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This Tax Organizer is designed to help you collect and report the information needed to prepare your 2015 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2015 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2014 information is included for your reference. You do not need to make any 2014 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- ☐ A copy of your 2014 tax return (if not in our possession).
- ☐ Original Form(s) W-2.
- ☐ Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- ☐ Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- ☐ Form(s) 1099 or statements reporting dividend and interest income.
- ☐ Brokerage statements showing transactions for stocks, bonds, etc.
- ☐ Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- ☐ Copies of closing statements regarding the sale or purchase of real property.
- ☐ All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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## General Questions

ORG3

## PERSONAL INFORMATION

Yes No

- 1 Did your marital status change during 2015? ..... ☐ ☐  
If **yes**, explain .....
- 2 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.  
**Caution:** Review any transferred information for accuracy.  
Designee's Name ..... ▶  
Phone Number ..... ▶ Personal Identification Number (5 digit PIN) ..... ▶
- 3 Do you or your spouse plan to retire in 2016? ..... ☐ ☐
- 4 Were you or your spouse permanently and totally disabled in 2015? ..... ☐ ☐
- 5 Enter date of death for taxpayer or spouse (if during 2015 or 2016 ): Taxpayer: \_\_\_\_\_ Spouse: \_\_\_\_\_
- 6 Were you or your spouse a member of the U.S. Armed Forces during 2015? ..... ☐ ☐

## DEPENDENT INFORMATION

Yes No

- 7 a Do you have dependents who must file? ..... ☐ ☐  
b If **yes**, do you want us to prepare the return(s)? ..... ☐ ☐
- 8 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,000? ..... ☐ ☐  
b If **yes**, do you want to include your child's income on your return? ..... ☐ ☐
- 9 Are any of your dependents **not** U.S. citizens or residents? ..... ☐ ☐
- 10 Did you provide over half the support for any other person during 2015? ..... ☐ ☐
- 11 Did you incur adoption expenses during 2015? ..... ☐ ☐

## IRA, PENSION AND EDUCATION SAVINGS PLANS

Yes No

- 12 Did you receive payments from a pension or profit-sharing plan? ..... ☐ ☐
- 13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? ..... ☐ ☐
- 14 a Did you convert all or part of a regular IRA into a Roth IRA? ..... ☐ ☐  
b Did you roll over all or part of a qualified plan into a Roth IRA? ..... ☐ ☐
- 15 Did you contribute to a Coverdell Education Savings Account? ..... ☐ ☐

## ITEMS RELATED TO INCOME/LOSSES

Yes No

- 16 Did you receive any disability payments in 2015? ..... ☐ ☐
- 17 Did you receive tip income **not** reported to your employer? ..... ☐ ☐
- 18 a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2015? (Attach copies of any escrow statements or Forms 1099.) ..... ☐ ☐  
b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? ..... ☐ ☐  
c Are you planning to purchase a home soon? ..... ☐ ☐
- 19 Did you incur any casualty or theft losses during 2015? ..... ☐ ☐
- 20 Did you incur any non-business bad debts? ..... ☐ ☐

## PRIOR YEAR TAX RETURNS

Yes No

- 21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? ..... ☐ ☐  
If **yes**, enclose agent's report or notice of change.
- 22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? ..... ☐ ☐

## General Questions (continued)

ORG3

## FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

	Yes	No
23 Did you have foreign income or pay any foreign taxes in 2015 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
24a At any time during 2015, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? .....	<input type="checkbox"/>	<input type="checkbox"/>
b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2015 ? Report all interest income on Org 11 .....	<input type="checkbox"/>	<input type="checkbox"/>
25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
26 Did you at any time during 2015, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>

## HEALTH AND LIFE INSURANCE

	Yes	No
27a Did you and your dependents have health care coverage for the full year? .....	<input type="checkbox"/>	<input type="checkbox"/>
b Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach .....	<input type="checkbox"/>	<input type="checkbox"/>
c If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please attach.....	<input type="checkbox"/>	<input type="checkbox"/>
28a Did you or your spouse have self-employed health insurance? .....	<input type="checkbox"/>	<input type="checkbox"/>
b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? .....	<input type="checkbox"/>	<input type="checkbox"/>
29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? .....	<input type="checkbox"/>	<input type="checkbox"/>
30 Did you contribute to or receive distributions from a Health Savings Account (HSA)? .....	<input type="checkbox"/>	<input type="checkbox"/>

