

# General Information

	<b>Taxpayer</b>	<b>Spouse</b>
First Name . . . . .	<input type="text"/>	<input type="text"/>
Middle Initial . . . . .	<input type="text"/>	<input type="text"/>
Last Name . . . . .	<input type="text"/>	<input type="text"/>
Suffix . . . . .	<input type="text"/>	<input type="text"/>
Social Security Number . . . . .	<input type="text"/>	<input type="text"/>
Date of Birth . . . . .	<input type="text"/>	<input type="text"/>
Date of Death . . . . .	<input type="text"/>	<input type="text"/>
Check ("X") which phone number to list on return.		
Home Phone . . . . .	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Work Phone . . . . .	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Cell Phone . . . . .	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Fax Number . . . . .	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Legally Blind . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Totally Disabled . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Claimed as a Dependent . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Presidential Election Fund (\$3) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Occupation . . . . .	<input type="text"/>	<input type="text"/>
E-mail address . . . . .	<input type="text"/>	<input type="text"/>
State of Residence as of 12/31 . . . . .	<input type="text"/>	<input type="text"/>
County of Residence as of 12/31 . . . . .	<input type="text"/>	<input type="text"/>
School District as of 12/31 . . . . .	<input type="text"/>	<input type="text"/>
Sales tax rate of locality in 2015 . . . . .	<input type="text"/> %	<input type="text"/> %
If Part Year, Period of Residency . . . . .	<input type="text"/> to <input type="text"/>	<input type="text"/> to <input type="text"/>

## Filing Status

Status on 2014 return :

Status as of 12/31/2015 :  1 Single  
Enter ("X") in the box  2 Married filing joint  
 3 Married filing separately  
(Enter spouse's name and SSN above)

4 Head of Household Non-dependent name: \_\_\_\_\_  
Non-dependent SSN: \_\_\_\_\_

5 Qualifying widow(er) with minor child Year spouse died \_\_\_\_\_

## Taxpayer's Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If address is in a foreign country, enter that country . . . \_\_\_\_\_  
Foreign province/county . . . \_\_\_\_\_ Foreign postal code \_\_\_\_\_

If a bona fide resident of a U.S. territory, enter territory . . . \_\_\_\_\_

## Preparer's Information

Preparer's name Alicia Utley, EA

Firm's name Infinite Tax Solutions, LLC

Street 3000 Pearl St #208

City Boulder State CO Zip Code 80301

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Questions

Yes No

#### Basic Information

- 1 Did your marital status change since last year?
- 2 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2015?
- 3 Are there any changes in your dependents from last year?
- 4 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,050 in investment income?
- 5 Are all your dependents either US residents or citizens?
- 6 Did you provide over half of the support for someone you aren't claiming as a dependent?
- 7 Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- 8 Did you or a member of your family have minimum essential coverage in 2015? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)
- 9 Did you have a Health Insurance Marketplace granted coverage exemption or are you claiming a coverage exemption?
- 10 Were either you or your spouse in the military or National Guard?
- 11 Did you purchase or sell your principal residence?
- 12 Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
- 13 Were there any changes to a prior year's income, deductions, or credits?
- 14 Did you make gifts of more than \$14,000 to any one person?
- 15 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2015?
- 16 Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
- 17 Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?
- 18 Do you want to e-file your return?
- 19 If you are due a refund, how do you want to receive it?

Check sent to you in the mail  Other quick refund via a bank product

Apply to next year's estimates

Direct deposit (please provide voided blank check)

Type of account:  Checking  Savings

If you owe taxes, how do you want to pay them?

