

TOPIC	FORM	TOPIC	FORM
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Charitable contributions	25 p2, 25 p3, 26	Partnership information	20.1, 20.2
Child and dependent care expenses	33.1, 33.2	Pension distributions	10, 13.1, 13.2
Children's interest/dividend income	44	Purchase of business assets	22 p2
Client information	1	Qualified Plan (Keogh) contributions	24
Dependents	2	Qualified tuition programs	14.3
Direct deposit of refund	3, 6, 7.1	Railroad retirement benefits	14.1
Dividend income	11, 12	Real estate taxes paid	25
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Education Savings Accounts	14.3	Rental & royalty income & expenses	18
Employee business expenses	30 p1	S corporation information	20.1, 20.2
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Estate tax	25 p4	Sale of home	17, 27
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Foreign information	31.1	SEP contributions	24
Foreign wages and other income	31.2	SIMPLE contributions	24
Gambling income/losses	10, 13.1, 13.2	Social security benefits received	14.1
Health coverage	39	State and local tax refunds	14.2
Health insurance premiums (self-employed)	24	Student loan interest paid	24
Health savings accounts	32.1	Taxes paid	25
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Interest paid	25 p2	Vacation home	18, 18 p2
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Investment interest expense	25 p2	Wages, salaries, tips	10, 13.1, 13.2
IRA contributions	24		

2015	1040	US	Client Information	1
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Tax Return Appointment

Date:
 Time:
 Location:

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

CLIENT INFORMATION

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

Please add, change or delete information for 2015.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone		Daytime Phone 1 = Work 2 = Home 3 = Mobile
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		
Spouse Contact Information	Home phone		
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		

Please add, change or delete information for 2015.

DEPENDENTS

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

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Miscellaneous Questions

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

YES

NO

PERSONAL INFORMATION

Did your marital status change during the year?

Did your address change during the year?

Could you be claimed as a dependent on another person's tax return for 2015?

DEPENDENTS

Were there any changes in dependents?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2015?

Did you have any children under age 19 or full-time students under age 24 at the end of 2015, with interest and dividend income in excess of \$1,000, or total investment income in excess of \$2,000?

HEALTH CARE COVERAGE

Did you and your dependents have health care coverage for the full-year?

Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach.

If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach.

INCOME

Did you receive unreported tip income of \$20 or more in any month?

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

Did you receive any disability income?

Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in 2015?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

Did you have any debts cancelled or forgiven?

Does anyone owe you money which has become uncollectible?

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Miscellaneous Questions (continued)

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

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

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Miscellaneous Questions (continued)

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

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

Please enter all pertinent 2015 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account	18		
1=electronic payment of balance due	34		
1=electronic payment of estimated tax	36		

BANK INFORMATION

	Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)
19		24	20	21	22	71
44		45	47	48	49	72
50		51	67	68	69	73

2015 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2015 Voucher Amount
Overpayment applied from 2014	1			
1st quarter payment	2	3		13
2nd quarter payment	4	5		14
3rd quarter payment	6	7		15
4th quarter payment	8	9		16
Additional Estimated Tax Payments	38	39		
	40	41		
	42	43		
	44	45		
Paid with extension	10	11		802
Former spouse SSN if joint estimates	12			

State

	Amount Paid	Date Paid	TS	2015 Voucher Amount
Overpayment applied from 2014	101			
1st quarter payment	102	103		113
2nd quarter payment	104	105		114
3rd quarter payment	106	107		115
4th quarter payment	108	109		116
Additional Estimated Tax Payments	138	139		
	140	141		
	142	143		
	144	145		
Paid with extension	110	111		804

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

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

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

7.1

Please enter all pertinent 2015 information.

APPLICATION OF 2015 OVERPAYMENT (7.1)

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

Other (please explain): _____

2016 ESTIMATED TAX INFORMATION

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

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

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

If "yes" explain any differences: _____

7.1

ORGANIZER

2015	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2015 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2014 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	
		1	2							
	800			3	4	6	8	14	18	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2				Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/15	2014 Distribution
		Distribution code #1						Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE									
		1=spouse									
	800	1	2	810	196	3	4	6	9	34	

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2014 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	
	800	1	3	6	9	152	

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

	2015 Amount	Ts	2014 Amount
Total gambling losses	12		
Winnings not reported on Form W-2G	10		

10, 13.1, 13.2

2015	1040	US	Miscellaneous Income	14.1
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Please enter all pertinent 2015 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2015 Amount		2014 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)	2	52		
Medicare premiums paid (SSA-1099)	13	63		
Tier 1 RR retirement benefits (RRB-1099, box 5) ..	3	53		
1=lump-sum election for SS benefits	12	62		
Alimony received	5	55		
Taxable scholarships and fellowships	8	58		
Jury duty pay	28	78		
Household employee income not on W-2	9	59		
Excess minister's allowance	24	74		
Alaska permanent fund dividends	21	71		
Income from rental of personal property	23	73		
Income subject to S/E tax:				
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
Other income (1099-MISC, box 3, 8)				
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld	14	64		
State income tax withheld	15	65		
Local income tax withheld	16	66		

2015

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State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2015 information as appropriate.
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2015 1099-G Amount