## MISCELLANEOUS

	Yes	No
31 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2015 ? If yes, please attach details .....	<input type="checkbox"/>	<input type="checkbox"/>
32 Did you start paying mortgage insurance premiums in 2015 ? If yes, please attach details .....	<input type="checkbox"/>	<input type="checkbox"/>
33 Did you purchase a motor vehicle or boat during 2015 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, attach documentation showing sales tax paid.		
34 Did you purchase an energy efficient vehicle in 2015 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, enter year, make, model, and date purchased: .....		
35 Did you donate a vehicle in 2015 ? If yes, attach Form 1098C .....	<input type="checkbox"/>	<input type="checkbox"/>
36 What was the sales tax rate in your locality in 2015 ? _____ % State ID .....		
37 Did you or your spouse make gifts of over \$14,000 to an individual or contribute to a prepaid tuition plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
38 Did you make gifts to a trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
39 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach details.		
40 Did you or your spouse participate in a medical savings account in 2015 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)		
41 Did you make a loan at an interest rate below market rate? .....	<input type="checkbox"/>	<input type="checkbox"/>
42 Did you pay any individual for domestic services in 2015 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
43 Did you pay interest on a student loan for yourself, your spouse, or your dependents? .....	<input type="checkbox"/>	<input type="checkbox"/>
44 Did you, your spouse, or your dependents attend post-secondary school in 2015 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
45 Did a lender cancel any of your debt in 2015 ? (Attach any Forms 1099-A or 1099-C) .....	<input type="checkbox"/>	<input type="checkbox"/>
46 Did you receive any income not included in this Tax Organizer? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach information.		

## ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

	Yes	No
47 If your tax return is eligible for Electronic Filing, would you like to file electronically? .....	<input type="checkbox"/>	<input type="checkbox"/>
48 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Caution:** Review transferred information for accuracy.

49 If yes, please provide the following information:

- a Name of your financial institution .....
- b Routing Transit Number (must begin with 01 through 12 or 21 through 32) .....
- c Account number .....
- d What type of account is this? .....Checking ☐ Savings ☐

☒ Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

# Health Insurance Coverage

ORG3A

**Preparer note:** The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

## Part 1 Coverage

Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below: See the information below regarding the new health insurance reporting requirements beginning in 2015.

Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage, who may have an exemption, and who may be subject to the individual shared responsibility payment.

Beginning in 2014, most individuals are required to have:

- **Minimum Essential Coverage (\*MEC)**, or
- an **Exemption** from the responsibility to have minimum essential coverage, or
- Make a **Shared Responsibility Payment**.

**Minimum Essential Coverage** includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

**Exemptions** may be obtained in advance from Healthcare.gov. Exemptions are available to members of federally recognized tribes, certain religious sects, and members of healthcare sharing ministries. There are numerous other exemptions and hardship exemptions available at [www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions](http://www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions) or [www.healthcare.gov/exemptions](http://www.healthcare.gov/exemptions). Some exemptions may be claimed directly on the income tax return.

The **Shared Responsibility Payment** for 2015 is the **GREATER OF 2%** of the household income that is above the filing threshold for the filing status, or the family's flat dollar amount for 2015 is \$325 per adult and \$162.50 per child, limited to a family maximum of \$975. This total is capped at the cost of the national average premium for a bronze level plan available through the Marketplace in 2015. The national average bronze plan amount is \$207 per month and limited to \$1,035 per month for a family of five or more members.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

ORG3A

## Business/Investment Questions

**ORG4**

	Yes	No
<b>1</b> Did you receive stock from a stock bonus plan with your employer? ..... (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Did you buy or sell any stocks or bonds in 2015 ? ..... If <b>yes</b> , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you surrender any U.S. savings bonds during 2015 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Do you have any investments for which you were <b>not</b> personally 'at risk' (other than sole proprietorship or farm)? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2015 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Did you sell property or equipment on installment in 2015 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Did you have any business related educational expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did you do a 'like-kind' exchange of property in 2015 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Do you have records, as described below, to support expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<p>Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented.                      Information must include: <b>1</b> Amount; <b>2</b> Time and place; <b>3</b> Date; <b>4</b> Business purpose; <b>5</b> Description of gift(s); and  <b>6</b> Business relationship of recipient.</p>		
<b>13</b> Did you purchase special fuels for non-highway use? .....	<input type="checkbox"/>	<input type="checkbox"/>
<p>If <b>yes</b>, please list the type of use and the number of gallons for each fuel.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<b>14</b> Was Form 8903 (Domestic Production Activities Deduction) included in your 2014 federal income tax return? .....	<input type="checkbox"/>	<input type="checkbox"/>

**2015**  
**Tax Documents to Send to Preparer**

▶ ☒ Check items enclosed.

Gather the following documents to send to your preparer.