Paper check sent with my return  Credit card  Installment Agreement

Direct debit from my bank account (please provide a voided blank check)

Type of account:  Checking  Savings

- 20 Do you want to allow your tax preparer to discuss this year's return with the IRS?  
If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's name \_\_\_\_\_ Phone Number \_\_\_\_\_ Personal identification Number (5 digit PIN) \_\_\_\_\_

Yes No

#### Income

- 1 Did you have an interest in or signature authority over a financial account in a foreign country?
- 2 Were you the grantor of or transferor to a foreign trust?
- 3 Did you receive income from a foreign source or pay taxes to a foreign government?
- 4 Did you receive tip income NOT reported to your employer?
- 5 Did you barter your services for goods or services from someone else?
- 6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
- 7 Did you make a loan to someone at an interest rate below market rate?
- 8 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
- 9 Did you cash in any U.S. savings bonds?
- 10 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
- 11 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
- 12 Did you receive disability income?
- 13 Do you have gambling winnings? (If yes, be sure to include in gambling expenses)
- 14 Did you receive any unemployment benefits?
- 15 During 2015, did you receive payments from a Long-Term Care insurance contract?
- 16 Did you receive employer-provided adoption benefits for a previous year?
- 17 Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)
- 18 Did you rollover a retirement plan distribution into another plan?
- 19 Did you receive Social Security benefits?
- 20 During 2015, did you receive a housing allowance for ministerial services you provided?
- 21 Did you receive alimony?
- 22 Did you convert a traditional IRA to a Roth IRA?
- 23 Did you exchange any securities or investments for something other than cash?
- 24 Do you have any short sales, commodity sales, or straddles?

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 25 | Did you receive Form 2439?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 26 | Did you buy or sell any bonds?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 27 | Did you receive stock from a stock bonus plan with your employer?    |
| <input type="checkbox"/> | <input type="checkbox"/> | 28 | Did you sell any other personal assets at a gain?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 29 | Did you sell any real estate (other than your home) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 30 | Did you sell any assets using the installment method?                |
| <input type="checkbox"/> | <input type="checkbox"/> | 31 | Did you receive proceeds from a prior year installment sale?         |
| <input type="checkbox"/> | <input type="checkbox"/> | 32 | Did you purchase a rental property?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 33 | Did you exchange any property for other property?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 34 | Did you receive any income not reported in this Organizer?           |

- | <b>Yes</b>               |                          | <b>No</b>                |                          | <b><u>Business and Rental Property Income</u></b> |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1   | If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2   | Did you start or acquire a new business?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3   | Did you sell any part of an existing business, or sell business assets?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4   | Did you cease operating any business or rental property?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5   | Did you remove any of your business assets for personal use?              |

- | <b>Yes</b>               |                          | <b>No</b>                |                          | <b><u>Business and Rental Property Deductions</u></b> |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1   | Did you use part of your home for business purposes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2   | Did you make any contributions to a Keogh or a self-employed SEP plan for 2015?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3   | Do you pay for any health or long term care insurance through your business?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4   | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5   | Did you purchase any furniture or equipment for your business?                                      |

- | <b>Yes</b>               |                          | <b>No</b>                |                          | <b><u>Other Deductions</u></b> |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1                              | Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2015?          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2                              | Did you make any contributions to HSA (Health Savings Account) in 2015?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3                              | Did you use your car on the job (other than to and from work)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4                              | Did you work out of town for part of the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5                              | Did you incur any travel and entertainment expenses for business purposes?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6                              | Did you pay expenses for the care of your child or other dependent so you could work?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7                              | Did you lose property or have damage to a property due to a casualty, theft, or condemnation?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8                              | Did any security become worthless during 2015?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9                              | Did any debts become uncollectible during 2015?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10                             | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2015?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11                             | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2015?    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12                             | Did you contribute less than an entire interest in any property to charity?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13                             | Did you refinance a mortgage or take out a home equity loan during 2015?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14                             | Did you incur moving expenses during the year due to a change of employment?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15                             | Did you pay any educational tuition or fees for you or a dependent?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16                             | Did you pay any student loan interest?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17                             | Did you make any federal or state estimated payments?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18                             | Did you have a certain trade or business from which you figured your domestic production activities deduction? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19                             | Did you pay alimony?   |
-







Name \_\_\_\_\_

SSN \_\_\_\_\_

# Wages

## W-2 Information

		Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
"X" if spouse	Employer's Name				
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
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	55				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Retirement Income

