

General Information

	Taxpayer	Spouse
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? |

- | | | | |
|--------------------------|--------------------------|---|---|
| Yes | No | | <u>Business and Rental Property Income</u> |
| <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"/> | 2 | Did you start or acquire a new business? |
| <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"/> | 4 | Did you cease operating any business or rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you remove any of your business assets for personal use? |

- | | | | |
|--------------------------|--------------------------|---|---|
| Yes | No | | <u>Business and Rental Property Deductions</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you use part of your home for business purposes? |
| <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"/> | 3 | Do you pay for any health or long term care insurance through your business? |
| <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"/> | 5 | Did you purchase any furniture or equipment for your business? |

- | | | | |
|--------------------------|--------------------------|----|--|
| Yes | No | | <u>Other Deductions</u> |
| <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"/> | 2 | Did you make any contributions to HSA (Health Savings Account) in 2015? |
| <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"/> | 4 | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you incur any travel and entertainment expenses for business purposes? |
| <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"/> | 7 | Did you lose property or have damage to a property due to a casualty, theft, or condemnation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did any security become worthless during 2015? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did any debts become uncollectible during 2015? |
| <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"/> | 11 | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2015? |
| <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"/> | 13 | Did you refinance a mortgage or take out a home equity loan during 2015? |
| <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"/> | 15 | Did you pay any educational tuition or fees for you or a dependent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you pay any student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17 | Did you make any federal or state estimated payments? |
| <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"/> | 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				
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Name _____

SSN _____

Retirement Income

1099-R Information

"X" if spouse		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				
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<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				
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<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		Tax Exempt Interest		Specified Priv Act Interest	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
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	3						
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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		Qualified Dividends		Capital Gains	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
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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				
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Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses			Current Year Amount	Prior Year Amount
20	Advertising	20		
21	Contract labor	21		
22	Commissions and fees	22		
23	Depletion	23		
24	Employee benefit programs (other than on line 35)	24		
25	Insurance (other than health)	25		

Interest:

26	Mortgage (paid to banks, etc.)	26		
27	Other	27		

28	Legal and professional services	28		
29	Office expense	29		
30	Pension and profit-sharing plans	30		

Rent or Lease:

31	Machinery rental or lease	31		
32	Equipment rental or lease	32		
33	_____	33		
34	_____	34		
35	_____	35		
	Other business property rental or lease			
36	_____	36		
37	_____	37		
38	_____	38		

39	Repairs and maintenance	39		
40	Supplies (not included in inventory cost of goods sold)	40		
41	Taxes and licenses	41		

Travel, Meals, and Entertainment:

Travel

42	_____	42		
43	_____	43		
44	_____	44		
45	_____	45		

Meals and entertainment

46	Enter "X" in the box if subject to DOT hours of service limits	46	<input type="checkbox"/>	<input type="checkbox"/>
47	_____	47		
48	_____	48		
49	_____	49		
50	_____	50		

51	Utilities	51		
52	Wages	52		

Other Expenses:

53	_____	53		
54	_____	54		
55	_____	55		
56	_____	56		
57	_____	57		
58	_____	58		
59	_____	59		
60	_____	60		
61	_____	61		

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

		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			
Actual Expenses					
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			
Actual Expenses					
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 _____

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					
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44					
45					

Name _____

SSN _____

IRA and Other Contribution Information

Traditional IRA Contributions

		Current Year Amount	Prior Year Amount
Filer			
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	
Spouse			
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
Filer			
1	Enter 2015 Roth IRA contributions	1	
2	Enter value of all Roth IRAs on 12/31/2015	2	
Spouse			
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
Filer			
1	Enter value of all SIMPLE IRAs on 12/31/2015	1	
Spouse			
2	Enter value of all SIMPLE IRAs on 12/31/2015	2	

Education (Coverdell ESA)

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

Name _____

SSN _____

Taxes - Itemized Deductions

	Current Year Amount	Prior Year Amount
Real Estate Taxes		
23 Principal residence 23		
24 Real estate taxes from Schedule E properties 24		
Real Estate Not Held For Investment		
25 _____ 25		
26 _____ 26		
27 _____ 27		
28 _____ 28		
29 _____ 29		
Real Estate Held For Investment		
30 _____ 30		
31 _____ 31		
32 _____ 32		
33 _____ 33		
34 _____ 34		
Personal property taxes		
35 Non-business portion of vehicle personal property taxes 35		
36 _____ 36		
37 _____ 37		
38 _____ 38		
39 _____ 39		
40 _____ 40		
Non-Personal Property Taxes		
41 K1 (1065) - Other deductions/taxes 41		
42 K1 (1120S) - Other deductions/taxes 42		
43 K1 (1041) - Other deductions/taxes 43		
44 _____ 44		
45 _____ 45		
46 _____ 46		

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
1	Name Address City	State	Zip Code	
2	Name Address City	State	Zip Code	
3	Name Address City	State	Zip Code	
4	Name Address City	State	Zip Code	
5	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.
1						
2						
3						
4						
5						

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: _____		