2015 INCOME TAX ORGANIZER

Taxpayer's Name									Social Security Number					
Spouse's Name							Social Security Number							
Taxpayer's Occupation						Date of Birth (D.O.B.)			ı				Blind?	
Spouse's Occupation					Date	Date of Birth (D.O.B.) Blind?								
Address					e-mail address									
City		State		Zip		Home Phone			Work Phone					
	DEDEN	IDENIT (- N. (who	Livo	d wit	th you	ı moro th	an 6 m	onth	c)		
1) Name Social Sec				B.	2) Name			a more ti	nore than 6 months) Social Security No.			D.O.B.		
3) Name) Name Social Sec		curity No. D.C		В.	4) Na	me			Social Security No		-	D.O.B.	
		OTH	HER	DEP	PEND	ENTS	<u>_</u>							
1) Name			Social Secur			t home	Relation		Income	Support by you		Supp dent a	Support by depen- dent & others	
2) Name		Social Secur	rity	Time a	t home	Relation	onship	Income	Support by you		Supp dent a	ort by depen- & others		
THINGS TO BRING (if applicable): W-2 Forms for Wages 1099-R for Retirement 1099s for Interest, Dividends, and O K-1s from Partnerships, Corporation Social Security Benefits Statement Voided Check for Direct Deposit Statements of any Foreign Accounts					s or Es	states	 □ IRA Year-end Statements □ 1098 - Mortgage Interest, Tuition, Contributions □ Closing Papers for Purchases & Sales, including purchase and sale dates & amounts □ All Other Statements Showing Income □ Last Pay Stub of the Year □ Proof of Health Insurance 							
♦ RENTAL/SELF-EMPLOYMENT/FARMING INCOME & EXPENSE Total Received: \$ Expenses: Taxes Utilities						OTHER INCOME ★ Wages (Forms W-2)								
Please bring supporting documents. Dates are important!						★ I	r Hobby Income							

[★] Bring statements for marked items.

[♦] If you need a more detailed worksheet or assistance in compiling records, please call.

Deductions and Credit Items

ADJUSTMENTS	CONTRIBUTIONS						
Payments to an IRA Regular ☐ Roth ☐	Churches (receipted)						
Taxpayer Amount \$ SEP SIMPLE	Other Contributions of Money (receipted).						
Spouse Amount \$	Charitable Auto Mileage						
	Volunteer Expenses (receipted)						
Penalty for Early Withdrawal	Property Donated (for which you have receipts (fair market value)—						
Alimony Paid \$: SS#:	bring documentation if over \$500)						
Self-Employed Health Insurance	Auto, Boat Donations (Form 1098C)						
Student Loan Interest	Other						
Job Related Moving Expenses:	Other						
Travel & Lodging-Move	CASUALTY & THEFT LOSSES						
Costs of Moving Household Items	Cost of Property Lost						
	Fair Market Value of Property						
Pymts to MSA/HSA: TaxpayerSpouse	Insurance Reimbursement Received						
MEDICAL EXPENSES	Ponzi-style scheme loss						
Insurance & Medicare (not pretax)	JOB RELATED AUTOMOBILE EXPENSE						
Long Term Care Insurance Prescriptions	Total Miles						
Eyeglasses, Hearing Aids & Batteries	Business Miles						
Doctors	Commuting Miles						
Dentists	Personal Miles						
Hospital / Ambulance	Jan. 1, 2015 Odometer Beginning:						
Auto Mileagemiles Other Medical Expenses, Travel	Dec. 31, 2015 Odometer Ending:						
Reimbursement	Gas & Oil						
Did you receive reimbursement at work?	Interest						
TAXES	Tolls & Local Transportation						
Real Estate Taxes	Other						
State taxes paid in '15 for '14 or earlier	JOB / INVESTMENT RELATED DEDUCTIONS						
Sales tax paid on vehicles, boats, planes							
Sales tax paid (from receipts)	LIMITED: Dues & Subscriptions						
2015 State Tax Estimates	Safety Equipment/Uniforms						
date pd\$ date pd\$	Job Seeking Expense						
date pd. \$ date pd. \$	(incl. miles above)						
2015 Federal Tax Estimates date pd\$ date pd\$	Legal/Accounting Fees						
date pd\$ date pd\$	Tools/Equipment/Supplies Business Entertainment						
Vehicle License Tabs, Pers. Prop. Tax	Investment & Tax Advice						
·	Safe Deposit Box						
INTEREST EXPENSE	Hobby Expenses						
Home Mortgage–Paid to Financial Institutions (Form 1098)	Other/IRA Fees						
First Mortgage/Refinance Loan Origination Fee/Discount Fee	Impairment Related Work Expenses						
Second Mortgage	Classroom materials for Educators						
Home Equity							
Second Home Interest Payments	CHILD CARE EXPENSES						
Home Mortgage–Pd. to Individuals	Names, addresses, and ID#s of provider(s), amount paid.						
Investment Interest: Margin Account							
Other Investment Interest	 '						
HIGHER EDUCATION EXPENSES	·						
Post Secondary Tuition/Req. Fees Paid	Do you have a dependent care benefit plan at work?						
Date: Year in School							
ADOPTION EXPENSES	ENERGY CREDITS						
Amt. Paid: Date Finalized: (bring papers)	Qualified Energy-saving Home Improvements – Type, Cost						

Please sign here___