#### 1099-R Information

"X" if spouse		Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 14 State Distribution	Box 12 State Income Tax Withheld
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
<input type="checkbox"/>	12					
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<input type="checkbox"/>	47					
<input type="checkbox"/>	48					
<input type="checkbox"/>	49					
<input type="checkbox"/>	50					
<input type="checkbox"/>	51					
<input type="checkbox"/>	52					
<input type="checkbox"/>	53					
<input type="checkbox"/>	54					
<input type="checkbox"/>	55					



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Foreign Employer Compensation & Pension

"X" if spouse		Foreign employer's name	Employer Compensation	Gross Pension	Taxable Pension
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
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<input type="checkbox"/>	53				
<input type="checkbox"/>	54				
<input type="checkbox"/>	55				

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
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	26						

**Dividend Income**

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

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends Current Year Amount	Prior Year Amount	Qualified Dividends Current Year Amount	Prior Year Amount	Capital Gains Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
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	26						

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Exclusion of Interest From Series EE and I US Savings Bonds Issued After 1989

If you cashed series EE or I U.S. savings bonds in 2015 that were issued after 1989, you may be able to exclude from your income part or all of the interest on those bonds.

- 1 Total qualified tuition and fees paid . . . . . 1 \_\_\_\_\_
- 2 Nontaxable education benefits received . . . . . 2 \_\_\_\_\_
- 3 Enter total proceeds (principal and interest) from EE or I bonds issued after 1989 and cashed in 2015 . . . . . 3 \_\_\_\_\_
- 4 Enter the face value of all post - 1989 series EE bonds cashed in 2015 . . . . . 4 \_\_\_\_\_
- 5 Enter the face value of all series I bonds cashed in 2015 . . . . . 5 \_\_\_\_\_

**Name of person (you, your spouse, or your dependent) who was enrolled at or attended an eligible educational institution**

**Eligible Educational Institution**

	First Name	M I	Last Name
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

1	Name _____
	Address _____
	City, State, Zip _____
2	Name _____
	Address _____
	City, State, Zip _____
3	Name _____
	Address _____
	City, State, Zip _____



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Business Assets

#### Assets Placed in Service in Prior Years

Description	Date Placed In Service	Cost	Explain any assets no longer used by the business
1			
2			
3			
4			
5			
6			
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55			

Name \_\_\_\_\_

SSN \_\_\_\_\_

Home Office Number \_\_\_\_\_

Description of Home Office \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check ("X") box:  Daycare

### Home Office Expenses

#### Area of Home

- 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples . . . . . 1
- 2 Total area of home . . . . . 2

Current Year Amount	Prior Year Amount

#### Daycare only - Part of Home Used Nonexclusively for Daycare

- 3 Multiply days used for daycare during year by hours used per day . . . . . 3
- 4 Enter total hours home was available for daycare during year . . . . . 4


#### Expenses related to entire home including business portion (Indirect)

- 5 Casualty losses . . . . . 5
- 6 Excess mortgage interest . . . . . 6
- 7 Insurance . . . . . 7
- 8 Rent . . . . . 8
- 9 Repairs and maintenance . . . . . 9
- 10 Utilities . . . . . 10
- 11 Other Expenses:


- a \_\_\_\_\_ 11a
- b \_\_\_\_\_ 11b
- c \_\_\_\_\_ 11c
- d \_\_\_\_\_ 11d
- e \_\_\_\_\_ 11e


#### Business Allocation:

- Business 1: \_\_\_\_\_
- Business 2: \_\_\_\_\_
- Business 3: \_\_\_\_\_
- Business 4: \_\_\_\_\_

Current Year Allocation %	Prior Year Allocation %

#### Business:

#### Additional expenses related to business portion only (Direct)

- 12 Casualty losses . . . . . 12
- 13 Excess mortgage interest . . . . . 13
- 14 Insurance . . . . . 14
- 15 Rent . . . . . 15
- 16 Repairs and maintenance . . . . . 16
- 17 Utilities . . . . . 17
- 18 Other Expenses:

