

**F** Benadon Shapiro Villalobos  
**R** 3500 W. Olive Ave., Suite 1190  
**O** Burbank, CA 91505  
**M** (818) 973-4500

## TAX ORGANIZER

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge.

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

**Benadon Shapiro Villalobos, CPA's  
3500 W. Olive Ave, Suite 1190  
Burbank, CA 91505**

**O: 818/973-4500**

**F: 818/973-4599**

Please carefully read the following statement regarding the documents you send us to prepare your tax return.

I understand that my documents are being maintained in an in-house electronic database (scanned data base). Copies of my documents will be available upon request. **The original documents will be destroyed after completion of my tax return unless I check the box below and return this document.**

\_\_\_\_ I would like my documents **returned to me** after completion of my tax return.

---

Please select how you would like to receive your completed tax return by checking **one** of the following methods:

\_\_\_\_ Regular U.S. Mail/UPS/Federal Express

\_\_\_\_ E-Mailed as a PDF file (with a password or encrypted)

to: \_\_\_\_\_

(Email address)

\_\_\_\_ BSV Portal - Return will be available in our portal for you to view/download. You will be notified via email with a link to view/download tax return

Client's

Name: \_\_\_\_\_

Client's

Signature: \_\_\_\_\_



2015

# Personal Information

### Taxpayer:

First Name and Initial	Last Name	Social Security Number
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)
Driver's License or State-issued ID Number	Issue Date (Mo/Da/Yr)	Expiration Date (Mo/Da/Yr) State

### Spouse:

First Name and Initial	Last Name	Social Security Number
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)
Driver's License or State-issued ID Number	Issue Date (Mo/Da/Yr)	Expiration Date (Mo/Da/Yr) State

### Contact Information:

Street Address		Apartment Number
City	State	ZIP or Postal Code
Foreign Province or County		
Foreign Country		
Taxpayer Daytime/Work Phone	Spouse Daytime/Work Phone	
Taxpayer Evening/Home Phone	Spouse Evening/Home Phone	
Taxpayer Foreign Phone	Spouse Foreign Phone	
Taxpayer Cell Phone	Spouse Cell Phone	
Taxpayer Fax Number	Spouse Fax Number	
Taxpayer Email Address		
Spouse Email Address		
Preferred Method of Contact		

May the IRS or other taxing authority discuss the return with the preparer? .....

Is the taxpayer claimed as a dependent on someone else's tax return? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Are you considered legally blind per IRS regulations? .....

Do you want to contribute to the Presidential Election Campaign Fund? .....

Are you a U.S. citizen or Green Card holder? .....

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



2015

# Dependents and Wages

3A

## Dependent Information:

Did dependent have income over \$4,000?

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Yes or No

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

\_\_\_\_\_

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

\_\_\_\_\_

List the years that a release of claim to exemption is given for a dependent child not living with you.

\_\_\_\_\_

If any of your dependents were a victim of identity theft and you have contacted the IRS, provide the identity protection PIN issued to you by the IRS.

## Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



2015

# Direct Deposit and Withdrawal

4A

## Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2014, your account information may already be included below.

Would you like any refunds owed to you directly deposited? .....	<b>Yes</b> <b>No</b>
Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? .....	
If Yes, when should the withdrawal occur, if other than the due date of the return? .....	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any amount due on your <i>state</i> return(s) using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? .....	
If Yes, when should the withdrawal occur, if other than the due date of the return? .....	<input type="checkbox"/> <input type="checkbox"/>
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.	
Would you like to pay any estimated payments due for your <i>federal</i> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/> <input type="checkbox"/>

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings                       myRA  
                                   Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes                       No

Account owner                       Taxpayer                       Spouse                       Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

