



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2015 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2015 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2014 information is included for your reference. You do not need to make any 2014 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2014 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.



**Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation**

Employer Name	2014 Amount
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc**

1099-R Payer Name	2014 Amount
_____	_____
_____	_____
_____	_____

**Attach Form(s) SSA-1099 – Social Security/Railroad Benefits**

	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099 .....	_____	_____
Railroad Retirement Benefits from Form RRB-1099 .....	_____	_____
Medicare B premiums withheld .....	_____	_____
Medicare C premiums withheld .....	_____	_____
Medicare D premiums withheld .....	_____	_____

**Attach Form(s) 1099-MISC – Miscellaneous Income**

1099-MISC Payer Name
_____
_____
_____
_____

**Attach Form(s) 1099-INT – Interest Income**

1099-INT Payer Name	2014 Amount
_____	_____
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-DIV – Dividend Income**

1099-DIV Payer Name	2014 Amount
_____	_____
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc**

Attach all stock sale transaction information, including initial cost information.

**Other Government Forms to attach:**

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

**Other Income:**

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

**Retirement Plan Contributions**

	Taxpayer	Spouse
Traditional IRA contributions made for 2015 .....	_____	_____
Roth IRA contributions made for 2015 .....	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions .....	_____	_____

**2015 Deductions**

<b>Medical and Dental Expenses</b>	<b>2015 Amount</b>	<b>2014 Amount</b>
Prescription medications.....	_____	_____
Health insurance premiums .....	_____	_____
Doctors, dentists, etc .....	_____	_____
Hospitals, clinics, etc .....	_____	_____
Eyeglasses and contact lenses .....	_____	_____
Miles driven for medical purposes.....	_____	_____
Other medical and dental expenses: _____	_____	_____
<b>Taxes</b>	<b>2015 Amount</b>	<b>2014 Amount</b>
Real estate taxes paid on principal residence .....	_____	_____
Real estate taxes paid on additional homes or land .....	_____	_____
Auto license registration fees based on the value of the vehicle .....	_____	_____
Other personal property taxes .....	_____	_____
<b>Interest Expenses</b>		
Home mortgage interest paid – Attach Form(s) 1098.		
<b>Lender's Name</b>	<b>2015 Amount</b>	<b>2014 Amount</b>
_____	_____	_____
Points paid on loan to buy, build or improve main home		
<b>Lender's Name</b>	<b>2015 Amount</b>	
_____	_____	
<b>Cash/Check/Credit Contributions</b>	<b>2015 Amount</b>	<b>2014 Amount</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Noncash Charitable Contributions</b>		
Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.		
<b>Miscellaneous Deductions</b>	<b>2015 Amount</b>	<b>2014 Amount</b>
Union and professional dues .....	_____	_____
Professional subscriptions, books, supplies .....	_____	_____
Uniforms and protective clothing (including cleaning) .....	_____	_____
Job search costs .....	_____	_____
Taxpayer educator expenses.....	_____	_____
Spouse educator expenses.....	_____	_____
Tax return preparation fees .....	_____	_____
Safe deposit box rental .....	_____	_____
Gambling losses (to the extent of gambling income) .....	_____	_____
Other expenses (list): _____	_____	_____