Current Year Amount	Prior Year Amount

- a \_\_\_\_\_ 18a
- b \_\_\_\_\_ 18b
- c \_\_\_\_\_ 18c
- d \_\_\_\_\_ 18d
- e \_\_\_\_\_ 18e


Name \_\_\_\_\_

SSN \_\_\_\_\_

### Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
5					
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7					
8					
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14					
15					
16					
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43					
44					
45					

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Real Estate Rentals and Royalties

Property Description \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Foreign Country \_\_\_\_\_  
 Foreign Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_

	Current Year Info	Prior Year Info
<b>1a</b> Owner of property (Enter Filer, Spouse, or Joint) . . . . .	<b>1a</b>	
<b>1b</b> Enter property type number (1 to 8) . . . . . (1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other	<b>1b</b>	
<b>2</b> Enter "X" if you actively participated? . . . . .	<b>2</b>	
<b>3</b> Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? . . . . .	<b>3</b>	
<b>3a</b> If entered ("X"), enter the number of days of personal use? . . . . .	<b>3a</b>	
<b>3b</b> If entered ("X"), enter the number of days rented? . . . . .	<b>3b</b>	

Income	Current Year Amounts	Prior Year Amounts
<b>4</b> Royalty received . . . . .	<b>4</b>	
<b>5</b> Rent received . . . . .	<b>5</b>	
<b>5a</b> If rental real estate, enter the percent of ownership if less than 100% . . . . .	<b>5a</b>	
<b>5b</b> Rental use percentage for property used partially for personal use only . . . . .	<b>5b</b>	
<b>6</b> Other Income . . . . .	<b>6</b>	

Property Expense	Current Year Amounts	Prior Year Amounts
<b>7</b> Advertising . . . . .	<b>7</b>	
<b>8</b> Cleaning and maintenance . . . . .	<b>8</b>	
<b>9</b> Commissions . . . . .	<b>9</b>	
<b>10</b> Insurance . . . . .	<b>10</b>	
<b>11</b> Legal and other professional fees . . . . .	<b>11</b>	
<b>12</b> Management fees . . . . .	<b>12</b>	
<b>13a</b> Qualified mortgage interest paid to banks, etc. . . . .	<b>13a</b>	
<b>13b</b> Other mortgage interest paid to banks, etc. . . . .	<b>13b</b>	
<b>14</b> Other interest . . . . .	<b>14</b>	
<b>15</b> Repairs . . . . .	<b>15</b>	
<b>16</b> Supplies . . . . .	<b>16</b>	
<b>17a</b> Real estate taxes . . . . .	<b>17a</b>	
<b>17b</b> Other Taxes . . . . .	<b>17b</b>	
<b>18</b> Utilities . . . . .	<b>18</b>	

Assets Placed in Service This Year	Date Placed In Service	Purchase Amount
<b>A</b> Description: _____	<b>A</b>	
<b>B</b> _____	<b>B</b>	
<b>C</b> _____	<b>C</b>	
<b>D</b> _____	<b>D</b>	
<b>E</b> _____	<b>E</b>	
<b>F</b> _____	<b>F</b>	
<b>G</b> _____	<b>G</b>	

Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

### Other Expenses (Schedule E)

**Other Expenses:**

19 \_\_\_\_\_  
20 \_\_\_\_\_  
21 \_\_\_\_\_  
22 \_\_\_\_\_  
23 \_\_\_\_\_  
24 \_\_\_\_\_  
25 \_\_\_\_\_  
26 \_\_\_\_\_

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

**Travel Expenses:**

27 \_\_\_\_\_  
28 \_\_\_\_\_  
29 \_\_\_\_\_  
30 \_\_\_\_\_  
31 \_\_\_\_\_  
32 \_\_\_\_\_  
33 \_\_\_\_\_  
34 \_\_\_\_\_

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

**Meals and Entertainment Expenses:**

35 \_\_\_\_\_  
36 \_\_\_\_\_  
37 \_\_\_\_\_  
38 \_\_\_\_\_  
39 \_\_\_\_\_  
40 \_\_\_\_\_  
41 \_\_\_\_\_  
42 \_\_\_\_\_