☒ Form W-2 - Wages, Salaries and Tips:

☐ \_\_\_\_\_

☒ Form 1099-INT - Interest Income:

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

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# Basic Taxpayer Information

ORG6

## PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name .....	_____	_____
First name .....	_____	_____
Middle initial and suffix .....	MI ..... Suffix .....	MI ..... Suffix .....
Social security number .....	_____	_____
Occupation .....	_____	_____
Work phone/extension .....	_____	_____
Cell phone .....	_____	_____
E-mail address .....	_____	_____
Birthdate .....	MM/DD/YYYY .....	MM/DD/YYYY .....
Blind .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address.....	_____	Apartment number ..... _____
City .....	_____ State .....	ZIP code .....
Home phone .....	_____ Foreign country .....	_____
Fax .....	_____ Foreign phone .....	_____

## FILING STATUS

☐ **1** Single  
☐ **2** Married filing jointly  
☐ **3** Married filing separately  
 Check this box if you **did not** live with spouse at any time during the year ..... ☐  
 Check this box if you are eligible to claim spouse's exemption ..... ☐  
 Check this box if your spouse itemizes deductions ..... ☐  
☐ **4** Head of household  
 If the qualifying person is a child but not your dependent, enter  
 Child's name ..... Child's social security number .....  
☐ **5** Qualifying widow(er)  
 Check the box for the year the spouse died ..... 2013 ☐ 2014 ☐

## DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number Relationship	**Code +Months in U.S.	Date of Birth *Not Citizen	2015 Child Care Expense 2014 Child Care Expense
_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	_____

**\*\* For the Dependent Code, enter the following:**  
 L = dependent child who lived with you  
 N = dependent child who didn't live with you due to divorce or separation  
 O = other dependent  
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)  
 + Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.  
 \* Check this box if dependent child is not a U.S. citizen or resident alien

**W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION**

☒ **Attach all copies of your W-2 forms here.**

<b>1</b>	Employer's name .....	Check if not applicable for 2015 .....	<input type="checkbox"/>
	Employer's name .....	Check if for spouse .....	<input type="checkbox"/>
	<b>1</b> Check if this employer hired an on-staff care provider or furnished dependent care at your workplace .....		<input type="checkbox"/>
	<b>2</b> Enter any amounts forfeited from a flexible spending account .....		
	<b>3</b> Check if the income reported is from a foreign source .....		<input type="checkbox"/>
	<b>4 a</b> Clergy: Enter your designated housing or parsonage allowance .....		
	<b>b</b> Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value.....		
	<b>c</b> Check SE tax on: <b>(a)</b> housing or parsonage allowance..... <input type="checkbox"/>	<b>(b)</b> W-2 wages..... <input type="checkbox"/>	<b>(c)</b> both..... <input type="checkbox"/>

  

<b>2</b>	Employer's name .....	Check if not applicable for 2015 .....	<input type="checkbox"/>
	Employer's name .....	Check if for spouse .....	<input type="checkbox"/>
	<b>1</b> Check if this employer hired an on-staff care provider or furnished dependent care at your workplace .....		<input type="checkbox"/>
	<b>2</b> Enter any amounts forfeited from a flexible spending account .....		
	<b>3</b> Check if the income reported is from a foreign source .....		<input type="checkbox"/>
	<b>4 a</b> Clergy: Enter your designated housing or parsonage allowance .....		
	<b>b</b> Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value.....		
	<b>c</b> Check SE tax on: <b>(a)</b> housing or parsonage allowance..... <input type="checkbox"/>	<b>(b)</b> W-2 wages..... <input type="checkbox"/>	<b>(c)</b> both..... <input type="checkbox"/>

**1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC**

☒ **Attach all copies of your 1099-R forms here.**

<b>1</b>	Payer's name.....	Check if not applicable for 2015 .....	<input type="checkbox"/>	
	Payer's name.....	Check if for spouse .....	<input type="checkbox"/>	
	<b>1</b> Check if either box applies: Rollover .....	<input type="checkbox"/>	Conversion to Roth IRA .....	<input type="checkbox"/>
	<b>2 a</b> If a <b>partial</b> rollover, enter the amount rolled over .....			
	<b>b</b> If a <b>partial</b> conversion to a Roth IRA, enter the amount converted to Roth IRA .....			
	<b>3</b> Health insurance premiums deductible on Schedule A.....			
	<b>4 a</b> If entire distribution is a Required Minimum Distribution (RMD), check this box .....		<input type="checkbox"/>	
	<b>b</b> If <b>only part</b> of distribution is RMD, enter the part that is RMD.....			

  

<b>2</b>	Payer's name.....	Check if not applicable for 2015 .....	<input type="checkbox"/>	
	Payer's name.....	Check if for spouse .....	<input type="checkbox"/>	
	<b>1</b> Check if either box applies: Rollover .....	<input type="checkbox"/>	Conversion to Roth IRA .....	<input type="checkbox"/>
	<b>2 a</b> If a <b>partial</b> rollover, enter the amount rolled over .....			
	<b>b</b> If a <b>partial</b> conversion to a Roth IRA, enter the amount converted to Roth IRA .....			
	<b>3</b> Health insurance premiums deductible on Schedule A.....			
	<b>4 a</b> If entire distribution is a Required Minimum Distribution (RMD), check this box .....		<input type="checkbox"/>	
	<b>b</b> If <b>only part</b> of distribution is RMD, enter the part that is RMD.....			