Would you like any refunds owed to you directly deposited? .....	<b>Yes</b> <b>No</b>
Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? .....	
If Yes, when should the withdrawal occur, if other than the due date of the return? .....	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any amount due on your <i>state</i> return(s) using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? .....	
If Yes, when should the withdrawal occur, if other than the due date of the return? .....	<input type="checkbox"/> <input type="checkbox"/>
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.	
Would you like to pay any estimated payments due for your <i>federal</i> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/> <input type="checkbox"/>

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings                       myRA  
                                   Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes                       No

Account owner                       Taxpayer                       Spouse                       Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



2015

# Business Income and Cost of Goods Sold

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_

Employer ID number \_\_\_\_\_

Street address \_\_\_\_\_

City, state, ZIP or postal code, and country \_\_\_\_\_

Method of inventory \_\_\_\_\_

Method of accounting \_\_\_\_\_

### Business Questions for 2015:

Did you dispose of this business?  Yes  No

If Yes, what was the disposition date? \_\_\_\_\_ (Mo/Da/Yr)

Was there a change in determining quantities, costs or valuations between opening and closing inventory?  Yes  No

Were you involved in the operations of this business on a regular, continuous and substantial basis?  Yes  No

Have you prepared or will you prepare all required Forms 1099?  Yes  No

Health insurance premiums paid for yourself and your dependents

2015 Amount	2014 Amount

### Income:

Include all Forms 1099-K

Payment card and third party transactions:

Description	2015 Amount	2014 Amount

Miscellaneous income: Include all Forms 1099-MISC


Other Income:


Other gross receipts or sales

Less returns and allowances

### Cost of Goods Sold:

Beginning inventory

Purchases less cost of items withdrawn for personal use

Cost of labor (do not include amounts paid to yourself)

Materials and supplies

Other costs of goods sold:

2015 Amount	2014 Amount

Description	2015 Amount	2014 Amount

Ending inventory



2015

# Business Expenses and Property & Equipment

6A

Name of Business: .....

Principal Business or Profession: .....

**Expenses:**

- Advertising .....
- Car and truck expenses .....
- Parking fees and tolls .....
- Commissions and fees .....
- Contract labor .....
- Employee benefit programs and health insurance (other than pension and profit-sharing plans) .....
- Insurance (other than health) .....
- Interest - mortgage (paid to banks, etc.) .....
- Interest - other .....
- Legal and professional fees .....
- Office expense .....
- Pension and profit-sharing plans .....
- Rent or lease - vehicles, machinery and equipment .....
- Rent or lease - other business property .....
- Repairs and maintenance .....
- Supplies (not included in Cost of Goods Sold) .....
- Taxes and licenses .....
- Travel .....
- Meals and entertainment .....
- Utilities .....
- Wages .....
- Dependent care benefits .....

2015 Amount	2014 Amount

**Other Expenses:**

Description	2015 Amount	2014 Amount

Property and Equipment:

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price



2015

# Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Listed Property Questions for 2015:

Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

### If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle:

Description of vehicle .....

Date placed in service ..... (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?  Yes  No

Was your vehicle available for use during off-duty hours?  Yes  No

### Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year .....

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc .....

Interest .....

Taxes .....

Fair market value of leased vehicle .....

Vehicle rentals/leases .....

Vehicle 1		Vehicle 2	
Description of vehicle .....		Description of vehicle .....	
Date placed in service .....		Date placed in service .....	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2015 Miles</b>	<b>2014 Miles</b>	<b>2015 Miles</b>	<b>2014 Miles</b>
<b>2015 Amount</b>	<b>2014 Amount</b>	<b>2015 Amount</b>	<b>2014 Amount</b>





2015

# Rental and Royalty Income

Location of Property: \_\_\_\_\_

TSJ \_\_\_\_\_

Type of property \_\_\_\_\_

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Have you prepared or will you prepare all required Forms 1099? .....

Ownership percentage if not 100% .....

How many days was this property rented at fair market value? .....

How many days was this property used personally (including use by family members)? .....

2015	2014

### Income:

Rents received .....

Royalties received .....