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		



Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

**Vehicle Information (Schedule E)**

		Vehicle 1 -		Vehicle 2 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . .	1			
2	Cost of vehicle . . . . .	2			
3	Total miles driven for the year . . . . .	3			
4	Business miles driven during the year . . . . .	4			
5	Commuting miles included on line 3 . . . . .	5			
6	Parking fees and tolls . . . . .	6			
7	Vehicle Interest . . . . .	7			
8	Vehicle Personal Property tax . . . . .	8			
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . .	9			
10	Vehicle Insurance . . . . .	10			
11	Vehicle registration fees . . . . .	11			
12	Vehicle lease or rental . . . . .	12			
13	_____	13			

		Vehicle 3 -		Vehicle 4 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . .	1			
2	Cost of vehicle . . . . .	2			
3	Total miles driven for the year . . . . .	3			
4	Business miles driven during the year . . . . .	4			
5	Commuting miles included on line 3 . . . . .	5			
6	Parking fees and tolls . . . . .	6			
7	Vehicle Interest . . . . .	7			
8	Vehicle Personal Property tax . . . . .	8			
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . .	9			
10	Vehicle Insurance . . . . .	10			
11	Vehicle registration fees . . . . .	11			
12	Vehicle lease or rental . . . . .	12			
13	_____	13			



Name \_\_\_\_\_

SSN \_\_\_\_\_

**Miscellaneous Income**

	Filer			Spouse	
	Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 Refund from state . . . . .			1		
2 Unemployment compensation . . . . .			2		
3 Prizes and awards . . . . .			3		
4 Scholarships and fellowships . . . . .			4		
5 Bartering income . . . . .			5		
6 Fees received for jury duty . . . . .			6		
7 Income from rental of personal property, if not in the business of renting such property . . . . .			7		
8 Precinct election board duty . . . . .			8		
9 Alaska Permanent Fund Dividends . . . . .			9		
10 Net operating loss carryover (negative no.) . . . . .			10		
11 Canceled debts . . . . .			11		
12 _____			12		
13 _____			13		
14 _____			14		
15 Other income not provided for in this Organizer			15		

**Adjustments to Income**

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Educator expenses . . . . .	1		
<input type="checkbox"/>	2	Student loan interest . . . . .	2		
<input type="checkbox"/>	3	Health Savings account deduction . . . . .	3		
<input type="checkbox"/>	4	Moving expenses . . . . .	4		
<input type="checkbox"/>	5	Self-employed SEP, SIMPLE, or other qualified plans . . . . .	5		
<input type="checkbox"/>	6	Penalty on early withdrawal of savings . . . . .	6		
<input type="checkbox"/>	7	Tuition and fees . . . . .	7		

**Other Adjustments to Income**

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Performing-arts-related expenses . . . . .	1		
<input type="checkbox"/>	2	Foreign housing deduction . . . . .	2		
<input type="checkbox"/>	3	Jury duty pay given to your employer . . . . .	3		
<input type="checkbox"/>	4	Reforestation amortization . . . . .	4		
<input type="checkbox"/>	5	Repayment of sub-pay under the Trade Act of 1974 . . . . .	5		
<input type="checkbox"/>	6	Contributions to Section 501(c)(18)(D) pension plans . . . . .	6		
<input type="checkbox"/>	7	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions . . . . .	7		
<input type="checkbox"/>	8	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the the amount of the award includible in your gross income . . . . .	8		
<input type="checkbox"/>	9	Employee business expenses of fee-basis state or local government officials . . . . .	9		
<input type="checkbox"/>	10	Expenses from the rental of personal property but were not in the business of renting such property . . . . .	10		
<input type="checkbox"/>	11	Contributions by chaplains to section 403(b) plans . . . . .	11		
<input type="checkbox"/>	12	Archer MSA deduction . . . . .	12		
<input type="checkbox"/>	13	_____	13		
<input type="checkbox"/>	14	_____	14		

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Electing to Report Child's Income on Parent's Return.

