

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>

- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Do you expect a large fluctuation in income, deductions, or withholding next year?

Retirement Information

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

Education Information

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?
- Did anyone in your family receive a scholarship of any kind during the year?
- Did you make any withdrawals from an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Did you make any contributions to an education savings or 529 Plan account?

Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.
- If you had qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family, was everyone covered for every month of 2015? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
- Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.
- If you are a business owner, did you pay health insurance premiums for your employees this year?

Itemized Deduction Information

- | | | |
|---|--------------------------|--------------------------|
| Did you incur a casualty or theft loss or any condemnation awards during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?
If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have an expense account or allowance during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you use your car on the job, for other than commuting? | <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 have any expenses related to seeking a new job during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any major purchases during the year (cars, boats, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax? | <input type="checkbox"/> | <input type="checkbox"/> |

Miscellaneous Information

- | | | |
|--|--------------------------|--------------------------|
| Did you make gifts of more than \$14,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you utilize an area of your home for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you engage in any bartering transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you retire or change jobs this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur moving costs because of a job change? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any individual as a household employee during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make energy efficient improvements to your main home this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a distribution from, or were you a grantor or transferor for a foreign trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive correspondence from the State or the IRS?
If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund. | <input type="checkbox"/> | <input type="checkbox"/> |

Wages (W-2)

Employer Name	H	CPA USE ONLY					
	W	Withholding				FICA	
		Wages	Federal	State	SDI	SSA	Med.

Memo: Total number of W-2 _____

Please attach W-2's. Thank you.



SCH B Accountant's Use Only

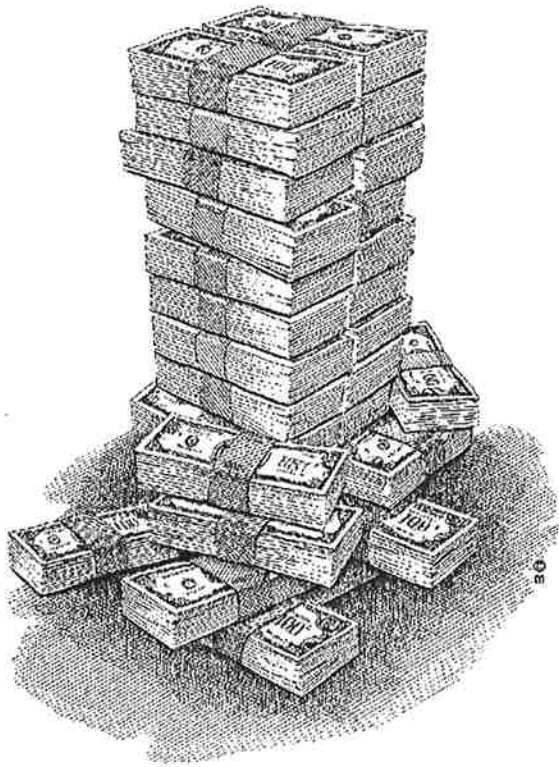
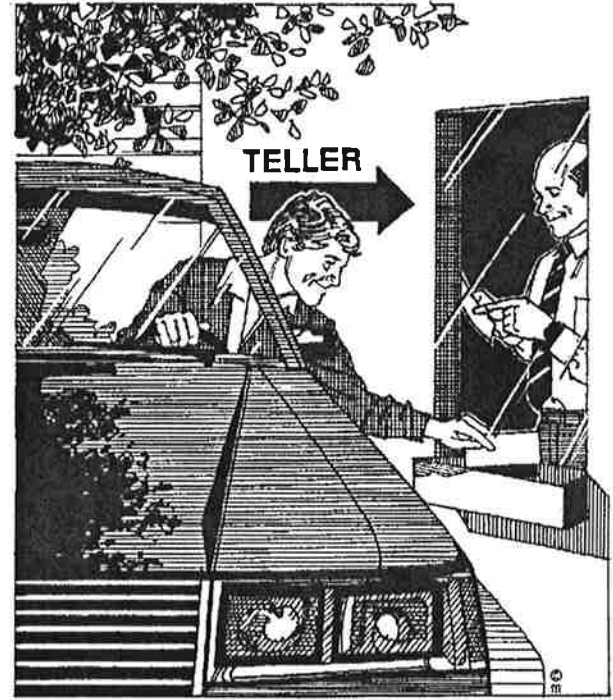
Memo: Pension Box to Review