2015 Amount	2014 Amount

Payment card and third party transactions:  Include all Forms 1099-K

Description	2015 Amount	2014 Amount

Miscellaneous income:  Include all Forms 1099-MISC

Description	2015 Amount	2014 Amount

Other income:

Description	2015 Amount	2014 Amount



2015

# Rental and Royalty Expenses

10A

Location of Property: \_\_\_\_\_

**Expenses:**

- Advertising .....
- Auto and travel .....
- Cleaning and maintenance .....
- Commissions .....
- Insurance .....
- Legal and other professional fees .....
- Management fees .....
- Mortgage interest paid to banks, etc. ....
- Mortgage interest paid to individuals .....
- Other interest .....
- Repairs .....
- Supplies .....
- Taxes .....
- Utilities .....
- Dependent care benefits .....
- Employee benefits .....
- Other Expenses:

2015 Amount	2014 Amount

Description	2015 Amount	2014 Amount



2015

# Itemized Deductions - Medical and Taxes

### Medical and Dental Expenses:

TSJ	2015 Amount	2014 Amount

- Prescription medicines and drugs .....
- Total medical insurance premiums paid \* .....
- Long-term care expenses .....
- Total insurance reimbursement .....
- Number of miles traveled for medical care .....
- Lodging .....
- Doctors, dentists, etc. ....
- Hospitals .....
- Lab fees .....
- Eyeglasses and contacts .....

2015 Amount	2014 Amount

- Taxpayer long-term care insurance premiums paid .....
- Spouse long-term care insurance premiums paid .....

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

### Other Medical Expenses:

TSJ	Description	2015 Amount	2014 Amount

### Taxes Paid: Include copies of your tax bills

TSJ	2015 Amount	2014 Amount

- Personal property taxes paid (include vehicle taxes) .....
- General sales taxes paid on specified items .....

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2015 Amount	2014 Amount

### Other Taxes Paid:

TSJ	Description	2015 Amount	2014 Amount

If you purchased or sold your home in 2015, did you include any taxes from your closing statement in the amounts above?  Yes  No



Mortgage Questions for 2015:

		<b>Yes</b>	<b>No</b>
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new home or sell your former home during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.			
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2015 Amount	2014 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2015 Amount	2014 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2015 Amount	2014 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2015 Amount	2014 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2015 Amount	2014 Amount



# Itemized Deductions - Contributions

**Cash Contributions:** Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2015 Amount	2014 Amount

TSJ	Conservation Real Property	2015 Amount	2014 Amount
	100% limit		
	50% limit		

TSJ	Description	2015 Miles	2014 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

**Noncash Contributions Totaling \$500 or Less:** Include all documentation.

TSJ	Description of Donated Property	2015 Amount	2014 Amount

**Noncash Contributions Totaling More Than \$500:** Include all Forms 1098-C or other documentation.

TSJ ..... \_\_\_\_\_  
Description of the donated property .....

Donee organization name .....

Donee organization address .....

Date the property was acquired by the taxpayer (Mo/Da/Yr) .....

Date the property was donated (Mo/Da/Yr) .....

Cost or basis of the donated property .....   
Fair market value of the donated property .....

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal       Thrift shop value       Catalog       Comparable sale

Other - please explain .....

Which of the following describes how this donated property was acquired?

- Purchase       Gift       Inheritance       Exchange



**Miscellaneous Itemized Deductions:**

- Union and professional dues .....
- Tax preparation fee .....
- Professional subscriptions .....
- Hobby expense (To extent of income) .....
- Safe deposit box .....
- Uniforms and protective clothing .....
- Work tools .....
- Gambling losses .....
- Estate taxes .....

TSJ	2015 Amount	2014 Amount

**Other Itemized Deductions:**

**Examples:**

- Certain legal and accounting fees
- Investment expenses
- Custodial fees
- Employment agency fees
- Certain educational expenses

TSJ	Description	2015 Amount	2014 Amount

**Casualty or Theft Loss:**

TSJ .....