If your child has over \$1,050 in income from interest and dividends you may qualify to elect to report that income on your return.

**Step 1 : Enter "X" if your child:**

- 1 Is under 19 (24 if a full time student) on January 1, 2016.
- 2 Has income only from interest and dividends.
- 3 Has gross income of less than \$10,000.
- 4 Made no estimated tax payments.
- 5 Had no federal income tax withheld from his or her income.
- 6 Is required to file a 2015 return.
- 7 Does not file a joint return for 2015.

If you entered ("X") in ALL the above boxes your child qualifies.

**Step 2 : Enter "X" if as the parent:**

- 1 You are filing a joint return with the child's other parent.
- 2 You are married to the child's other parent, file separately, and you have the higher taxable income.
- 3 You are unmarried or separated and the custodial parent of this child.
- 4 You are married to someone other than the child's parent and file jointly with your spouse.
- 5 You are married to someone other than the child's parent, file separately, and you have the higher taxable income.

If you entered ("X") in ANY of the above boxes you are a qualifying parent.

**If Both the Child and Parent Qualifies Then Continue.**

Child's First Name	M.I.	Child's Last Name	Child's SSN
<hr/>			
<b>Interest</b>			
Payer			
1 _____	1		
2 _____	2		
3 _____	3		
4 _____	4		
5 _____	5		
6 _____	6		
7 _____	7		
8 _____	8		
9 _____	9		
10 _____	10		
<hr/>			
<b>Dividends</b>			
Payer			
1 _____	1		
2 _____	2		
3 _____	3		
4 _____	4		
5 _____	5		
6 _____	6		
7 _____	7		
8 _____	8		
9 _____	9		
10 _____	10		

Name \_\_\_\_\_

SSN \_\_\_\_\_

### IRA and Other Contribution Information

#### Traditional IRA Contributions

		Current Year Amount	Prior Year Amount
<b>Filer</b>			
1	Enter total traditional IRA contributions made for 2015 . . . . .	1	
2	Enter contributions, on line 1, made after 12/31/2015 and before 04/15/2016 . . . . .	2	
3	Enter value of all traditional IRAs as of 12/31/2015 . . . . .	3	
<b>Spouse</b>			
4	Enter total traditional IRA contributions made for 2015 . . . . .	4	
5	Enter contributions, on line 4, made after 12/31/2015 and before 04/15/2016 . . . . .	5	
6	Enter value of all traditional IRAs on 12/31/2015 . . . . .	6	

#### Roth IRA Contributions

		Current Year Amount	Prior Year Amount
<b>Filer</b>			
1	Enter 2015 Roth IRA contributions . . . . .	1	
2	Enter value of all Roth IRAs on 12/31/2015 . . . . .	2	
<b>Spouse</b>			
3	Enter 2015 Roth IRA contributions . . . . .	3	
4	Enter value of all Roth IRAs on 12/31/2015 . . . . .	4	

#### SIMPLE IRA

		Current Year Amount	Prior Year Amount
<b>Filer</b>			
1	Enter value of all SIMPLE IRAs on 12/31/2015 . . . . .	1	
<b>Spouse</b>			
2	Enter value of all SIMPLE IRAs on 12/31/2015 . . . . .	2	

#### Education (Coverdell ESA)

		Current Year Amount	Prior Year Amount
<b>Filer</b>			
1	Enter 2015 Coverdell ESA contributions . . . . .	1	
2	Enter value of the Coverdell ESA on 12/31/2015 . . . . .	2	
<b>Spouse</b>			
3	Enter 2015 Coverdell ESA contributions . . . . .	3	
4	Enter value of the Coverdell ESA on 12/31/2015 . . . . .	4	





Name \_\_\_\_\_

SSN \_\_\_\_\_

### Interest - Itemized Deductions

#### Home Mortgage Interest and Points Reported on Form 1098

		Current Year Amount	Prior Year Amount
47	Lender _____		
48	Lender _____		
49	Lender _____		
50	Lender _____		