K:\Word Perfect Files\BAI Files\Tax Organizer\2015\Tax organizer.wpd

Copyright 1995 - 2015 Kevin G. Breard p. 1

INTEREST INCOME (1099 INT)

<u>Payer</u>	<u>Amount</u>



DIVIDEND INCOME (1099 DIV)

Payee	Total Amount (1a)	Qualified dividends (1b)	Total capital gain distr. (2a)	CPA Use Only	

SCH B

Accountant's Use Only

OTHER INCOME

1. State tax refund * (1099G) \$ _____
 2. Alimony received \$ _____

3. Individual Retirement Account	<u> Taxpayer </u>	<u> Spouse </u>
Account distribution (1099R) ...	\$ _____	\$ _____
Amount of rollover (1099R)	\$ _____	\$ _____



4. Pension & Annuity income (1099R) \$ _____ \$ _____



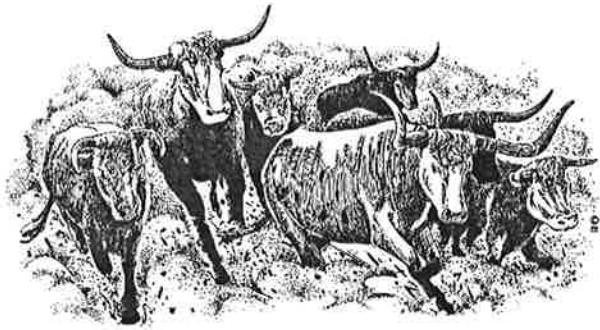
5. Gambling income (W-2G) \$ _____
 Memo: Gambling losses \$ _____

	<u> Taxpayer </u>	<u> Spouse </u>
6. Unemployment compensation * (1099G)	\$ _____	\$ _____
7. Social Security benefits * (SSA1099)	\$ _____	\$ _____
7a. Social Security Medical (SSA1099)	\$ _____	\$ _____
8. Other income: give description		
_____	\$ _____	\$ _____
9. Partnerships, Estates & Trusts * (K-1)	\$ _____	\$ _____
10. Installment sale collection	\$ _____	\$ _____

	<u> Federal </u>	<u> State </u>
Memo: withholding on any of the above items	\$ _____	\$ _____

* Please attach all supporting documents. Thank you.

.....
 Accountant's Use Only



CAPITAL GAINS & LOSSES

(1099-B and/or 1099-S
Brokerage Statement)

Description of Property	Date acquired	Date Sold	Sales price (gross or net)	Cost or basis	Sales expense (if gross sales price entered)	Gain or (Loss)
		/ /15				
		/ /15				
		/ /15				
		/ /15				
		/ /15				
		/ /15				
		/ /15				
		/ /15				
		/ /15				
		/ /15				
		/ /15				
		/ /15				

Were any of the above business assets?

Yes No



SCH D/4797

Accountant's Use Only

 F

 S

Capital Loss C/O

ADJUSTMENTS TO INCOME



1 Individual Retirement Account contributions

 Taxpayer Spouse

Were you an active participant in an employer or self-employed pension, profit sharing or stock bonus plan, or a tax sheltered annuity at any time during the year?

Yes No Yes No

Would you like to make an IRA contribution?

Yes No Yes No

2 Would you like to make a Roth IRA contribution?

Yes No Yes No

3 Moving expenses \$ _____

4 Penalty on early withdrawal of savings \$ _____

5 Alimony paid \$ _____

6 If self-employed, Taxpayer Spouse

a. Health insurance \$ _____ \$ _____

b. Retirement contributions, KEOGH, ROTH or SEP IRA \$ _____ \$ _____

7 Student interest expenses (1098-E) \$ _____ \$ _____

ADJ TO INC

Accountant's Use Only

Doctors: Medical & Dental;
 Prescriptions, hospital, etc. \$ _____



		1st Home	2nd Home
Mortgage Interest: (1098)	1st	\$ _____	\$ _____
	2nd	\$ _____	\$ _____
	3rd	\$ _____	\$ _____
Property Taxes		\$ _____	\$ _____

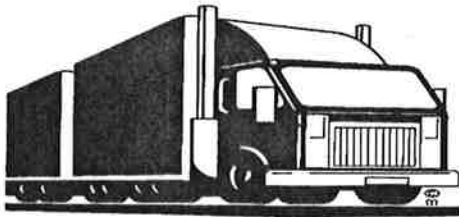
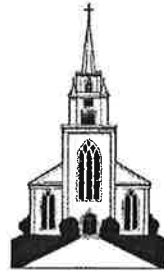
Charitable Deductions:

Cash/checks \$ _____

Non Cash* \$ _____

Charitable Miles _____ @ 14¢ per mile

*If non cash over \$500, more details are necessary
 (ie: what was donated, when, etc.)