Property description .....

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use     Business use     Income producing     Employee Use     Personal use due to Hurricane Katrina
- Personal use attributable to a federally declared disaster between 2007 and 2009     Personal use attributable to Midwestern disaster area     Personal use attributable to Kansas disaster area
- Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_  
 Date damaged or lost ..... (Mo/Da/Yr) \_\_\_\_\_

Original cost or other basis .....   
 Fair market value before casualty .....   
 Fair market value after casualty .....   
 Cost of replacement .....   
 Insurance reimbursement .....



2015

# Employee Business Expenses

TS: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Expenses: **Enter all expenses at 100 percent** **Include all documentation**

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, enter the percentage to apply to Schedule A \_\_\_\_\_ %

	2015 Amount	2014 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		
Other Business Expenses:		

Description	2015 Amount	2014 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

	2015 Amount	2014 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

Vehicle: **Include all documentation**

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A \_\_\_\_\_ %

Description of vehicle \_\_\_\_\_  
Date vehicle was placed in service \_\_\_\_\_ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No  
Was your vehicle available for personal use during off-duty hours?  Yes  No

	2015	2014
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		
Other Vehicle Expenses:		

Description	2015 Amount	2014 Amount



2015

# Federal Tax Payments

## Refund Application:

If you have an overpayment of 2015 taxes, do you want the excess:

Refunded  Yes  No  
 Applied to your 2016 estimated tax liability  Yes  No

## Federal Estimated Tax Payments:

2015 1st Quarter Estimate ..... (Due 04-15-2015)  
 2015 2nd Quarter Estimate ..... (Due 06-15-2015)  
 2015 3rd Quarter Estimate ..... (Due 09-15-2015)  
 2015 4th Quarter Estimate ..... (Due 01-15-2016)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2014 overpayment applied to 2015 estimate .....

## Tax Planning Information for Tax Year 2016:

Do you expect any of the following to occur in 2016?

	Yes	No
A change in your marital status .....	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions .....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.






2015

# State and City Tax Payments

20A

## State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2015 1st Quarter Estimate .....

2015 2nd Quarter Estimate .....

2015 3rd Quarter Estimate .....

2015 4th Quarter Estimate .....

If you have an overpayment of 2015 taxes, do you  
want the excess applied to your 2016 estimated tax liability?  Yes  No

2014 overpayment applied to 2015 estimate .....

Balance of prior year(s)' tax paid in 2015 plus  
amount paid with 2014 extensions .....

Estimated tax payments for 2014 paid in 2015 .....

## State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2015 1st Quarter Estimate .....

2015 2nd Quarter Estimate .....

2015 3rd Quarter Estimate .....

2015 4th Quarter Estimate .....

If you have an overpayment of 2015 taxes, do you  
want the excess applied to your 2016 estimated tax liability?  Yes  No

2014 overpayment applied to 2015 estimate .....

Balance of prior year(s)' tax paid in 2015 plus  
amount paid with 2014 extensions .....

Estimated tax payments for 2014 paid in 2015 .....

## State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2015 1st Quarter Estimate .....

2015 2nd Quarter Estimate .....

2015 3rd Quarter Estimate .....

2015 4th Quarter Estimate .....

If you have an overpayment of 2015 taxes, do you  
want the excess applied to your 2016 estimated tax liability?  Yes  No

2014 overpayment applied to 2015 estimate .....

Balance of prior year(s)' tax paid in 2015 plus  
amount paid with 2014 extensions .....

Estimated tax payments for 2014 paid in 2015 .....

## Questions (Page 1 of 5)

The following questions pertain to the 2015 tax year. For any question answered Yes, include supporting detail or documents.