No. <input type="text"/>	Name of payer	800	
	1=spouse.....	1	
	Unemployment compensation:		
	Total received (Box 1)	2	
	2015 Overpayment repaid.....	3	
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)	4	
	1=city or local income tax refund	9	
	Tax year for box 2 if not 2014 (Box 3).....	5	
	Federal income tax withheld (Box 4).....	6	
	RTAA payments (Box 5).....	25	
	Taxable grants:		
	Federal taxable amount (Box 6)	12	
	State taxable amount, if different.....	17	
	Farm amounts:		
	Agriculture payments (Box 7).....	13	
	1=agriculture payments are from conservation reserve program	24	
	Market gain (Box 9).....	26	
Number of farm	15		
1=box 2 is trade or business income (Box 8).....	14		
State income tax withheld (Box 11).....	11		

No. <input type="text"/>	Name of payer	800	
	1=spouse.....	1	
	Unemployment compensation:		
	Total received (Box 1)	2	
	2015 Overpayment repaid.....	3	
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)	4	
	1=city or local income tax refund	9	
	Tax year for box 2 if not 2014 (Box 3).....	5	
	Federal income tax withheld (Box 4).....	6	
	RTAA payments (Box 5).....	25	
	Taxable grants:		
	Federal taxable amount (Box 6)	12	
	State taxable amount, if different.....	17	
	Farm amounts:		
	Agriculture payments (Box 7).....	13	
	1=agriculture payments are from conservation reserve program	24	
	Market gain (Box 9).....	26	
Number of farm	15		
1=box 2 is trade or business income (Box 8).....	14		
State income tax withheld (Box 11).....	11		

14.2

2015	1040	US	Education Distributions (ESA's and QTP's)	14.3
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Please enter all pertinent 2015 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.

ESA'S AND QTP'S (Form 1099-Q)

		2015 Amount	2014 Amount
No. <input style="width: 40px; height: 15px;" type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits).....	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
	2015 contributions to this ESA.....	142	
Value of this account at 12/31/15 (plus outstanding rollovers) ..	144		
Basis in this ESA as of 12/31/14.....	165		
No. <input style="width: 40px; height: 15px;" type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits).....	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
	2015 contributions to this ESA.....	142	
Value of this account at 12/31/15 (plus outstanding rollovers) ..	144		
Basis in this ESA as of 12/31/14.....	165		
No. <input style="width: 40px; height: 15px;" type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits).....	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
	2015 contributions to this ESA.....	142	
Value of this account at 12/31/15 (plus outstanding rollovers) ..	144		
Basis in this ESA as of 12/31/14.....	165		

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

GENERAL INFORMATION

Principal business/profession.....	800	
Principal business code.....	801	
Business name, if different from Form 1040.....	802	
Business address, if different from Form 1040....	803	
City, if different from Form 1040.....	804	
State, if different from Form 1040.....	828	
ZIP code, if different from Form 1040.....	829	
Foreign region.....	830	
Foreign postal code.....	831	
Foreign country.....	832	
Employer identification number.....	805	
Other accounting method.....	806	

Accounting method: 1=cash, 2=accrual.....	7		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....	6		
1=change of inventory method.....	8		
1=spouse, 2=joint.....	10		
1=first Schedule C filed for this business.....	44		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....	112		
1=not subject to self-employment tax.....	39		
1=did not "materially participate".....	22		
1=personal services is not a material income producing factor.....	220		
1=investment.....	37		
1=minister's Schedule C.....	302		
1=single member limited liability company.....	418		
1=trader in financial instruments or commodities.....	95		

INCOME

	2015 Amount	2014 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....	51	
Returns and allowances.....	52	
Other income:		
_____	54	
_____	54	
_____	54	
_____	54	

COST OF GOODS SOLD

Inventory at beginning of the year.....	14		
Purchases.....	15		
Cost of items for personal use.....	16		
Cost of labor.....	17		
Materials and supplies.....	18		
Other costs:			
_____	19		
_____	19		
_____	19		
_____	19		
Inventory at end of the year.....	20		

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

EXPENSES

	2015 Amount	2014 Amount
Accounting.....	201	
Advertising.....	56	
Answering service.....	202	
Bad debts from sales or service.....	57	
Bank charges.....	203	
Car and truck expenses (not entered elsewhere).....	59	
Commissions.....	60	
Contract labor.....	87	
Delivery and freight.....	204	
Dues and subscriptions.....	205	
Employee benefit programs.....	64	
Insurance (other than health).....	66	
Mortgage interest (paid to banks, etc.).....	12	
Other interest (not entered elsewhere).....	67	
Janitorial.....	206	
Laundry and cleaning.....	207	
Legal and professional.....	69	
Miscellaneous.....	208	
Office expense.....	70	
Outside services.....	209	
Parking and tolls.....	210	
Pension and profit sharing plans - contributions.....	71	
Pension and profit sharing plans - admin. and education costs.....	53	
Postage.....	211	
Printing.....	212	
Rent - vehicles, machinery, & equipment (not entered elsewhere).....	58	
Rent - other.....	72	
Repairs.....	73	
Security.....	213	
Supplies.....	74	
Taxes - real estate.....	45	
Taxes - payroll.....	41	
Taxes - sales tax included in gross receipts.....	43	
Taxes - other (not entered elsewhere).....	75	
Telephone.....	214	
Tools.....	215	
Travel.....	76	
Total meals and entertainment in full (50%).....	81	
Department of Transportation meals in full (80%).....	86	
Uniforms.....	216	
Utilities.....	77	
Wages.....	78	