**W-2G – GAMBLING OR LOTTERY WINNINGS**

☒ **Attach all copies of your W-2G forms here.**

Name of Payer	Check if Spouse	Gross Winnings (Box 1)	Federal Tax Withheld (Box 2)	State Tax Withheld (Box 14)	State Code (Box 13)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				



# Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES		2015	2014
1	Prescription medications .....		
2	Health insurance premiums (enter Medicare B on ORG10).....		
	Exclude premiums paid through an exchange (Form 1095-A)		
3	Qualified long-term care premiums		
a	Taxpayer's gross long-term care premiums .....		
b	Spouse's gross long-term care premiums .....		
c	Dependent's gross long-term care premiums .....		
4	Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity .....		
5	Insurance reimbursement.....		
6	Doctors, dentists, etc .....		
7	Hospitals, clinics, etc .....		
8	Lab and X-ray fees.....		
9	Expenses for qualified long-term care .....		
10	Eyeglasses and contact lenses .....		
11	Medical equipment and supplies .....		
12	Miles driven for medical purposes.....		
13	Ambulance fees and other medical transportation costs .....		
14	Lodging.....		
15	Other medical and dental expenses:		
a	_____		
b	_____		
c	_____		
d	_____		
e	_____		
f	_____		
g	_____		
h	_____		
i	_____		
j	_____		
TAXES		2015	2014
Enter state and local income taxes on <b>ORG7</b> , <b>ORG8</b> , <b>ORG10</b> , and <b>ORG40</b> .			
16	Real estate taxes paid on principal residence .....		
17	Real estate taxes paid on additional homes or land .....		
18	Auto registration fees based on the value of the vehicle .....		
19	Other personal property taxes .....		
20	Other taxes:		
	_____		
	_____		

# Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2015	2014
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2015
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address

OTHER PERSON RECEIVING FORM 1098	
Form 1098 Recipient's Name	Address

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2014 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

INVESTMENT INTEREST		
	2015	2014
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc) .....		

## Interest Paid and Cash Contributions (continued)

ORG14

### LIMITED HOME MORTGAGE DEDUCTION

If your mortgage balance exceeded \$1 million (\$500,000 for married filing separately) or your home equity debt exceeded \$100,000 (\$50,000 for married filing separately) during 2015 complete the following:

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
<b>1</b> Interest paid in 2015 .....					
Points paid in 2015.....					
Months loan outstanding ....					
Principal pd on loan in 2015..					
<b>2</b> Home acquisition debt:					
Beginning of year balance ..					
Additional borrowed in 2015..					
<b>3</b> Home equity debt:					
Beginning of year balance ..					
Additional borrowed in 2015..					
<b>4</b> Grandfathered debt: (before 10/14/1987)					
Beginning of year balance ..					
Additional borrowed in 2015..					
<b>5</b> Fair market value of homes on date debt was last secured by home .....					
<b>6</b> Home acquisition and grandfathered debt on date last secured by home .....					

### CASH CONTRIBUTIONS

Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2015	2014
	<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"/>		
	<input type="checkbox"/>		
Charitable miles driven.....			
Miles driven to deliver noncash contributions .....			
Parking fees, tolls, and local transportation .....			

# Moving Expenses

ORG16

If you sold your principal residence during 2015, also complete Sale of Your Home (ORG22).

## FIRST MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply..... ☐

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: .....

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace.....

Number of miles from your old home to old workplace .....

Are you a member of the armed forces? ..... **Yes** ☐ **No** ☐

If **Yes**, did you move due to a permanent change of station? ..... **Yes** ☐ **No** ☐

If **Yes**, enter the allowances or reimbursements received from the government .....

If **No**, enter the total amount your employer paid for your move. **Do not enter** amounts already reported in Form W-2 Box 12.....

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses .....	
Storage expenses .....	
Expenses of moving from old to new home:	
Travel <b>not</b> including meals.....	
Lodging <b>not</b> including meals.....	

## SECOND MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply..... ☐

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: .....

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace.....

Number of miles from your old home to old workplace .....

Are you a member of the armed forces? ..... **Yes** ☐ **No** ☐

If **Yes**, did you move due to a permanent change of station? ..... **Yes** ☐ **No** ☐

If **Yes**, enter the allowances or reimbursements received from the government .....

If **No**, enter the total amount your employer paid for your move. **Do not enter** amounts already reported in Form W-2 Box 12.....

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses .....	
Storage expenses .....	
Expenses of moving from old to new home:	
Travel <b>not</b> including meals.....	
Lodging <b>not</b> including meals.....	