### Personal Information:

Yes    No

- |   |       |       |
|---|-------|-------|
| Did your marital status change?   | _____ | _____ |
| Are you married?  | _____ | _____ |
| If Yes, do you and your spouse want to file separate returns?   | _____ | _____ |
| If No, are you in a domestic partnership, civil union, or other state-defined relationship?               | _____ | _____ |
| Can you or your spouse be claimed as a dependent by another taxpayer?                                     | _____ | _____ |
| Did you or your spouse serve in the military or were you or your spouse on active duty?                   | _____ | _____ |
| Have you or your spouse been a victim of identity theft and have you contacted the IRS?                   | _____ | _____ |
| If Yes, furnish the 6-digit identity protection PIN issued to you by the IRS. _____ Taxpayer _____ Spouse |       |       |

### Dependents:

- |  |       |       |
|--|-------|-------|
| Were there any changes in dependents from the prior year?<br>Note: Include non-child dependents for whom you provided more than half the support   | _____ | _____ |
| Did you or your spouse pay for child care while you or your spouse worked or looked for work?  | _____ | _____ |
| Do you have any children under age 18 with unearned income more than \$1,050?  | _____ | _____ |
| Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,050? | _____ | _____ |
| Did you adopt a child or begin adoption proceedings?   | _____ | _____ |
| Are any of your dependents non-U.S. citizens or non-U.S. residents?  | _____ | _____ |

### Healthcare:

- |  |       |       |
|--|-------|-------|
| Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year?   | _____ | _____ |
| If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.   |       |       |
| If No, there are several exemptions from the mandate requiring health insurance coverage. Examples include membership in a healthcare sharing ministry, membership in a federally recognized Indian tribe, incarceration, membership in certain religious sects, and enrollment in certain Medicaid and TRICARE programs that do not provide minimum essential coverage. If any of these provisions apply, provide information regarding the exemption, the individual(s) (taxpayer, spouse, dependents) to which the exemption(s) may apply, and the month(s) for which the exemptions apply. |       |       |
| Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A?   | _____ | _____ |
| Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return?   | _____ | _____ |
| Did you apply for an exemption through the Marketplace?  | _____ | _____ |
| If Yes, provide the Exemption Certificate Number. _____  |       |       |
| Are any of your dependents required to file a tax return?  | _____ | _____ |

## Questions (Page 2 of 5)

### Healthcare (continued):

**Yes    No**

Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? \_\_\_\_\_ \_\_\_\_\_

Were you eligible for employer-sponsored healthcare coverage? \_\_\_\_\_ \_\_\_\_\_

If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse have any transactions pertaining to a health savings account (HSA)? \_\_\_\_\_ \_\_\_\_\_  
If you received a distribution from an HSA, include all Forms 1099-SA.

Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? \_\_\_\_\_ \_\_\_\_\_  
If you received a distribution from an MSA, include all Forms 1099-SA.

Did you or your spouse receive any distributions from long-term care insurance contracts? \_\_\_\_\_ \_\_\_\_\_  
If Yes, include Form 1099-LTC.

If you or your spouse are self-employed, are you eligible to be covered under an employer's health plan at another job? \_\_\_\_\_ \_\_\_\_\_

If Yes, how many months were you covered? \_\_\_\_\_

If you or your spouse are self-employed, are you eligible to be covered under an employer's long-term care plan at another job? \_\_\_\_\_ \_\_\_\_\_

If Yes, how many months were you covered? \_\_\_\_\_

Did you or your spouse lose your job because of foreign competition and pay for your own health insurance? \_\_\_\_\_ \_\_\_\_\_

### Education:

Did you or your spouse pay any student loan interest? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529) plan? \_\_\_\_\_ \_\_\_\_\_

If Yes, include all Forms 1099-Q.

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? \_\_\_\_\_ \_\_\_\_\_

### Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? \_\_\_\_\_ \_\_\_\_\_

If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.

Did you or your spouse incur any casualty or theft losses? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse make any large purchases, such as motor vehicles and boats? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? \_\_\_\_\_ \_\_\_\_\_

If Yes, provide the number of gallons or special fuels used for off-highway business purposes.