#### Home Mortgage Interest Not Reported on Form 1098

51	Name: _____		
	Address: _____		
	SSN: _____		

52	Mortgage insurance premiums paid on 2015 acquisition indebtedness for principal residence . . . . .	52		
----	---	----	--	--

#### Refinancing Points

53	Description . . . . .	53		
	Points paid . . . . .			
	Date of loan . . . . .			
	Total number of scheduled loan payments . . . . .			
	Number of payments made in 2015 . . . . .			
54	Description . . . . .	54		
	Points paid . . . . .			
	Date of loan . . . . .			
	Total number of scheduled loan payments . . . . .			
	Number of payments made in 2015 . . . . .			
55	Description . . . . .	55		
	Points paid . . . . .			
	Date of loan . . . . .			
	Total number of scheduled loan payments . . . . .			
	Number of payments made in 2015 . . . . .			
56	Description . . . . .	56		
	Points paid . . . . .			
	Date of loan . . . . .			
	Total number of scheduled loan payments . . . . .			
	Number of payments made in 2015 . . . . .			

57	Investment interest paid . . . . .	57		
----	------------------------------------	----	--	--



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Unreimbursed Employee Expenses - Itemized Deductions

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

	Filer		Spouse	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
58 Union and professional dues . . . . .	58			
59 Professional subscriptions . . . . .	59			
60 Uniform and protective clothing . . . . .	60			
61 Job search costs . . . . .	61			
62 _____	62			
63 _____	63			
64 _____	64			
65 _____	65			
66 _____	66			
67 _____	67			

### Certain Miscellaneous Deductions - Itemized Deductions

	If investment related enter "X"		Current Year Amount	Prior Year Amount
68 Tax preparation fees . . . . .		68		
69 Certain attorney and accounting fees . . . . .	<input type="checkbox"/>	69		
70 Safe deposit box rental . . . . .	<input type="checkbox"/>	70		
71 IRA Custodial fees . . . . .	<input type="checkbox"/>	71		
72 Investment counsel and advisory fees . . . . .	<input type="checkbox"/>	72		
73 Losses on deposits in insolvent or bankrupt financial institutions . . . . .	<input type="checkbox"/>	73		
74 Convenience fees paid with credit or debit card for federal taxes in 2015 . . . . .	<input type="checkbox"/>	74		
75 _____	<input type="checkbox"/>	75		
76 _____	<input type="checkbox"/>	76		
77 _____	<input type="checkbox"/>	77		
78 _____	<input type="checkbox"/>	78		
79 _____	<input type="checkbox"/>	79		
80 _____	<input type="checkbox"/>	80		
81 _____	<input type="checkbox"/>	81		
82 _____	<input type="checkbox"/>	82		
83 _____	<input type="checkbox"/>	83		
84 _____	<input type="checkbox"/>	84		

### Other Miscellaneous Deductions

85 Federal estate tax on income in respect of a decedent . . . . .	85		
86 Amortizable bond premiums on bonds acquired before 10/23/86 . . . . .	86		
87 Gambling losses (if gambling income) . . . . .	87		
88 Repayment of income . . . . .	88		
89 From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction . . . . .	89		
90 Certain unrecovered investment in a pension . . . . .	90		
91 _____	91		
92 _____	92		
93 _____	93		
94 _____	94		
95 _____	95		
96 _____	96		



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Noncash Charitable Contributions (Total of Contributions more than \$500)

**Information on Donated Property**

(a) Name and Address of the Donee Organization				(b) Description of Donated Property
<b>1</b>	Name Address City	State	Zip Code	
<b>2</b>	Name Address City	State	Zip Code	
<b>3</b>	Name Address City	State	Zip Code	
<b>4</b>	Name Address City	State	Zip Code	
<b>5</b>	Name Address City	State	Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Employee Business Expenses

Enter "X" in one box:

Occupation in which you incurred the expenses \_\_\_\_\_

Filer

Spouse

#### Meals and Entertainment

- 1 Meals and entertainment expenses . . . . . 1
- 2 Enter "X" in the box if subject to DOT hours of service limits . . . . . 2