**2015 Questions**

	<b>Yes</b>	<b>No</b>
1 Did a lender cancel any of your debt in 2015? (Attach any Forms 1099-A or 1099-C).....	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2015? If <b>yes</b> , please attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you purchase a motor vehicle or boat during 2015 ? ..... If <b>yes</b> , attach documentation showing sales tax paid.	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you purchase a hybrid or electric vehicle in 2015? If <b>yes</b> , enter year, make, model, and date purchased: _____	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you donate a vehicle in 2015? If <b>yes</b> , attach Form 1098C.....	<input type="checkbox"/>	<input type="checkbox"/>
6 What was the sales tax rate in your locality in 2015 ? ..... % State ID .....		
7 Did your marital status change during 2015? ..... If <b>yes</b> , explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
8 Were you or your spouse permanently and totally disabled in 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you have dependents who must file? .....	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2100? ...	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you provide over half the support for any other person during 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you incur adoption expenses during 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?.....	<input type="checkbox"/>	<input type="checkbox"/>
14 Did you receive any disability payments in 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
16a Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2015? If <b>yes</b> , attach closing or escrow statements, 1099-C or 1099-A forms.....	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?.....	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you incur any casualty or theft losses during 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you incur any non-business bad debts? .....	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you pay any individual for domestic services in 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you buy or sell any stocks or bonds in 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you incur any moving expenses? If <b>yes</b> , attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you receive any income not included in this Tax Organizer?..... If <b>yes</b> , please attach information.	<input type="checkbox"/>	<input type="checkbox"/>
24 Do you expect your income and deductions in 2016 to be the same as 2015 ? ..... If <b>no</b> , attach explanation of changes expected.	<input type="checkbox"/>	<input type="checkbox"/>
25a Did you and your dependents have health insurance coverage for the full year? .....	<input type="checkbox"/>	<input type="checkbox"/>
b Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 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"/>
26 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
27 Enter your state of residence..... <b>Taxpayer</b> _____ <b>Spouse</b> _____		

**Electronic Filing and Direct Deposit of Refund** **Yes**  **No**

If your tax return is eligible for Electronic Filing, would you like to file electronically?.....  **Yes**  **No**

The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.  
If you receive a refund, would you like direct deposit? .....  **Yes**  **No**

If **yes**, please provide a voided check (not a deposit slip) if your bank account information has changed.  
What type of account is this? ..... Checking  Savings

**Estimated Tax Paid**

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

**Additional Information** (Enter any additional information here and attach any documents.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## General Questions

ORG3

### PERSONAL INFORMATION

	Yes	No
1 Did your marital status change during 2015? ..... If <b>yes</b> , explain .....	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you want to allow your tax preparer to discuss this year's return with the IRS? ..... If <b>no</b> , enter another person (if desired) to be allowed to discuss this return with the IRS. <b>Caution:</b> Review any transferred information for accuracy.	<input type="checkbox"/>	<input type="checkbox"/>
Designee's Name ..... ▶ Phone Number ..... ▶ Personal Identification Number (5 digit PIN) ..... ▶		
3 Do you or your spouse plan to retire in 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
4 Were you or your spouse permanently and totally disabled in 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter date of death for taxpayer or spouse (if during 2015 or 2016 ): Taxpayer: _____ Spouse: _____		
6 Were you or your spouse a member of the U.S. Armed Forces during 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>

### DEPENDENT INFORMATION

	Yes	No
7 a Do you have dependents who must file? .....	<input type="checkbox"/>	<input type="checkbox"/>
b If <b>yes</b> , do you want us to prepare the return(s)? .....	<input type="checkbox"/>	<input type="checkbox"/>
8 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,000? .....	<input type="checkbox"/>	<input type="checkbox"/>
b If <b>yes</b> , do you want to include your child's income on your return? .....	<input type="checkbox"/>	<input type="checkbox"/>
9 Are any of your dependents <b>not</b> U.S. citizens or residents? .....	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you provide over half the support for any other person during 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you incur adoption expenses during 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>

### IRA, PENSION AND EDUCATION SAVINGS PLANS

	Yes	No
12 Did you receive payments from a pension or profit-sharing plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? .....	<input type="checkbox"/>	<input type="checkbox"/>
14 a Did you convert all or part of a regular IRA into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
b Did you roll over all or part of a qualified plan into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you contribute to a Coverdell Education Savings Account? .....	<input type="checkbox"/>	<input type="checkbox"/>