Other expenses:

_____	90	
_____	90	
_____	90	
_____	90	
_____	90	
_____	90	

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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

PRIOR YEAR INSTALLMENT SALE

		2015 Amount		2014 Amount	
No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

**If you sold your home or moved in 2015, please complete the information below.
For the sale of home, please provide Form 1099-S and closing statements from
the purchase and sale of your home.**

SALE OF HOME (17)

Description of property (Box 3).....	800	
Date acquired (m/d/y).....	25	
Date sold (m/d/y) (Box 1).....	26	
Sales price (Box 2).....	27	
1=sale of home.....	46	
1=owned and used property as main home for at least 2 of 5 years before sale.....	145	
1=first-time homebuyer credit was previously taken on this home.....	366	
1=business use in year of sale.....	167	
Number of days after December 31, 2008 that home was not used as principal residence.....	367	

Adjusted Basis

Original cost.....	
Improvements:	

Adjusted basis.....	29

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale.....	28

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:
a) Did not meet the ownership and use tests *, or **b)** Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)	152	
1=sale due to change in health, employment or unforeseen circumstances.....	161	
Days used as main home - taxpayer.....	148	
Days used as main home - spouse.....	149	
Days property owned - taxpayer.....	150	
Days property owned - spouse.....	151	

MOVING EXPENSES (27) (If you moved because of a change in the location of your job)

1=spouse, 2=joint.....	1	
1=armed forces move due to permanent change of station.....	14	
Miles from old home to new work place.....	2	
Miles from old home to old work place.....	3	
Expenses for transportation and storage of household goods and personal effects.....	4	
Lodging and travel (excluding meals):		
Lodging and travel (excluding automobile).....	5	
Parking fees and tolls.....	15	
Gas and oil.....	16	
Miles driven to new home.....	17	

(* owned and used property as main home for at least 2 of 5 years before sale)

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

GENERAL INFORMATION

	2015 Amount	2014 Amount
Description of property.....	800	Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address.....	801	
City.....	820	
State.....	821	
ZIP code.....	822	
Type of property (see table)....	802	
Other type of property.....	803	
Number of days rented.....	34	

Percentage of ownership if not 100% (.xxxx).....	500	1=did not actively participate... 1=RE prof., activity is trade or business, 2=RE prof., not trade or business.....	38	
Percentage of tenant occupancy if not 100% (.xxxx).....	503	1=rental other than real estate.	32	
1=spouse, 2=joint.....	33	1=investment.....	71	
1=qualified joint venture.....	108	1=single member limited liability company.....	48	
1=nonpassive activity, 2=passive royalty.....	39	If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....	418	
			112	

INCOME

	2015 Amount	2014 Amount
Rents or royalties received.....	110	

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....	4	
Association dues.....	16	
Auto and travel (not entered elsewhere).....	5	
Cleaning and maintenance.....	6	
Commissions.....	7	
Gardening.....	18	
Insurance.....	8	
Legal and professional fees.....	10	
Licenses and permits.....	23	
Management fees.....	19	
Miscellaneous.....	24	
Mortgage interest (paid to banks, etc.).....	9	
Qualified mortgage insurance premiums.....	62	
Excess mortgage interest.....	67	
Other interest (not entered elsewhere).....	29	
Painting and decorating.....	20	
Pest control.....	21	
Plumbing and electrical.....	17	
Repairs.....	11	
Supplies.....	12	
Taxes - real estate.....	13	
Taxes - other (not entered elsewhere).....	25	
Telephone.....	22	
Utilities.....	14	
Wages and salaries.....	15	
Other:		
_____	27	
_____	27	
_____	27	
_____	27	

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region	823	
Foreign postal code	824	
Foreign country	825	

OIL AND GAS

	2015 Amount	2014 Amount
Production type (preparer use only)	42	
Cost depletion	43	
Percentage depletion rate or amount	502	
State cost depletion, if different (-1 if none)	76	
State % depletion rate or amount, if different (-1 if none)	506	

VACATION HOME

Number of days personal use	35	
Number of days owned (if optional method elected)	53	

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising	204	
Association dues	216	
Auto and travel (not entered elsewhere)	205	
Cleaning and maintenance	206	
Commissions	207	
Gardening	218	
Insurance	208	
Legal and professional fees	210	
Licenses and permits	223	
Management fees	219	
Miscellaneous	224	
Mortgage interest (paid to banks, etc.)	209	
Qualified mortgage insurance premiums	262	
Excess mortgage interest	267	
Other interest (not entered elsewhere)	229	
Painting and decorating	220	
Pest control	221	
Plumbing and electrical	217	
Repairs	211	
Supplies	212	
Taxes - real estate	213	
Taxes - other (not entered elsewhere)	225	
Telephone	222	
Utilities	214	
Wages and salaries	215	
Other:		
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	

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

GENERAL INFORMATION

Principal product	800	
Employer ID number	801	

Agricultural activity code	1		
Accounting method: 1=cash, 2=accrual	2		
1=spouse, 2=joint	5		
1=farm rental (Form 4835)	84		
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other	966		
1=crop insurance proceeds election	64		
Received applicable subsidy this year: 1=yes, 2=no	18		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no	112		
1=did not "materially participate" (Schedule F only)	65		
1=did not actively participate (Farm rental only)	85		
<small>1=real estate professional, activity is trade or business, 2=real estate professional, not trade or business (farm rental only)</small>	3		
1=single member limited liability company	418		
% of ownership if not 100% (.xxxx) (Farm rental only)	504		