\_\_\_\_\_ Gallons    \_\_\_\_\_ Type

Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse install any energy efficiency improvement or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditions, or water heaters? \_\_\_\_\_ \_\_\_\_\_

## Questions (Page 3 of 5)

### Investments:

**Yes    No**

- Did you or your spouse have any debts canceled, forgiven or refinanced? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse sell, exchange, or purchase any real estate? \_\_\_\_\_ \_\_\_\_\_
- If Yes, include closing statements.
- Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse engage in any put or call transactions? \_\_\_\_\_ \_\_\_\_\_
- If Yes, provide the transaction details.
- Did you or your spouse close any open short sales? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse sell any securities not reported on Form 1099-B? \_\_\_\_\_ \_\_\_\_\_

### Retirement or Severance:

- Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse turn age 70 ½ and have money in an IRA or other retirement account without taking any distribution? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse retire or change jobs? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse receive deferred, retirement or severance compensation? \_\_\_\_\_ \_\_\_\_\_
- If Yes, enter the date received (Mo/Da/Yr). \_\_\_\_\_

### Personal Residence:

- Did your address change? \_\_\_\_\_ \_\_\_\_\_
- If Yes, provide the new address.
- If Yes, did you move to a different home because of a change in the location of your job? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse claim a homebuyer credit for a home purchased in 2008? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? \_\_\_\_\_ \_\_\_\_\_
- Are your total mortgages on your first and/or second residence greater than \$1,000,000? \_\_\_\_\_ \_\_\_\_\_
- If Yes, provide the principal balance and interest rate at the beginning and end of the year.
- Did you or your spouse take out a home equity loan? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse have an outstanding home equity loan at the end of the year? \_\_\_\_\_ \_\_\_\_\_
- If Yes, provide the principal balance and interest rate at the beginning and end of the year.
- Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? \_\_\_\_\_ \_\_\_\_\_
- Did you or your mortgagee receive mortgage assistance payments? \_\_\_\_\_ \_\_\_\_\_
- If Yes, include all Forms 1098-MA.

## Questions (Page 4 of 5)

### Sale of Your Home:

Yes No

Did you sell your home? \_\_\_\_\_

Did you receive Form 1099-S? \_\_\_\_\_

If Yes, include Form 1099-S.

Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? \_\_\_\_\_

Did you or your spouse ever rent out the property? \_\_\_\_\_

Did you or your spouse ever use any portion of the home for business purposes? \_\_\_\_\_

Have you or your spouse sold a principal residence within the last two years? \_\_\_\_\_

At the time of the sale, the residence was owned by the: \_\_\_\_\_ Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_ Both

### Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$14,000 to any individual? \_\_\_\_\_

Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? \_\_\_\_\_

Did you or your spouse make any gifts to a trust for any amount? \_\_\_\_\_

Did you or your spouse have a life insurance trust? \_\_\_\_\_

Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? \_\_\_\_\_

Did you or your spouse forgive any indebtedness to any individual, trust or entity? \_\_\_\_\_

### Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? \_\_\_\_\_

Were you or your spouse grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? \_\_\_\_\_

Did you or your spouse create or transfer money or property to a foreign trust? \_\_\_\_\_

Did you or your spouse own any foreign financial assets? \_\_\_\_\_

## Questions (Page 5 of 5)

### Miscellaneous:

Yes No

Did you or your spouse pay in excess of \$1,000 in any quarter or \$1,900 during the year for domestic services performed in or around your home to individuals who could be considered household employees?

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Have you or your spouse received a punitive damage award for damages other than for physical injuries or illness?

\_\_\_\_\_

\_\_\_\_\_

Did you or your spouse engage in any bartering transactions?

\_\_\_\_\_

\_\_\_\_\_

Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?

\_\_\_\_\_

\_\_\_\_\_

For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?

\_\_\_\_\_

\_\_\_\_\_

**Additional state pages have been included at the back of the organizer and should be reviewed.**