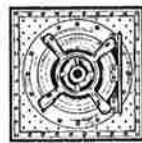
Moving expenses for new job: \$ _____

Moving miles for new job: _____ @19¢ Jan. - Dec.

MISCELLANEOUS DEDUCTIONS

Unreimbursed employee expense \$ _____
 Union dues \$ _____
 Tax preparation fee \$ _____
 Investment advisory fee \$ _____

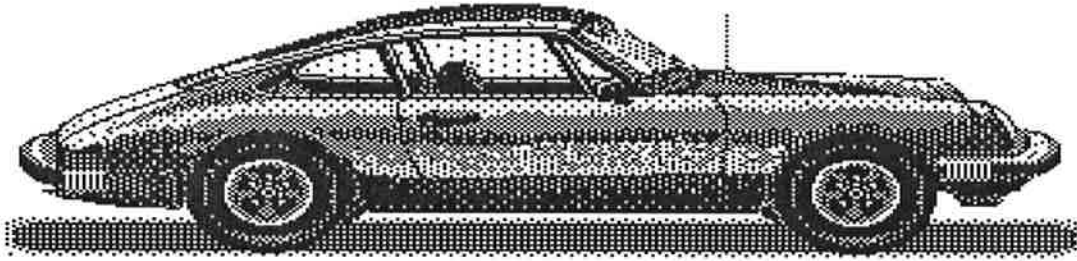
Job Hunting Expense \$ _____
 Safety deposit box \$ _____



SCH A

Accountant's Use Only

AUTOMOBILE DEDUCTION



Please make a copy and fill out for each auto used for business.

Make and year of auto _____ When purchased or placed into business use _____

DMV fees \$ _____

- Did you use your automobile for business or do you have unreimbursed employee travel? Yes No
If yes, continue...
- Do you have written evidence to support your deduction? Yes No
- Is this a leased car? Yes No Memo: _____

For mileage incurred between January thru December, the rate is 57.5 cents per mile:

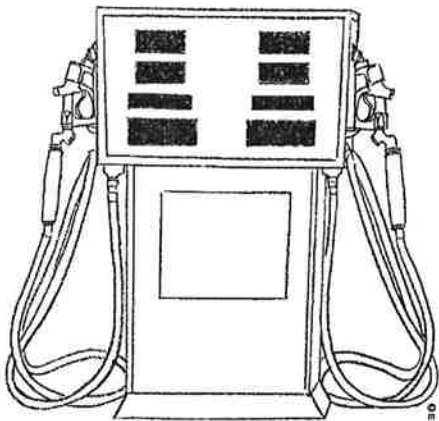
- Total Miles: January - December _____ (100%)

DETAIL

Mileage / Percentage Used: Business _____ : _____ %

Mileage / Percentage Used: Personal _____ : _____ %

Mileage / Percentage Used: Commuting _____ : _____ %



Auto Club	\$ _____
Car washes	\$ _____
Gasoline, lube, oil	\$ _____
Repairs	\$ _____
Tires	\$ _____
Insurance	\$ _____
Interest	\$ _____
Parking Fee	\$ _____
Miscellaneous	\$ _____

Sch A 2106/Sch. C Auto

Accountant's Use Only

CREDITS

Credit for foreign taxes paid \$ _____

Low income housing credit \$ _____

Credits - other \$ _____



Credit for child and dependent care expenses

Person or organization providing care:

1 Name _____
Street _____
City, St, Zip _____
SS./Tax ID# _____
Telephone # _____
Amt. Paid \$ _____

2 Name _____
Street _____
City, St, Zip _____
SS./Tax ID# _____
Telephone # _____
Amt. Paid \$ _____

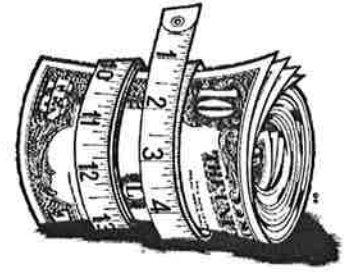
3 Name _____
Street _____
City, St, Zip _____
SS./Tax ID# _____
Telephone # _____
Amt. Paid \$ _____