FARM INCOME

		2015 Amount	2014 Amount
Cash method:			
Sales of livestock and other resale items	6		
Cost or basis of livestock or other resale items	7		
Sales of products raised	8		
Accrual method:			
Sales of livestock, produce, etc.	17		
Beginning inventory of livestock, etc.	23		
Cost of livestock, etc. purchased	24		
Ending inventory of livestock, etc.	25		
Other farm income:			
Total cooperative distributions	9		
Taxable cooperative distributions	10		
Total agricultural program payments (other than CRP)	11		
Taxable agricultural program payments (other than CRP)	12		
Total conservation reserve program payments	141		
Taxable conservation reserve program payments	142		
Commodity credit loans reported under election	13		
Total commodity credit loans forfeited or repaid	73		
Taxable commodity credit loans forfeited or repaid	74		
Total crop insurance proceeds received in 2015	14		
Taxable crop insurance proceeds received in 2015	75		
Taxable crop insurance proceeds deferred from 2014	76		
Custom hire (machine work) income not included above	15		

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

FARM INCOME (continued)

Other income:

	2015 Amount	2014 Amount
_____	16	
_____	16	
_____	16	
_____	16	
_____	16	
_____	16	
_____	16	
_____	16	
_____	16	
_____	16	

FARM EXPENSES

Car and truck expenses (not entered elsewhere).....	60	
Chemicals.....	27	
Conservation expenses.....	28	
Custom hire (machine work).....	40	
Employee benefit programs.....	31	
Feed purchased.....	32	
Fertilizers and lime.....	33	
Freight and trucking.....	34	
Gasoline, fuel, and oil.....	35	
Insurance (other than health).....	36	
Mortgage interest (paid to banks, etc.).....	41	
Other interest (not entered elsewhere).....	42	
Labor hired.....	37	
Pension and profit sharing - contributions.....	43	
Pension and profit sharing plans - admin. and education costs.....	57	
Rent - vehicles, machinery, and equipment (not entered elsewhere).....	39	
Rent - other (land, animals, etc.).....	44	
Repairs and maintenance.....	45	
Seeds and plants purchased.....	46	
Storage and warehousing.....	47	
Supplies purchased.....	48	
Taxes (not entered elsewhere).....	49	
Utilities.....	50	
Veterinary, breeding, and medicine.....	51	
Capitalized preproductive period expenses (also enter below).....	77	

Other expenses:

_____	53	
_____	53	
_____	53	
_____	53	
_____	53	
_____	53	
_____	53	
_____	53	
_____	53	
_____	53	
_____	53	

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2015	1040	US	Partnership and S corporation Information	20.1,20.2
-------------	-------------	-----------	--	------------------

Please add, change or delete 2015 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership
	800	801	802	161

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation
	800	801	802	161

2015	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2015 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number
	800	801	802

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number
	800	801

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

GENERAL INFORMATION

	2015 Amount	2014 Amount
Description of vehicle.....	800	
1=no evidence to support your deduction.....	30	
1=no written evidence to support your deduction.....	31	
1=vehicle is available for off-duty personal use.....	39	
1=no other vehicle is available for personal use.....	40	
1=vehicle used primarily by more than 5% owner.....	41	
Number of months of business use if changed from 100% personal use.....	333	

AUTOMOBILE MILEAGE

Total mileage (for the tax year).....	36	
Business mileage.....	37	
Commuting mileage (for the tax year).....	38	
Average daily round-trip commute.....	334	

ACTUAL EXPENSES

Parking fees and tolls (business portion only).....	335	
Gasoline, lube, oil.....	338	
Repairs.....	339	
Tires.....	340	
Insurance.....	341	
Miscellaneous.....	342	
Auto license (other than personal property taxes).....	343	
Personal property taxes (based on car's value).....	344	
Interest (car loan) (for Schedule C, E & F).....	345	
Vehicle rent or lease payments.....	350	
Inclusion amount (enter as positive).....	351	
Value of employer-provided vehicle on Form W-2 (2106).....	346	

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

TRADITIONAL IRA CONTRIBUTIONS

	2015 Amount		2014 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).....	1	51		
Contributions made to date	3	53		
1=covered by plan, 2=not covered.....	5	55		
2015 payments from 1/1/16 to 4/15/16.....	8	58		

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).....	27	77		
Contributions made to date	30	80		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum).....	10	60		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum).....	11	61		
Defined benefit contributions you expect to make.....	13	63		
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum).....	12	62		
Plan contribution rate if not .25 (.xxxx).....	501	551		
Individual 401k: SE elective deferrals (except Roth) (1=max.)...	44	94		
Individual 401k: SE designated Roth contributions (1=max.)...	144	194		
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum).....	22	72		
Employer matching rate if not .03 (.xxxx).....	502	552		
1=nonelective contributions (2%).....	24	74		
Contributions made to date	14	64		

ADJUSTMENTS TO INCOME

Self-employed health insurance:				
Total premiums (excluding long-term care)....	16	66		
Long-term care premiums.....	26	76		
Student loan interest paid (1098-E, box 1).....	23	73		
Educator expenses (kindergarten thru grade 12)...	28	78		
Jury duty pay given to employer.....	43	93		
Expenses from rental of personal property.....	37	87		
Other adjustments to income:				
_____	19	69		
_____	19	69		
_____	19	69		

