase paid \$ Date On not include interest paid for full or partial pa | to be a benefit—include cost for dependents—do not enses that were reimbursed by insurance. \$ Hospitals \$ \$ Insurance \$ \$ Prescriptions \$ Other \$ ———————————————————————————————— | to be a benefit—include cost for dependents—do not enses that were reimbursed by insurance. \$ Hospitals \$ Cash \$ Noncash contributions, provide the taxpayer retains the taxpayer retains the taxpayer retains to the taxpayer retains to the taxpayer retains to the taxpayer retains the taxpayer retains to the taxpayer retains the taxpayer retain | to be a benefit—include cost for dependents—do not enses that were reimbursed by insurance. \$ Hospitals \$ Cash \$ Insurance \$ Noncash contributions (FMV). Clother the taxpayer retain documentation for the taxpayer retain documents for the poor user for the taxpayer retain documents. | to be a benefit—include cost for dependents—do not enses that were reimbursed by insurance. \$ Hospitals \$ Cash \$ Prescriptions \$ Noncash contributions (FMV). Clothing or household items must be in good used condition or better. \$ Other \$ Did you transfer funds from an IRA directly to a charity? Yes No Charitable mileage Casualty and Theft Losses If you suffered any sudden, unexpected damage or loss theft, provide details to your tax preparer. Yes No Miscellaneous Itemized Deductions. The following received in 2015 \$ Miscellaneous Itemized Deductions. The following received in 2015 \$ Dues \$ Supplies Investment \$ Supplies Investment \$ Supplies Investment \$ Job education \$ Tools Job eac a car, plane, boat, or home in 2015? Yes No Purchase paid \$ Date Do not include interest paid for full or partial business or retry, including business use of the home. Provide all noter information and ID numbers. Equity loan \$ Impairment \$ Cash | | | |

Other Deductions or Questions

• Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.

- Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.
- Legal expenses are deductible only if related to producing or collecting taxable income.
- Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

| Adjustments Worksheet | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$250 each. | \$ |
| Health savings account deduction (HSA). | \$ |
| Self-employed SEP, SIMPLE, and qualified plans. Some contributions for 2015 may be made in 2016. | \$ |
| <i>Self-employed health insurance deduction.</i> Sole proprietors, partners, and 2% S corporation shareholders if not eligible for employer coverage. | \$ |
| Penalty on early withdrawal of savings. | \$ |
| IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Some contributions for 2015 may be made in 2016. | \$ |
| Student loan interest deduction. Paid for taxpayers and dependents. Income limits apply. | \$ |
| Tuition and fees deduction. Qualified tuition and fees if not claiming education credits. Income limits apply. | \$ |
| Moving expenses. Job-related move and at least 50 mile increase in commuting distance. | Ask preparer |
| Business expenses of reservists, performing artists, and fee-based government officials. | Ask preparer |

| Estimated Tax Payments — Tax Year 2015 | | | | | | | | |
|----------------------------------------|-----------|---------|-----------|-------|--|--|--|--|
| Installment | Date paid | Federal | Date paid | State | | | | |
| First | | \$ | | \$ | | | | |
| Second | | \$ | | \$ | | | | |
| Third | | \$ | | \$ | | | | |
| Fourth | | \$ | | \$ | | | | |
| Amount applied from 2014 refund? | | \$ | | \$ | | | | |
| Total | | \$ | | \$ | | | | |

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

Tax Preparation Checklist

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."

Copy of the closing statement if you bought or sold real estate.

Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage.

Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions.

Copy of all acknowledgement letters received from charitable organizations for contributions made in 2015.

Tax Return Preparation

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

Contact Us

There are many events that occur during the year that can affect your tax situation. Preparation of your tax return involves summarizing transactions and events that occurred during the prior year. In most situations, treatment is firmly established at the time the transaction occurs. However, negative tax effects can be avoided by proper planning. Please contact us in advance if you have questions about the tax effects of a transaction or event, including the following:

- Pension or IRA distributions.
- Significant change in income or deductions.
- Job change.
- Marriage.
- Attainment of age 59½ or 70½.
- Sale or purchase of a business.
- Sale or purchase of a residence or other real estate.
- Retirement.
- Notice from IRS or other revenue department.
- Divorce or separation.

- Self-employment.
- Charitable contributions of property in excess of \$5,000.
- Gifts (over \$14,000 to an individual).