	Current Year Amount	Prior Year Amount
	<input type="checkbox"/>	<input type="checkbox"/>

#### Travel Expenses

- 3 Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work. . . . . 3
- 4 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals and entertainment. . . . . 4


#### Other Employment Related Expenses

- 5 Business gifts . . . . . 5
- 6 Employment related education expenses . . . . . 6
- 7 Trade publications . . . . . 7
- 8 \_\_\_\_\_ 8
- 9 \_\_\_\_\_ 9
- 10 \_\_\_\_\_ 10
- 11 \_\_\_\_\_ 11
- 12 \_\_\_\_\_ 12


#### Employer Reimbursements

- 13 Enter employer reimbursements reported under code "L" in box 12 of Form W-2 . . . 13
- 14 Enter other employer reimbursements not reported to you in box 1 of Form W-2 . . . 14
- 15 Enter the total expense for meals and entertainment for the period covered by the reimbursements . . . . . 15


Name \_\_\_\_\_

SSN \_\_\_\_\_

Occupation in which you incurred these expenses \_\_\_\_\_

**Vehicle Information - Unreimbursed Employee Business Expenses**

**Vehicle 1 -**

**Vehicle 2 -**

	<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1 Date vehicle was placed in service . . . . . 1				
2 Cost of vehicle . . . . . 2				
3 Total miles driven for the year . . . . . 3				
4 Business miles driven during the year . . . . . 4				
5 Commuting miles included on line 3 . . . . . 5				
6 Average daily roundtrip commuting miles . . . . . 6				
7 Parking fees and tolls . . . . . 7				
8 Vehicle Interest . . . . . 8				
9 Vehicle Personal Property tax . . . . . 9				
<b>Actual Expenses</b>				
10 Gasoline, oil and repairs . . . . . 10				
11 Vehicle Insurance . . . . . 11				
12 Vehicle registration fees . . . . . 12				
13 Vehicle lease or rental . . . . . 13				
14 _____ 14				
15 Value of employer-provided vehicle (if 100% is included in W-2) . . . . . 15				

**Vehicle 3 -**

**Vehicle 4 -**

	<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1 Date vehicle was placed in service . . . . . 1				
2 Cost of vehicle . . . . . 2				
3 Total miles driven for the year . . . . . 3				
4 Business miles driven during the year . . . . . 4				
5 Commuting miles included on line 3 . . . . . 5				
6 Average daily roundtrip commuting miles . . . . . 6				
7 Parking fees and tolls . . . . . 7				
8 Vehicle Interest . . . . . 8				
9 Vehicle Personal Property tax . . . . . 9				
<b>Actual Expenses</b>				
10 Gasoline, oil and repairs . . . . . 10				
11 Vehicle Insurance . . . . . 11				
12 Vehicle registration fees . . . . . 12				
13 Vehicle lease or rental . . . . . 13				
14 _____ 14				
15 Value of employer-provided vehicle (if 100% is included in W-2) . . . . . 15				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited . . . . . **1** \_\_\_\_\_
- 2 Amount of dependent care expenses incurred in 2014 and paid in 2015 . . . . . **2** \_\_\_\_\_

**Note:** Enter qualified expenses for dependents on the Organizer dependent sheet.

### Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2015
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____

### Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2015
7	First: _____	_____	SSN: _____	_____
	Last: _____	City: _____	EIN: _____	
	Business: _____	State: _____ Zip: _____		
8	First: _____	_____	SSN: _____	_____
	Last: _____	City: _____	EIN: _____	
	Business: _____	State: _____ Zip: _____		
9	First: _____	_____	SSN: _____	_____
	Last: _____	City: _____	EIN: _____	
	Business: _____	State: _____ Zip: _____		
10	First: _____	_____	SSN: _____	_____
	Last: _____	City: _____	EIN: _____	
	Business: _____	State: _____ Zip: _____		
11	First: _____	_____	SSN: _____	_____
	Last: _____	City: _____	EIN: _____	
	Business: _____	State: _____ Zip: _____		