Alimony paid:

	Taxpayer	Spouse
Recipient's first name....	39.____	89.____
Recipient's last name....	40.____	90.____
Recipient's SSN.....	41.____	91.____
Amount paid	18.____	68.____
	2014 amt:	2014 amt:

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

MEDICAL AND DENTAL EXPENSES

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

	2015 Amount	TS	2014 Amount
Prescription medicines and drugs.....	4		
Doctors, dentists and nurses.....	5		
Hospitals and nursing homes.....	6		
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..	7		
Long-term care premiums - taxpayer.....	17		
Long-term care premiums - spouse.....	58		
Insurance reimbursement (enter as a positive number).....	8		
Lodging and transportation:			
Out-of-pocket expenses.....	9		
Medical miles driven.....	52		
Other medical and dental expenses:			
_____	10		
_____	10		
_____	10		

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

State income taxes - 1/15 payment on 2014 state estimate.....	11		
State income taxes - paid with 2014 state return extension.....	12		
State income taxes - paid with 2014 state return.....	13		
State income taxes - paid for prior years and/or to other state.....	14		
City/local income taxes - 1/15 payment on 2014 city/local estimate.....	211		
City/local income taxes - paid with 2014 city/local extension.....	212		
City/local income taxes - paid with 2014 city/local return.....	213		

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items).....	91		
Use taxes paid on 2015 purchases.....	92		
Use taxes paid with 2014 state return.....	96		
Sales tax on autos not included above.....	349		
Sales tax on boats, aircraft, other special items.....	93		

OTHER TAXES PAID

Real estate taxes - principal residence:			
_____	15		
_____	15		
_____	15		
Real estate taxes - property held for investment.....	16		
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..	18		
Foreign income taxes.....	19		
Other taxes:			
_____	20		
_____	20		
_____	20		

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

INTEREST PAID

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

	2015 Amount	TS	2014 Amount
_____	21		
_____	21		
_____	21		

Home mortgage interest not reported on Form 1098:

Payee's name	85.____		
Payee's SSN or FEIN	86.____		
Payee's street address	87.____		
Payee's city	88.____		
Payee's state	106.____		
Payee's ZIP code	108.____		
Payee's region	1350		
Payee's postal code	1351		
Payee's country	1352		

Amount paid	22.____		
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Points not reported on Form 1098:

_____	23		
_____	23		

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

	39		
--	----	--	--

Investment interest (interest on margin accounts):

_____	24		
_____	24		

Passive interest

	27		
--	----	--	--

Certain home mortgage interest included above (6251)

	30		
--	----	--	--

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

CASH CONTRIBUTIONS

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

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

Contributions by cash or check:

_____	32		
_____	32		
_____	32		
_____	32		
_____	32		

Volunteer expenses (out-of-pocket)

	31		
--	----	--	--

Number of charitable miles

	53		
--	----	--	--

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

Contributions by cash or check:

_____	41		
_____	41		
_____	41		
_____	41		
_____	41		

Volunteer expenses (out-of-pocket)

	40		
--	----	--	--

Number of charitable miles

	54		
--	----	--	--

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

NONCASH CONTRIBUTIONS

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

50% limitation (see above):

	2015 Amount	TS	2014 Amount
33			
33			
33			
33			

30% limitation (see above):

34			
34			
34			
34			

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

35			
35			
35			
35			

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

36			
36			
36			
36			

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

42			
----	--	--	--

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

43			
43			
43			
43			
43			
43			

Investment expense:

44			
44			
44			
44			
44			
44			

Tax return preparation fee

45			
----	--	--	--

Safe deposit box rental

46			
----	--	--	--

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

47			
47			
47			
47			
47			
47			

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

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

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

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

	2015 Amount	TS	2014 Amount
Fair market value of the property on the date that the last debt was secured	493		
Home acquisition and grandfather debt on the date that the last debt was secured	494		

LOAN INFORMATION

Loan #1

Lender's name	820		
Form (see table)	416		
Number of form	417		
1=taxpayer, 2=spouse, blank=joint	496		
Interest paid	401		
Points paid	402		
Total principal paid	404		
Lump sum principal payment (if paid off)	403		
Months outstanding (if not 12)	405		
Home acquisition debt balance - beginning of year	407		
Home acquisition debt borrowed in 2015	408		
Home equity debt balance - beginning of year	410		
Home equity debt borrowed in 2015	411		
Grandfather debt balance - beginning of year	413		

Loan #2

Lender's name	830		
Form (see table)	436		
Number of form	437		
1=taxpayer, 2=spouse, blank=joint	497		
Interest paid	421		
Points paid	422		
Total principal paid	424		
Lump sum principal payment (if paid off)	423		
Months outstanding (if not 12)	425		
Home acquisition debt balance - beginning of year	427		
Home acquisition debt borrowed in 2015	428		
Home equity debt balance - beginning of year	430		
Home equity debt borrowed in 2015	431		
Grandfather debt balance - beginning of year	433		

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

If your total noncash contributions are in excess of \$500 in 2015, please complete the information below for each donee using the following guidelines:

- * If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- * A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