### ITEMS RELATED TO INCOME/LOSSES

	Yes	No
16 Did you receive any disability payments in 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
18 a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2015? (Attach copies of any escrow statements or Forms 1099.) .....	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? .....	<input type="checkbox"/>	<input type="checkbox"/>
c Are you planning to purchase a home soon? .....	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you incur any casualty or theft losses during 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you incur any non-business bad debts? .....	<input type="checkbox"/>	<input type="checkbox"/>

### PRIOR YEAR TAX RETURNS

	Yes	No
21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? ..... If <b>yes</b> , enclose agent's report or notice of change.	<input type="checkbox"/>	<input type="checkbox"/>
22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? .....	<input type="checkbox"/>	<input type="checkbox"/>

**General Questions (continued)**

**ORG3**

**FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES**

- |             |   |                          |                          |
|-------------|---|--------------------------|--------------------------|
| <b>23</b>   | Did you have foreign income or pay any foreign taxes in 2015 ? .....  | <b>Yes</b>               | <b>No</b>                |
| <b>24 a</b> | At any time during 2015, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</b>    | Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2015? Report all interest income on Org 11 .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>25</b>   | Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>26</b>   | Did you at any time during 2015, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**HEALTH AND LIFE INSURANCE**

- |             |   |                          |                          |
|-------------|---|--------------------------|--------------------------|
| <b>27 a</b> | Did you and your dependents have health care coverage for the full year? .....  | <b>Yes</b>               | <b>No</b>                |
| <b>b</b>    | Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 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"/> |
| <b>c</b>    | If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please attach..... | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>28 a</b> | Did you or your spouse have self-employed health insurance? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</b>    | If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>29</b>   | Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>30</b>   | Did you contribute to or receive distributions from a Health Savings Account (HSA)? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

**MISCELLANEOUS**

- |           |   |                          |                          |
|-----------|---|--------------------------|--------------------------|
| <b>31</b> | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2015? If <b>yes</b> , please attach details ..... | <b>Yes</b>               | <b>No</b>                |
| <b>32</b> | Did you start paying mortgage insurance premiums in 2015? If <b>yes</b> , please attach details .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>33</b> | Did you purchase a motor vehicle or boat during 2015? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
|           | If <b>yes</b> , attach documentation showing sales tax paid.  |                          |                          |
| <b>34</b> | Did you purchase an energy efficient vehicle in 2015? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
|           | If <b>yes</b> , enter year, make, model, and date purchased: _____  |                          |                          |
| <b>35</b> | Did you donate a vehicle in 2015? If yes, attach Form 1098C .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>36</b> | What was the sales tax rate in your locality in 2015? _____ % State ID .....  |                          |                          |
| <b>37</b> | Did you or your spouse make gifts of over \$14,000 to an individual or contribute to a prepaid tuition plan? .....                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>38</b> | Did you make gifts to a trust? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>39</b> | If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? .....            | <input type="checkbox"/> | <input type="checkbox"/> |
|           | If <b>yes</b> , please attach details.  |                          |                          |
| <b>40</b> | Did you or your spouse participate in a medical savings account in 2015? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
|           | If <b>yes</b> , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)  |                          |                          |
| <b>41</b> | Did you make a loan at an interest rate below market rate? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>42</b> | Did you pay any individual for domestic services in 2015? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>43</b> | Did you pay interest on a student loan for yourself, your spouse, or your dependents? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>44</b> | Did you, your spouse, or your dependents attend post-secondary school in 2015? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>45</b> | Did a lender cancel any of your debt in 2015? (Attach any Forms 1099-A or 1099-C) .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>46</b> | Did you receive any income not included in this Tax Organizer? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
|           | If <b>yes</b> , please attach information.  |                          |                          |

**ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND**

- |           |   |                          |                          |
|-----------|---|--------------------------|--------------------------|
| <b>47</b> | If your tax return is eligible for Electronic Filing, would you like to file electronically? .....  | <b>Yes</b>               | <b>No</b>                |
| <b>48</b> | The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**Caution:** Review transferred information for accuracy.