# Car And Truck Expenses

(Employees use ORG17 – Employee Business Expenses)

ORG18

for: ORG19

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle.....			
2 Date placed in service.....			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading.....			
b Beginning mileage reading.....			
c Total miles for the year (line 3a less line 3b).....			
4 Business miles.....			
5 Total commuting miles.....			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc.....			
9 Vehicle registration fee (excluding property tax).....			
10 Vehicle lease or rental fee.....			
11 Inclusion amount (Preparer Use Only).....			
12 Depreciation (Preparer Use Only).....			
13 Parking fees, tolls, and local transportation.....			
14 Portion of vehicle registration fee based on value.....			
15 Interest on vehicle.....			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis.....			
17 Is this an electric vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle (Preparer Use).....			
20 Section 179 expense (Preparer Use).....			
21 Qualified Property for Economic Stimulus? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Qualified Property for Qualified Disaster Area? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Kansas Disaster Zone? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Qualified GO Zone Property (Preparer Use).....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
25 Percentage for SDA? (Preparer Use).....	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No
26 Elect OUT of SDA? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 Elect 30% in place of 50% SDA (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 Date sold.....			
29 Date acquired, if different from line 2.....			
30 Sales price.....			
31 Expense of sale.....			
32 Gain/loss basis, if different (Preparer Use).....			
33 AMT gain/loss basis, if different (Preparer Use).....			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
34 Is another vehicle available for personal use?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Was vehicle available during off duty hours?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Was vehicle used primarily by a greater than 5% owner or related person?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Do you have evidence to support the business use claimed?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
38 If yes, is the evidence written?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No

# Business Income and Expenses

ORG19

## GENERAL INFORMATION

- 1 Check ownership ☐ Taxpayer ☐ Spouse ☐ Joint
- 2 Business name .....
- 3 a Business street address.....
- b 1 City, State and Zip Code, or .....
- 2 Foreign country.....
- 4 Principal business/profession .....
- 5 Employer ID number.....
- 6 Business code (Preparer Use Only) ..... Yes No
- 7 Was this business fully disposed of in a fully taxable transaction during 2015 ?..... ☐ ☐

- 8 Accounting method:  
Cash ☐ Accrual ☐ Other (specify) ☐ .....
- 9 Method used to value closing inventory:  
Cost ☐ Lower of ☐ Other (explain) ☐ .....
- 10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory?  
(If yes, attach explanation) ..... Yes No
- 11 Did you materially participate in the operation of this business during 2015 ? ..... ☐ ☐
- 12 Did you start or acquire this business during 2015 ? ..... ☐ ☐
- 13 a Did you make any payments in 2015 that require you to file Forms 1099? ..... ☐ ☐
- b If yes, did you or will you file all the required Forms 1099? ..... ☐ ☐
- 14 At-risk determination:
- a Is all of the investment in this activity at risk? ..... ☐
- b Is some of the investment in this activity not at risk? ..... ☐
- 15 Did you have unallowed passive losses in 2014 ? ..... ☐ ☐
- 16 a Treat all MACRS assets for this activity as qualified Indian reservation property? ..... ☐ ☐
- b Treat all assets acquired after August 27, 2005 as qualified GO Zone property?..... Regular ☐ Extension ☐ No ☐
- c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ..... ☐ ☐
- d Was this business located in a Qualified Disaster Area? ..... ☐ ☐

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2015	2014
17 Gross receipts or sales.....		
18 Returns and allowances plus other adjustments.....		
19 Other income (include federal/state gas tax credit/refund) .....		

COST OF GOODS SOLD – IF APPLICABLE	2015	2014
20 Inventory at beginning of year .....		
21 Purchases .....		
22 Items withdrawn for personal use .....		
23 Cost of labor (do not include your salary) .....		
24 Materials and supplies .....		
25 Other costs .....		
26 Inventory at end of year.....		

# Business Income and Expenses (continued)

ORG19

EXPENSES	2015	2014
Business name _____		
<b>27</b> Advertising .....		
<b>28</b> Car and truck expenses (complete ORG18).....		
<b>29</b> Commissions and fees .....		
<b>30</b> Contract labor .....		
<b>31</b> Depletion .....		
<b>32</b> Depreciation and Section 179 deduction <b>(Preparer Use Only)</b> .....		
<b>33</b> Employee benefit programs:		
<b>a</b> Employee health insurance premiums .....		
<b>b</b> Other employee benefit programs .....		
<b>34</b> Insurance (other than health) .....		
<b>35</b> Self-employed health insurance attributable to this business .....		
<b>36</b> Interest:		
<b>a</b> Mortgage paid to banks not reported to you on Form 1098.....		
<b>b</b> Other .....		
<b>37</b> Legal and professional services .....		
<b>38</b> Office expenses .....		
<b>39</b> Pension and profit-sharing plans .....		
<b>40</b> Rent or lease:		
<b>a</b> Machinery and equipment (enter vehicle lease on ORG18) .....		
<b>b</b> Other business property.....		
<b>41</b> Repairs and maintenance .....		
<b>42</b> Supplies (not included in cost of goods sold) .....		
<b>43</b> Taxes and licenses not reported to you on Form 1098 .....		
<b>44</b> Travel, meals, and entertainment:		
<b>a</b> Travel.....		
<b>b</b> Meals and entertainment subject to 50% limit .....		
<b>c</b> Meals subject to 80% limit.....		
<b>d</b> Meals and entertainment not subject to limit.....		
<b>45</b> Utilities .....		
<b>46</b> Gross wages .....		
<b>47</b> Other expenses:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>48</b> Expenses for business use of your home <b>(Preparer Use Only)</b> .....		
Complete ORG20 for Business Use of Home.		
<b>49</b> Qualified pension plan start-up costs.....		