No. <input type="text"/>	Name of charitable organization (donee).....	800		
	Street address	801		
	City	802		
	State	831		
	ZIP code	832		
	1=spouse, 2=joint	1		
	Property description (other than vehicle).....	803		
	Vehicle	Identification number (VIN).....	204	
		Year (yyyy)	14	
		Make and model	829	
		Condition and mileage	830	
	Date of contribution (m/d/y).....	5		
	Date acquired by donor (m/y)	6		
	How acquired by donor (Table 1 or describe).....	804		
	Donor's cost or basis	7		
Fair market value	8			
Method used to determine FMV (Table 2 or describe).....	805			

No. <input type="text"/>	Name of charitable organization (donee).....	800		
	Street address	801		
	City	802		
	State	831		
	ZIP code	832		
	1=spouse, 2=joint	1		
	Property description (other than vehicle).....	803		
	Vehicle	Identification number (VIN).....	204	
		Year (yyyy)	14	
		Make and model	829	
		Condition and mileage	830	
	Date of contribution (m/d/y).....	5		
	Date acquired by donor (m/y)	6		
	How acquired by donor (Table 1 or describe).....	804		
	Donor's cost or basis	7		
Fair market value	8			
Method used to determine FMV (Table 2 or describe).....	805			

<p>1</p> <p style="text-align: center;">How Property was Acquired</p> <p>1 = Purchase 3 = Inheritance 2 = Gift 4 = Exchange</p>	<p>2</p> <p style="text-align: center;">Method Used to Determine FMV</p> <p>1 = Appraisal 3 = Catalog 2 = Thrift shop value 4 = Comparable sales</p> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p>
---	--

**Please enter 2015 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.**

BUSINESS USE OF HOME

	2015 Amount	2014 Amount
Form	45	
Number of form (e.g., enter 2 for Schedule C number 2)	46	
Business use area (square footage)	2	
Total area of home (square footage)	1	
Total hours facility used (for daycare facilities only)	3	
Total hours available (if not 8,760)	9	
% (.xx) or amount of gross income from home if not 100% (-1 if none)	502	
% (.xx) or amount of expenses from home if not 100% (-1 if none)	503	

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest	11	
Real estate taxes	12	
Qualified mortgage insurance premiums	51	
Casualty losses	13	
Insurance	14	
Miscellaneous	15	
Rent	16	
Repairs and maintenance	17	
Utilities	18	
Excess mortgage interest	19	
Other indirect expenses:		
_____	20	
_____	20	
_____	20	
_____	20	

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest	21	
Real estate taxes	22	
Qualified mortgage insurance premiums	52	
Casualty losses	23	
Insurance	24	
Miscellaneous	25	
Rent	26	
Repairs and maintenance	27	
Utilities	28	
Excess mortgage interest	29	
Excess casualty losses	30	
Allowable casualty losses	31	
Other direct expenses:		
_____	32	
_____	32	
_____	32	
_____	32	

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

GENERAL INFORMATION

Occupation, if different from Form 1040	800	
Form	13	
Number of form (1=first Schedule C, 2=second, etc.)	14	
1=spouse	1	
1=performance artist, 2=handicapped, 3=fee-basis government official	8	
1=minister's expenses	226	

EMPLOYEE BUSINESS EXPENSES

	2015 Amount	2014 Amount
Meal and entertainment expenses	44	
Reimbursements for meals and entertainment not on W-2, box 1	45	
1=Department of Transportation (80% meal allowance)	50	
Local transportation (bus, taxi, train, etc.)	7	
Travel expenses while away from home overnight	9	
Reimbursements not included on Form W-2, box 1	12	
Other business expenses:		
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	

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

VEHICLE INFORMATION

	2015 Amount	2014 Amount
1=vehicle used primarily by more than 5% owner.....	11	
1=vehicle is available for off-duty personal use.....	4	
1=no other vehicle is available for personal use.....	2	
1=no evidence to support your deduction.....	5	
1=no written evidence to support your deduction.....	6	

VEHICLE 1

Description of vehicle.....	801	
Date placed in service (m/d/y).....	15	
Total mileage (for the tax year).....	16	
Business mileage.....	17	
Commuting mileage (for the tax year).....	19	
Average daily round-trip commute.....	18	
Number of months of business use if changed from 100% personal use.....	80	
Parking fees and tolls (business portion only).....	70	
Actual expenses:		
Gasoline, lube, oil.....	51	
Repairs.....	52	
Tires.....	53	
Insurance.....	54	
Miscellaneous.....	22	
Auto license (other than personal property taxes).....	55	
Personal property taxes (based on car's value).....	56	
Interest (car loan) (for Schedule C, E & F).....	57	
Vehicle rent or lease payments.....	23	
Inclusion amount (enter as positive).....	20	
Value of employer-provided vehicle on Form W-2 (2106).....	24	

VEHICLE 2

Description of vehicle.....	802	
Date placed in service (m/d/y).....	29	
Total mileage (for the tax year).....	30	
Business mileage.....	31	
Commuting mileage (for the tax year).....	33	
Average daily round-trip commute.....	32	
Number of months of business use if changed from 100% personal use.....	112	
Parking fees and tolls (business portion only).....	71	
Actual expenses:		
Gasoline, lube, oil.....	61	
Repairs.....	62	
Tires.....	63	
Insurance.....	64	
Miscellaneous.....	36	
Auto license (other than personal property taxes).....	65	
Personal property taxes (based on car's value).....	66	
Interest (car loan) (for Schedule C, E and F).....	67	
Vehicle rent or lease payments.....	37	
Inclusion amount (enter as positive).....	34	
Value of employer-provided vehicle on Form W-2 (2106).....	38	

**Please enter all pertinent 2015 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.**

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2015, a high deductible health plan is one with an annual deductible that is not less than \$1,250 for self-only coverage or \$2,500 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$6,350 for self-only coverage or \$12,700 for family coverage.