- 49** If **yes**, please provide the following information:
- |          |   |  |
|----------|---|--|
| <b>a</b> | Name of your financial institution .....                                      | _____  |
| <b>b</b> | Routing Transit Number (must begin with 01 through 12 or 21 through 32) ..... | _____  |
| <b>c</b> | Account number .....  | _____  |
| <b>d</b> | What type of account is this? .....   | Checking <input type="checkbox"/> Savings <input type="checkbox"/> |

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

# Health Insurance Coverage

**ORG3A**

**Preparer note:** The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

<b>Part 1 Coverage</b>																
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below: See the information below regarding the new health insurance reporting requirements beginning in 2015.																
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage, who may have an exemption, and who may be subject to the individual shared responsibility payment.

Beginning in 2014, most individuals are required to have:

- ▶ **Minimum Essential Coverage (\*MEC)**, or
- ▶ an **Exemption** from the responsibility to have minimum essential coverage, or
- ▶ Make a **Shared Responsibility Payment**.

**Minimum Essential Coverage** includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

**Exemptions** may be obtained in advance from Healthcare.gov. Exemptions are available to members of federally recognized tribes, certain religious sects, and members of healthcare sharing ministries. There are numerous other exemptions and hardship exemptions available at [www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions](http://www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions) or [www.healthcare.gov/exemptions](http://www.healthcare.gov/exemptions). Some exemptions may be claimed directly on the income tax return.

The **Shared Responsibility Payment** for 2015 is the **GREATER OF 2%** of the household income that is above the filing threshold for the filing status, or the family's flat dollar amount for 2015 is \$325 per adult and \$162.50 per child, limited to a family maximum of \$975. This total is capped at the cost of the national average premium for a bronze level plan available through the Marketplace in 2015. The national average bronze plan amount is \$207 per month and limited to \$1,035 per month for a family of five or more members.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.



## Adjustments to Income

**ORG28**

TRADITIONAL IRA CONTRIBUTIONS	Taxpayer	Spouse
<b>1</b> Traditional IRA contributions made for 2015 .....		
<b>2</b> Check if you were covered by a retirement plan at work.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Check if you wish to make an additional contribution to your traditional IRA before the due date of your return.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> If line 3 is checked, check this box to contribute the maximum allowable amount.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Or enter the amount you wish to contribute .....		
If you (a) received traditional IRA distributions during 2015 <b>and</b> you have made <b>nondeductible</b> IRA contributions to any of your traditional IRAs, including SIMPLE IRAs, <b>OR</b> (b) choose to make any <b>nondeductible</b> traditional IRA contributions for 2015, please provide this information:		
<b>6</b> Enter the value of <b>all</b> of your IRAs on 12/31/2015 .....		
<b>7</b> Enter the value of <b>all</b> recharacterizations after 12/31/2015 .....		
<b>8</b> Enter the amount of any outstanding rollovers as of 1/1/2016 .....		
<b>If you received IRA distributions during 2015, please complete ORG7.</b>		

ROTH IRA CONTRIBUTIONS	Taxpayer	Spouse
<b>1</b> Roth IRA contributions made for 2015.....		
<b>2</b> Check if you wish to make an additional contribution to your Roth IRA before the due date of your return.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> If line 2 is checked, check this box to contribute the maximum allowable amount.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Or enter the amount you wish to contribute .....		