# Rent and Royalty Income and Expenses

ORG25

## BASIC PROPERTY INFORMATION

Property description: \_\_\_\_\_  
 Property type: \* \_\_\_\_\_ If type is other, enter a description: \_\_\_\_\_  
 Location (street address): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 If a foreign address: Foreign province or state: \_\_\_\_\_  
 Foreign postal code: \_\_\_\_\_ Foreign Country: \_\_\_\_\_

1 Check property owner ..... ☐ Taxpayer ☐ Spouse ☐ Joint

2 a Did you make any payments that would require you to file Form(s) 1099? ..... ☐ Yes ☐ No  
 b If **yes**, did you or will you file all required Forms(s) 1099? ..... ☐ Yes ☐ No

3 a Enter the ownership percentage (if not 100%) .....  
 b If not 100%, are you reporting 100% of the income and expenses? ..... ☐ Yes ☐ No

4 Is this a rental property? (If **yes**, answer questions 5 through 11; if **no**, skip to question 12.) ..... ☐ Yes ☐ No

5 Did you have personal use of this property or rent it for part of the year at less than fair rental value? ..... ☐ Yes ☐ No

6 For all rental properties, **enter the number of days** during 2015 that:

a The property was rented at fair rental value .....  
 b The property was used personally or rented at less than fair rental value .....  
 c You owned the property, if not the entire year .....  
 d .....  
 e .....  
 f .....  
 g .....  
 h .....  
 i .....  
 j .....  
 k .....  
 l .....  
 m .....  
 n .....  
 o .....  
 p .....  
 q .....  
 r .....  
 s .....  
 t .....  
 u .....  
 v .....  
 w .....  
 x .....  
 y .....  
 z .....

7 a Does this rental have multiple living units and you live in one of the units? ..... ☐ Yes ☐ No

b If **yes**, enter percentage of rental use .....

8 Did you actively participate in this property's management during 2015 ? ..... ☐ Yes ☐ No

9 Did you materially participate in this property's management during 2015 ? ..... ☐ Yes ☐ No

10 Do you want to treat this property as non-passive? ..... ☐ Yes ☐ No

11 Did this property have unallowed passive losses in 2014 ? ..... ☐ Yes ☐ No

12 Did you dispose of this property in a fully taxable transaction? ..... ☐ Yes ☐ No

13 Check this box if some of this investment was **not** at-risk ..... ☐ Yes ☐ No

14 a Treat all MACRS assets for this activity as qualified Indian reservation property? ..... ☐ Yes ☐ No

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... **Regular** ☐ **Extension** ☐ **No** ☐

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ..... ☐ Yes ☐ No

d Was this activity located in a Qualified Disaster Area? ..... ☐ Yes ☐ No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME		2015	2014
15 Rents or royalties received .....			
<p><b>* Property Types:</b></p> <div> <div>1 Single family residence</div> <div>2 Multi-family residence</div> <div>3 Vacation/short-term rental</div> <div>4 Commercial</div> <div>5 Land</div> <div>6 Royalties</div> <div>7 Self-rental</div> <div>8 Other</div> </div>			



# Rent and Royalty Income and Expenses (continued)

ORG25

EXPENSES	2015	2014
Property location .....		
16 Advertising .....		
17a Automobile (complete ORG18 for autos).....		
b Travel.....		
18 Cleaning and maintenance .....		
19 Commissions.....		
20a Mortgage insurance premiums — qualified .....		
b Other insurance .....		
21 Legal and professional fees .....		
22 Management fees .....		
23a Mortgage interest paid to banks — qualified.....		
b Mortgage interest paid to banks — other.....		
24 Other interest .....		
25 Repairs.....		
26 Supplies.....		
27a Real estate taxes.....		
b Other taxes .....		
28 Utilities .....		
29 Other expenses:		
a .....		
b .....		
c .....		
d .....		
e .....		
30a Depreciation and Section 179 deduction (Preparer Use Only).....		
b Depletion (Preparer Use Only).....		

# Farm Income and Expenses

ORG27

## GENERAL INFORMATION

Name of this farm .....