	2015 Amount		2014 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage.....	3	53		
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum).....	5	55		
Contributions included above that were made after you became eligible for Medicare.....	32	82		
Contributions made to date	39	89		

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1)...	15	65		
Distributions included above that were rolled over to another HSA	16	66		
Total unreimbursed qualified medical expenses...	17	67		

Please enter all pertinent 2015 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)	2015 Amount		2014 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2015.	3	53		
Employer-provided benefits forfeited in 2015	6	56		

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name.	17	
	Last name.	18	
	Title or suffix.	24	
	Date of birth (m/d/y).	22	
	Social security number.	19	
	Qualified dependent care expenses incurred and paid in 2015.	20	2014 amt:
	1=disabled.	23	
	1=spouse, 2=joint	21	

No. <input style="width:40px;" type="text"/>	First name.	17	
	Last name.	18	
	Title or suffix.	24	
	Date of birth (m/d/y).	22	
	Social security number.	19	
	Qualified dependent care expenses incurred and paid in 2015.	20	2014 amt:
	1=disabled.	23	
	1=spouse, 2=joint	21	

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider.	10	
	Street address	11	
	City.	12	
	State.	26	
	ZIP code.	27	
	Foreign region	28	
	Foreign postal code	29	
	Foreign country	30	
	Identification number (SSN or EIN).	13	
	Amount paid to care provider in 2015.	14	2014 amt:
	1=spouse, 2=joint	15	

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

ELIGIBLE CHILDREN

2015 Amount

2014 Amount

No. <input type="text"/>	First name.....	11		
	Last name.....	12		
	Identification number.....	13		
	Date of birth (m/d/y).....	14		
	1=born before 1998 and was disabled.....	15		
	1=special needs child.....	16		
	1=foreign child.....	17		
	1=adoption was not final in 2015.....	22		
	1=spouse, 2=joint.....	21		
	Qualified Adoption Expenses Paid in	2014 for adoption not finalized by end of 2015.....		23
		Prior years for adoption of foreign child finalized in 2015.....	26	
		2014 and 2015 for adoption finalized in 2015.....	20	
		2015 for adoption finalized before 2015.....	24	

No. <input type="text"/>	First name.....	11		
	Last name.....	12		
	Identification number.....	13		
	Date of birth (m/d/y).....	14		
	1=born before 1998 and was disabled.....	15		
	1=special needs child.....	16		
	1=foreign child.....	17		
	1=adoption was not final in 2015.....	22		
	1=spouse, 2=joint.....	21		
	Qualified Adoption Expenses Paid in	2014 for adoption not finalized by end of 2015.....		23
		Prior years for adoption of foreign child finalized in 2015.....	26	
		2014 and 2015 for adoption finalized in 2015.....	20	
		2015 for adoption finalized before 2015.....	24	

No. <input type="text"/>	First name.....	11		
	Last name.....	12		
	Identification number.....	13		
	Date of birth (m/d/y).....	14		
	1=born before 1998 and was disabled.....	15		
	1=special needs child.....	16		
	1=foreign child.....	17		
	1=adoption was not final in 2015.....	22		
	1=spouse, 2=joint.....	21		
	Qualified Adoption Expenses Paid in	2014 for adoption not finalized by end of 2015.....		23
		Prior years for adoption of foreign child finalized in 2015.....	26	
		2014 and 2015 for adoption finalized in 2015.....	20	
		2015 for adoption finalized before 2015.....	24	

Please complete the information below if you paid qualified education expenses in 2015 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse	17		
First name	12		
Last name	13		
Social security number.....	14		
Number of years hope credit claimed	23		
Number of prior years AOC claimed	35		
1=student was NOT enrolled at least half-time for at least one academic period that began in 2014 (or the first 3 months of 2015 if the qualified expenses were made in 2014) at an eligible institution in a qualified program.	41		
1=student completed first four years of post-secondary education before 2014.	32		
1=student was convicted, before the end of 2015, of a felony for possession or distribution of a controlled substance.	42		

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name	950		
Street address	951		
City	952		
State	953		
ZIP code	954		
1=2015 Form 1098-T was NOT received.	243		
1=2015 Form 1098-T received with Box 2 & 7 completed.....	245		
1=2014 Form 1098-T received with Box 2 & 7 completed.....	244		
Federal ID number from Form 1098-T.....	958		

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name	850.____		
Street address	851.____		
City	852.____		
State	853.____		
ZIP code	854.____		
1=2015 Form 1098-T was NOT received.	43.____		
1=2015 Form 1098-T received with Box 2 & 7 completed.....	45.____		
1=2014 Form 1098-T received with Box 2 & 7 completed.....	44.____		
Federal ID number from Form 1098-T.....	858.____		