SELF-EMPLOYED PENSION CONTRIBUTIONS	Taxpayer	Spouse
<b>Money Purchase Plan Keogh and Multiple Plans:</b>		
<b>1 a</b> Payments made and/or expected to be made to a money purchase Keogh plan for 2015.....		
<b>b</b> Check this box if you wish to contribute the maximum amount to your money purchase Keogh for 2015 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Profit Sharing Plan Keogh:</b>		
<b>2 a</b> Payments made and/or expected to be made to a profit sharing Keogh for 2015 .....		
<b>b</b> Check this box if you wish to contribute the maximum amount to your profit sharing Keogh for 2015 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Defined Benefit Plan Keogh:</b>		
<b>3</b> Payments made and/or expected to be made to a defined benefit Keogh plan for 2015.....		
<b>SEP:</b>		
<b>4 a</b> Payments made and/or expected to be made to a SEP for 2015.....		
<b>b</b> Check this box if you wish to contribute the maximum amount to your SEP for 2015 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self-Employed SIMPLE Plan:</b>		
<b>5 a</b> Payments made and/or expected to be made to a self-employed SIMPLE plan for 2015 .....		
<b>b</b> Enter matching contributions only to report on Form 1040 to a self-employed SIMPLE plan for 2015 .....		
<b>Individual 401(k):</b>		
<b>6 a</b> Elective deferrals made and/or expected to be made to an Individual 401(k) plan for 2015 .....		
<b>b</b> Catch-up contributions made and/or expected to be made to an Individual 401(k) for 2015 .....		
<b>c</b> Employer matching profit-sharing contribution made and/or expected to be made to an Individual 401(k) plan for 2015.....		
<b>d</b> Check this box if you wish to contribute the maximum amount to your Individual 401(k) for 2015 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Roth 401(k):</b>		
<b>7 a</b> Elective deferrals made or expected to be made to a designated Roth 401(k) plan for 2015 .....		
<b>b</b> Catch-up contributions made or expected to be made to a designated Roth 401(k) plan for 2015 .....		

ALIMONY PAID		
Recipient's name	Recipient's SSN	Alimony paid
<b>1</b>		
<b>2</b>		

## Child and Dependent Care Expenses

ORG35

**CHILD AND DEPENDENT CARE EXPENSES**

Enter below the persons or organizations who provided the child and dependent care.

<b>First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name</b>	<b>Provider Address</b>	<b>ID Number SSN on first line OR EIN on second line</b>	<b>Amount Paid</b>
<b>Provider Phone</b>			
<b>1</b> ..... ..... .....	..... ..... ..... Care at above address? ..... <input type="checkbox"/>	..... ..... Tax-Exempt .. ► <input type="checkbox"/>	..... ..... Foreign ..... ► <input type="checkbox"/>
<b>2</b> ..... ..... .....	..... ..... ..... Care at above address? ..... <input type="checkbox"/>	..... ..... Tax-Exempt .. ► <input type="checkbox"/>	..... ..... Foreign ..... ► <input type="checkbox"/>
<b>3</b> ..... ..... .....	..... ..... ..... Care at above address? ..... <input type="checkbox"/>	..... ..... Tax-Exempt .. ► <input type="checkbox"/>	..... ..... Foreign ..... ► <input type="checkbox"/>
<b>4</b> ..... ..... .....	..... ..... ..... Care at above address? ..... <input type="checkbox"/>	..... ..... Tax-Exempt .. ► <input type="checkbox"/>	..... ..... Foreign ..... ► <input type="checkbox"/>

<b>EXPENSES</b>	<b>2015</b>	<b>2014</b>
<b>1</b> Total employment taxes paid on wages for child care expenses .....		
<b>2</b> Total expenses paid in 2015 but not incurred in 2015 .....		
<b>3</b> Total expenses incurred in 2015 but not paid in 2015 .....		
<b>4</b> Medical expenses paid for qualifying persons unable to care for themselves .....		

<b>STUDENT/DISABLED PERSON INFORMATION FOR 2015</b>	<b>Taxpayer</b>	<b>Spouse</b>
<b>5</b> If taxpayer or spouse was a full-time student or disabled in 2015, answer the following questions:		
<b>a</b> Number of months that taxpayer/spouse was a full-time student or disabled .....		
<b>b</b> Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here .....		

**Education Information**

ORG36

**EDUCATION TUITION AND FEES**

Attach all Form 1098-Ts and a list of your qualified expenses.