1 Check ownership ☐ Taxpayer ☐ Spouse ☐ Joint

2 Principal product .....

3 Employer identification number .....

4 Agricultural activity code (Preparer Use Only) .....

5 Accounting method ☐ Cash ☐ Accrual

6 Was this farm fully disposed of in a fully taxable transaction during 2015? ☐ Yes ☐ No

7 Did you materially participate in the operation of this business during 2015? ☐ Yes ☐ No

8 Did you make any payments in 2015 that would require you to file Form(s) 1099 ☐ Yes ☐ No

9 If 'Yes,' did you or will you file all required Forms 1099? ☐ Yes ☐ No

10 At-risk determination:

a Is all of the investment in this activity at risk? ☐ Yes ☐ No

b Is some of the investment in this activity not at risk? ☐ Yes ☐ No

c Did you receive a subsidy in 2015? ☐ Yes ☐ No

11 Did you have unallowed passive losses in 2014? ☐ Yes ☐ No

12a Treat all MACRS assets for this activity as qualified Indian reservation property? ☐ Yes ☐ No

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular ☐ Extension ☐ No ☐

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ☐ Yes ☐ No

d Was this farm located in a Qualified Disaster Area? ☐ Yes ☐ No

FARM INCOME – CASH METHOD	2015	2014
13 Sales of livestock, etc purchased for resale .....		
14 Cost/Basis of livestock, etc purchased for resale .....		
15 Sales of livestock, produce, grains, etc raised .....		
16a Total distributions received from cooperatives .....		
b Taxable amount of distributions from cooperatives .....		
17a Total agricultural program payments .....		
b Taxable amount of agricultural program payments .....		
c If you received social security retirement or disability benefits, enter any Conservation Reserve Program payments included on line 15 .....		
18a Commodity Credit Corporation (CCC) loans under election .....		
b CCC loans forfeited/repaid with certificates .....		
c Taxable amount of CCC loans forfeited/repaid .....		
19a Crop insurance proceeds/federal crop disaster payments received in 2015 .....		
b Taxable crop insurance proceeds/federal crop disaster payments .....		
c Crop insurance proceeds/federal crop disaster payments deferred from 2014 .....		
20 Custom hire (machine work) income .....		
21 Other income – include federal/state gas tax credit/refund .....		

FARM INCOME – ACCRUAL METHOD	2015	2014
22 Sales – livestock, produce, grain, other products .....		
23a Total distributions received from cooperatives .....		
b Taxable amount of distributions from cooperatives .....		
24a Total agricultural program payments .....		
b Taxable amount of agricultural program payments .....		
25a Commodity Credit Corporation (CCC) loans under election .....		
b CCC loans forfeited/repaid with certificates .....		
c Taxable amount of CCC loans forfeited/repaid .....		
26 Crop insurance proceeds and certain disaster payments .....		
27 Custom hire (machine work) income .....		
28 Other income include federal/state gas tax credit/refund .....		

## Farm Income and Expenses (continued)

ORG27

FARM INCOME – ACCRUAL METHOD (continued)	2015	2014
<b>29</b> Cost of Goods Sold:		
<b>a</b> Beginning inventory – livestock, produce, etc .....		
<b>b</b> Cost of livestock, produce, etc purchased .....		
<b>c</b> Ending inventory – livestock, produce, etc .....		
<b>30</b> Check if you used the unit-livestock price method or farm-price method to value inventory.....	<input type="checkbox"/>	<input type="checkbox"/>
Complete ORG51 for acquisitions and ORG50 for dispositions.		

FARM EXPENSES – CASH AND ACCRUAL METHODS	2015	2014
Name of this farm .....		
<b>31</b> Car and truck expense (complete ORG18) .....		
<b>32</b> Chemicals .....		
<b>33</b> Conservation expenses .....		
<b>34</b> Custom hire (machine work) .....		
<b>35</b> Depreciation and Section 179 deduction <b>(Preparer Use Only)</b> .....		
<b>36</b> Employee benefit programs other than pension and profit-sharing plans.....		
<b>37</b> Feed .....		
<b>38</b> Fertilizers and lime.....		
<b>39</b> Freight and trucking.....		
<b>40</b> Gasoline, fuel and oil .....		
<b>41 a</b> Insurance (other than health) .....		
<b>b</b> Self-employed health insurance attributable to this farm business.....		
<b>42</b> Interest:		
<b>a</b> Mortgage (paid to banks, etc).....		
<b>b</b> Other .....		
<b>43</b> Labor hired .....		
<b>44</b> Pension and profit-sharing plans.....		
<b>45</b> Rent or lease:		
<b>a</b> Machinery, equipment, etc (for vehicle rent or lease, see ORG18) .....		
<b>b</b> Other (land, animals, etc) .....		
<b>46</b> Repairs and maintenance .....		
<b>47</b> Seeds and plants purchased.....		
<b>48</b> Storage and warehousing.....		
<b>49</b> Supplies purchased.....		
<b>50</b> Taxes.....		
<b>51</b> Utilities .....		
<b>52</b> Veterinary, breeding and medicine.....		
<b>53</b> Other expenses (specify):		
_____		
_____		
_____		
_____		
_____		
<b>54</b> Qualified pension plan start-up costs.....		