QUALIFIED EDUCATION EXPENSES

	2015 Amount	2014 Amount
Qualified tuition & fees paid in 2015 (net of refund or assistance, & not entered elsewhere) ..	16	
Books & supplies required to be purchased from institution.	27	
Books & supplies not entered above.....	28	
Amount of prior year refund or assistance *	20	

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

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

GENERAL INFORMATION

1=entire household covered for all months, 2=no months	210	
Date married (if in current year).....	102	

COVERED INDIVIDUAL (#1)

(a) First name ..	871.____	
(a) Last name ..	872.____	
(b) ID number (SSN or TIN)....	873.____	
(d) 1=covered all 12 months ...	251.____	
(e) Months of coverage:		
1=November 2014	265.____	
1=December 2014	266.____	
1=January	252.____	
1=February	253.____	
1=March	254.____	
1=April	255.____	
1=May	256.____	
1=June	257.____	
1=July	258.____	
1=August	259.____	
1=September	260.____	
1=October	261.____	
1=November	262.____	
1=December	263.____	

COVERED INDIVIDUAL (#2)

(a) First name ..	871.____	
(a) Last name ..	872.____	
(b) ID number (SSN or TIN)....	873.____	
(d) 1=covered all 12 months ...	251.____	
(e) Months of coverage:		
1=November 2014	265.____	
1=December 2014	266.____	
1=January	252.____	
1=February	253.____	
1=March	254.____	
1=April	255.____	
1=May	256.____	
1=June	257.____	
1=July	258.____	
1=August	259.____	
1=September	260.____	
1=October	261.____	
1=November	262.____	
1=December	263.____	

COVERED INDIVIDUAL (#3)

(a) First name ..	871.____	
(a) Last name ..	872.____	
(b) ID number (SSN or TIN)....	873.____	
(d) 1=covered all 12 months ...	251.____	
(e) Months of coverage:		
1=November 2014	265.____	
1=December 2014	266.____	
1=January	252.____	
1=February	253.____	
1=March	254.____	
1=April	255.____	
1=May	256.____	
1=June	257.____	
1=July	258.____	
1=August	259.____	
1=September	260.____	
1=October	261.____	
1=November	262.____	
1=December	263.____	

COVERED INDIVIDUAL (#4)

(a) First name ..	871.____	
(a) Last name ..	872.____	
(b) ID number (SSN or TIN)....	873.____	
(d) 1=covered all 12 months ...	251.____	
(e) Months of coverage:		
1=November 2014	265.____	
1=December 2014	266.____	
1=January	252.____	
1=February	253.____	
1=March	254.____	
1=April	255.____	
1=May	256.____	
1=June	257.____	
1=July	258.____	
1=August	259.____	
1=September	260.____	
1=October	261.____	
1=November	262.____	
1=December	263.____	

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

HOUSEHOLD EMPLOYMENT TAXES

NOTE: If you paid any one household employee cash wages of \$1,900 or more in 2015; withheld federal income tax during 2015 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2014 or 2015 to household employees, please complete the following:

Employer identification number	1	
1=spouse, 2=joint	2	

Social security, Medicare and income taxes:	2015 Amount	2014 Amount
1=paid any one employee cash wages of \$1,900 or more	4	
1=withheld federal income tax for household employee	5	
Total cash wages subject to social security taxes	6	
Total cash wages subject to Medicare taxes	7	
Federal income tax withheld	8	
Taxes withheld from state disability payments	33	

Federal unemployment tax:	2015 Amount	2014 Amount
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2014 or 2015	10	
Total cash wages subject to FUTA tax	11	
1=paid unemployment contributions to only one state	12	
1=paid all state unemployment contributions by 4/15/16	13	
1=all wages taxable for FUTA were also taxable for state unemployment	14	
Name of state	15	
Contributions paid to state unemployment fund	17	

**Please enter all pertinent 2015 amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.**

CHILD'S INFORMATION

First name	800	
Last name	803	
Social security number.....	801	
Date of birth (m/d/y).....	26	
1=nontaxable to federal.....	19	
1=nontaxable to state.....	18	

INTEREST INCOME (Form 1099-INT)

	2015 Amount	2014 Amount
Banks, credit unions, etc. (Box 1): _____	3	
_____	3	
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3): _____	17	
_____	17	
Tax-exempt interest:		
Total municipal bonds.....	16	
In-state municipal bonds	4	
Adjustments:		
Nominee distribution	5	
Accrued interest	6	
Tax-exempt interest (1099-INT in error)	22	
OID adjustment.....	7	
ABP adjustment	8	
Foreign:		
1=interest in or authority over foreign account	9	
Name of foreign country.....	802	
1=grantor/transferee or received distribution from foreign trust	10	
Post 8/7/86 private activity bond interest (included above) (6251).....	20	

DIVIDEND INCOME (Form 1099-DIV)

Total ordinary dividends (Box 1a): _____	11	
_____	11	
Qualified dividends (Box 1b)	29	
Total capital gain distributions (Box 2a): _____	13	
_____	13	
Unrecaptured section 1250 gain (Box 2b)	24	
Section 1202 gain (Box 2c)	2	
Collectibles (28%) gain (Box 2d).....	23	
Nontaxable distributions (Box 3).....	12	
Tax-exempt interest:		
Total municipal bonds.....	15	
In-state municipal bonds	21	
Nominee distributions:		
Ordinary dividends.....	14	
Qualified dividends.....	31	
Capital gain distributions	25	
Alaska permanent fund dividends included above.....	27	