EDUCATOR EXPENSES	2015	2014
<b>1 a</b> Taxpayer educator expenses.....		
<b>b</b> Spouse educator expenses.....		

**STUDENT LOAN INTEREST PAID**

**Student Loan Interest Reported on a 1098-E in 2015**

**2 a** Enter detail below or total interest in Part 2b

Lender's Name	2015	2014
<b>Total Student Loan Interest</b>	<b>2015</b>	<b>2014</b>
<b>2 b</b> Enter the total interest paid on qualified student loans.....		

**FORM 1099-Q**

**3** Enter 1099-Q detail below.

State Code	Name of Payer or Program	Gross Distribution Box 1	Earnings Box 2	* Type Box 5

\* For the Type Code, enter the following:  
 P = Private Qualified Tuition Program  
 S = State Qualified Tuition Program  
 E = Coverdell ESA

**Tax Payments**

ORG40

**2015 ESTIMATED TAX PAYMENTS**

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
<b>1</b> Qtr 1 due by 04/17/15.....								
<b>2</b> Qtr 2 due by 06/15/15.....								
<b>3</b> Qtr 3 due by 09/17/15.....								
<b>4</b> Qtr 4 due by 01/15/16 .....								
<b>5 a</b> Additional payments ...								
<b>b</b> Additional payments ...								
<b>c</b> Additional payments ...								
<b>d</b> Additional payments ...								

**OTHER TAX PAYMENTS**

	Federal	State	Local
<b>6</b> 2014 overpayment applied to 2015 .....			
<b>7</b> Balance due paid with 2014 return .....			
<b>8 a</b> 2014 Quarter 4 payments paid in 2015 .....			
<b>b</b> 2014 extension payments paid in 2015 .....			
<b>9</b> Other taxes paid in 2015 for prior years (include explanation) .....			

**2016 ESTIMATED TAX WORKSHEET**

If you expect any significant change in your income or expenses in 2016, please enter the increase or decrease below.

**Income**

<b>10</b> Wages .....	Taxpayer .....	_____
	Spouse.....	_____
<b>11</b> Self-Employment Income .....	Taxpayer .....	_____
	Spouse.....	_____
<b>12</b> Capital Gains (sale of stock, real estate, etc).....		_____
<b>13</b> Other Income:		
Description .....		_____

**Deductions**

<b>14</b> Allowable Itemized Deductions .....	_____
<b>15</b> Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description .....	_____
<b>16</b> Federal Withholding .....	_____
<b>17</b> Number of personal exemptions expected for 2016 .....	_____

**ADDITIONAL INFORMATION**

<b>18</b> Check to use your 2015 tax amount for your 2016 estimate.....	<input type="checkbox"/>
<b>19</b> If you have an overpayment of 2015 taxes, check the box to indicate how you want your overpayment applied.	
<b>a</b> Apply entire overpayment to next year and refund excess .....	<input type="checkbox"/>
<b>b</b> Apply entire overpayment to first quarter and refund excess .....	<input type="checkbox"/>
<b>20</b> Amount to apply if not entire overpayment.....	_____
<b>21</b> Number of installments for estimated tax (1 - 4) .....	_____



**Federal Carryover Data (continued)**

**ORG55**

**CREDIT CARRYOVERS**

<b>14</b> General business credit .....	
<b>15 a</b> Qualified adoption expenses carryforward from 2014 .....	
<b>b</b> Qualified adoption expenses carryforward from 2013 .....	
<b>16 a</b> Mortgage interest credit from 2014 (Form 8396, line 17) .....	
<b>b</b> Mortgage interest credit from 2013 (Form 8396, line 14) .....	
<b>c</b> Mortgage interest credit from 2012 (Form 8396, line 16) .....	
<b>d</b> Certificate credit rate (Form 8396, line 2).....	%
<b>e</b> Address of home claiming mortgage interest credit on Form 8396 if different from your personal address:  _____	
<b>17</b> District of Columbia first-time homebuyer credit from 2014 (Form 8859, line 4) .....	
<b>18</b> Minimum tax credit carryforward to 2015 (Form 8801, line 26).....	
<b>19</b> Residential energy efficient property credit from 2014 (Form 5695, line 16) .....	