# Child and Dependent Care Expenses

ORG35

CHILD AND DEPENDENT CARE EXPENSES			
Enter below the persons or organizations who provided the child and dependent care.			
First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name	Provider Address	ID Number SSN on first line OR EIN on second line	Amount Paid
Provider Phone			
1	Care at above address? ..... <input type="checkbox"/>	Tax-Exempt .. <input type="checkbox"/>	Foreign ..... <input type="checkbox"/>
2	Care at above address? ..... <input type="checkbox"/>	Tax-Exempt .. <input type="checkbox"/>	Foreign ..... <input type="checkbox"/>
3	Care at above address? ..... <input type="checkbox"/>	Tax-Exempt .. <input type="checkbox"/>	Foreign ..... <input type="checkbox"/>
4	Care at above address? ..... <input type="checkbox"/>	Tax-Exempt .. <input type="checkbox"/>	Foreign ..... <input type="checkbox"/>
EXPENSES		2015	2014
1 Total employment taxes paid on wages for child care expenses .....			
2 Total expenses paid in 2015 but not incurred in 2015 .....			
3 Total expenses incurred in 2015 but not paid in 2015 .....			
4 Medical expenses paid for qualifying persons unable to care for themselves .....			
STUDENT/DISABLED PERSON INFORMATION FOR 2015		Taxpayer	Spouse
5 If taxpayer or spouse was a full-time student or disabled in 2015, answer the following questions:			
a Number of months that taxpayer/spouse was a full-time student or disabled .....			
b Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here .....			

# Education Information

ORG36

## EDUCATION TUITION AND FEES

Attach all Form 1098-Ts and a list of your qualified expenses.

### EDUCATOR EXPENSES

2015

2014

1 a Taxpayer educator expenses.....

b Spouse educator expenses.....

## STUDENT LOAN INTEREST PAID

### Student Loan Interest Reported on a 1098-E in 2015

2 a Enter detail below or total interest in Part 2b

Lender's Name

2015

2014

Total Student Loan Interest

2015

2014

2 b Enter the total interest paid on qualified student loans.....

## FORM 1099-Q

3 Enter 1099-Q detail below.

State Code	Name of Payer or Program	Gross Distribution Box 1	Earnings Box 2	* Type Box 5

\* For the Type Code, enter the following:

P = Private Qualified Tuition Program  
S = State Qualified Tuition Program  
E = Coverdell ESA

## Tax Payments

ORG40

### 2015 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/17/15.....								
2 Qtr 2 due by 06/15/15.....								
3 Qtr 3 due by 09/17/15.....								
4 Qtr 4 due by 01/15/16 .....								
5 a Additional payments ...								
b Additional payments ...								
c Additional payments ...								
d Additional payments ...								

### OTHER TAX PAYMENTS

	Federal	State	Local
6 2014 overpayment applied to 2015 .....			
7 Balance due paid with 2014 return .....			
8 a 2014 Quarter 4 payments paid in 2015 .....			
b 2014 extension payments paid in 2015 .....			
9 Other taxes paid in 2015 for prior years (include explanation) .....			

### 2016 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2016, please enter the increase or decrease below.

#### Income

10 Wages .....	Taxpayer .....	
	Spouse.....	
11 Self-Employment Income .....	Taxpayer .....	
	Spouse.....	
12 Capital Gains (sale of stock, real estate, etc).....		
13 Other Income:		
Description .....		

#### Deductions

14 Allowable Itemized Deductions .....	
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description .....	
16 Federal Withholding .....	
17 Number of personal exemptions expected for 2016 .....	

### ADDITIONAL INFORMATION

18 Check to use your 2015 tax amount for your 2016 estimate .....	<input type="checkbox"/>
19 If you have an overpayment of 2015 taxes, check the box to indicate how you want your overpayment applied.	
a Apply entire overpayment to next year and refund excess .....	<input type="checkbox"/>
b Apply entire overpayment to first quarter and refund excess .....	<input type="checkbox"/>
20 Amount to apply if not entire overpayment .....	
21 Number of installments for estimated tax (1 - 4) .....	

# State Information Worksheet

ORG60

## GENERAL INFORMATION

	<b>Taxpayer</b>	<b>Spouse</b>
1 Enter your state of residence .....	_____	_____
2 Check the appropriate box if:	<b>Taxpayer</b>	<b>Spouse</b>
a Full year resident.....	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident .....	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident .....	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____	School district: _____	School district number: _____
	<b>Taxpayer</b>	<b>Spouse</b>
5 Check if disabled .....	<input type="checkbox"/>	<input type="checkbox"/>

## STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

## VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

## MISCELLANEOUS QUESTIONS

	<b>Yes</b>	<b>No</b>
8 Did you file a state return for 2014 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year? .....	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return? .....	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?		
a Refunded ..... <input type="checkbox"/>	b Apply to 2016 estimates ..... <input type="checkbox"/>	c Apply to 2016 taxes ..... <input type="checkbox"/>
12 Additional state information: _____		
_____		
_____		