4 Name _____
Street _____
City, St, Zip _____
SS./Tax ID# _____
Telephone # _____
Amt. Paid \$ _____

Foreign Tax CR-1116

Accountant's Use Only



Tax Payments & Estimates 2015

QUARTERLY ESTIMATES

Due Date	Description	F=Federal	Date Paid	Fed. Amt.	State Amt.
		S=State			
4/15/15	1st Estimate	F			
		S			
6/15/15	2nd Estimate	F			
		S			
9/15/15	3rd Estimate	F			
		S			
1/2/16	4th State, if early	S		N/A	
1/15/16	4th Estimate	F			
		S			

Pymts

Accountant's Use Only

Sch A Est. Tax _____

**The following schedules
are for those
who have
Business or Rental
Property**

BUSINESS INCOME

GENERAL INFORMATION:

Principal business/profession: _____

Business name: _____

Business address: _____

Business city, state, zip: _____

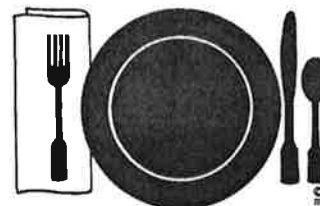
Taxpayer Spouse

Sales (1099 Misc) \$ _____
 Cost of goods sold (if applicable) \$ _____
 Inventory at end of year \$ _____
 Gross profit \$ _____

EXPENSES

Advertising \$ _____
 Bad debts \$ _____
 Car and truck expenses \$ _____
 Commissions \$ _____
 Continuing education \$ _____
 Dues and subscriptions \$ _____
 Employee benefit programs \$ _____
 Insurance (other than health) \$ _____
 Mortgage interest \$ _____
 Other interest \$ _____
 Legal and professional \$ _____
 Office expense \$ _____
 Pager \$ _____
 Pension & profit sharing \$ _____
 Rent - Vehicles, Machinery & Equipment \$ _____
 Rent - other business property \$ _____
 Repairs \$ _____
 Supplies \$ _____
 Taxes - Real Estate \$ _____
 Taxes - other \$ _____
 Telephone \$ _____
 Travel \$ _____
 Total Meals & Entertainment \$ _____
 Reduction if other than 50% of above \$ _____
 Utilities \$ _____
 Wages \$ _____
 Less: employment credits \$ _____

Other expenses: _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____



Sch C

Accountant's Use Only

Do you use your office at home, as your "office" for tax deduction purposes? Yes No
(If we have the proration from last year, write: see last year).

To be further discussed:

Total Square Feet _____ %
Business Square Feet _____ %
Other _____ %

Total 100%

Home office expenses

Rent \$ _____
Repairs \$ _____
Utilities \$ _____
Other _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

.....
Sch C

Accountant's Use Only

RENTAL & ROYALTY INCOME

GENERAL INFORMATION:

Kind of property: _____
Location of property: _____

INCOME

Rents received \$ _____
Royalties received \$ _____

EXPENSES

Advertising \$ _____
Association dues \$ _____
Auto and travel \$ _____
Cleaning and maintenance \$ _____
Commissions \$ _____
Dues and subscriptions \$ _____
Gardening \$ _____
Insurance \$ _____
Legal and Professional fees \$ _____
Licenses and permits \$ _____
Management fees \$ _____
Miscellaneous \$ _____
Mortgage Interest (paid to banks, etc.) \$ _____
Other interest \$ _____
Painting and decorating \$ _____
Pest control \$ _____
Plumbing and electrical \$ _____
Repairs \$ _____
Supplies \$ _____
Taxes - Real estate \$ _____
Taxes - Other \$ _____
Telephone \$ _____
Utilities \$ _____
Wages and salaries \$ _____
Other expenses: _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

SCH E

Accountant's Use Only

ASSET ACQUISITION

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any assets to business use in 2015, please enter all pertinent information below.

Prop. No.	Description of Property	Related Business or activity	Date Placed in Service	Cost or Basis

ASSET DISPOSITION

If you disposed of any business assets in 2015, please enter all pertinent information below.

Prop. No.	Description of Property	Date Sold	Sales Price	Expenses of Sale