**OTHER CARRYOVERS**

<b>20</b> Section 179 carryover from 2014 (Form 4562, line 13) .....	
<b>21</b> Excess 2014 foreign housing deduction carryover:	
<b>a</b> Amount from Form 2555, Taxpayer's copy – line 46 .....	
<b>b</b> Amount from Form 2555, Taxpayer's copy – line 48 .....	
<b>c</b> Amount from Form 2555, Spouse's copy – line 46 .....	
<b>d</b> Amount from Form 2555, Spouse's copy – line 48 .....	

**CHARITABLE CONTRIBUTION CARRYOVERS**

<b>22</b> Carryover of charitable contributions from:	<b>Cash and Other Property</b>		<b>Capital Gain</b>	
	<b>(a)</b> 50%	<b>(b)</b> 30%	<b>(c)</b> 30%	<b>(d)</b> 20%
<b>a</b> 2014 .....				
<b>b</b> 2013 .....				
<b>c</b> 2012 .....				
<b>d</b> 2011 .....				
<b>e</b> 2010 .....				

# Foreign Tax Credit Carryovers from 2014

ORG56

FIRST FORM 1116					
<input type="checkbox"/> Passive category income		<input type="checkbox"/> General category income		<input type="checkbox"/> Re-sourced by treaty	<input type="checkbox"/> Lump-sum distributions
Regular Tax	Foreign Taxes	Disallowed	Utilized	Carryover	
2005 .....					
2006 .....					
2007 .....					
2008 .....					
2009 .....					
2010 .....					
2011 .....					
2012 .....					
2013 .....					
2014 .....					
Carryover to 2015 .....					
Alternative Minimum Tax	Foreign Taxes	Disallowed	Utilized	Carryover	
2005 .....					
2006 .....					
2007 .....					
2008 .....					
2009 .....					
2010 .....					
2011 .....					
2012 .....					
2013 .....					
2014 .....					
Carryover to 2015 .....					
SECOND FORM 1116					
<input type="checkbox"/> Passive category income		<input type="checkbox"/> General category income		<input type="checkbox"/> Re-sourced by treaty	<input type="checkbox"/> Lump-sum distributions
Regular Tax	Foreign Taxes	Disallowed	Utilized	Carryover	
2005 .....					
2006 .....					
2007 .....					
2008 .....					
2009 .....					
2010 .....					
2011 .....					
2012 .....					
2013 .....					
2014 .....					
Carryover to 2015 .....					
Alternative Minimum Tax	Foreign Taxes	Disallowed	Utilized	Carryover	
2005 .....					
2006 .....					
2007 .....					
2008 .....					
2009 .....					
2010 .....					
2011 .....					
2012 .....					
2013 .....					
2014 .....					
Carryover to 2015 .....					

# State Information Worksheet

ORG60

## GENERAL INFORMATION

	<b>Taxpayer</b>	<b>Spouse</b>
1 Enter your state of residence .....		
2 Check the appropriate box if:	<b>Taxpayer</b>	<b>Spouse</b>
a Full year resident.....	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident.....	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident .....	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____ School district: _____ School district number: _____		
	<b>Taxpayer</b>	<b>Spouse</b>
5 Check if disabled .....	<input type="checkbox"/>	<input type="checkbox"/>

## STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

## VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

## MISCELLANEOUS QUESTIONS

		<b>Yes</b>	<b>No</b>
8 Did you file a state return for 2014? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?			
a Refunded .....	<input type="checkbox"/>	b Apply to 2016 estimates .....	<input type="checkbox"/>
		c Apply to 2016 taxes .....	<input type="checkbox"/>
12 Additional state information: _____			
_____			
_____			