Form ID: INDX

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [ ] numbers are for preparer use only.

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) ____[1]
Mark if you were married but living apart all year ____[2]
Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) ____[3]

	Taxpayer	Spouse
Social security number	____[4]	____[5]
First name	____[6]	____[7]
Last name	____[8]	____[9]
Occupation	____[10]	____[11]
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	____[12]	____[14]
Mark if dependent of another taxpayer	____[15]	____[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	____[17]	
Mark if legally blind	____[20]	____[21]
Date of birth	____[22]	____[24]
Date of death	____[26]	____[27]
Work/daytime telephone number/ext number	____[28] ____[29]	____[30] ____[31]
Home/evening telephone number	____[32]	____[33]
Do you authorize us to discuss your return with the IRS? (Y, N)	____[34]	

Present Mailing Address

Address ____[38]
Apartment number ____[39]
City, state postal code, zip code ____[40] ____[41] ____[42]
Foreign country name ____[44]
In care of addressee ____[47]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name[48]	Last Name	Date of Birth	Social Security No.	Relationship	Months*** in home	Dep Codes *	Dep Codes **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent ____[49]
Social security number of qualifying person ____[50]

Dependent Codes

***Basic**
1 = Child who lived with you
2 = Child who did not live with you
3 = Other dependent
5 = Qualifying child for Earned Income Credit only
6 = Children who lived with you, but do not qualify for Earned Income Credit
7 = Children who lived with you, but do not qualify for Child Tax Credit
8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit

****Other**
1 = Student (Age 19 - 23)
2 = Disabled dependent
3 = Dependent who is both a student and disabled

*****Months**
77 = Reported on odd year return
88 = Reported on even year return
99 = Not reported on return

Client Contact Information

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) ____[8]

Taxpayer email address ____________________[9]

Spouse email address ____________________[10]

	Taxpayer	Spouse
Fax telephone number	____________[11]	____________[19]
Mobile telephone number	____________[12]	____________[20]
Mobile telephone #2 number	____________[13]	____________[21]
Pager number	____________[14]	____________[22]
Other:	____________[15]	____________[23]
Telephone number	____________[16]	____________[24]
Extension	______[17]	______[25]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	____________[18]	____________[26]

NOTES/QUESTIONS:

Direct Deposit/Electronic Funds Withdrawal Information

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Primary account:

Financial institution routing transit number ______ [1]
Name of financial institution ______ [2]
Your account number ______ [3]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[4]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[5]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[6]
Enter the maximum dollar amount, or percentage of total refund Dollar ______ [7] **or** Percent (xxx.xx) ______ [8]

Secondary account #1:

Financial institution routing transit number ______ [23]
Name of financial institution ______ [24]
Your account number ______ [25]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[26]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[27]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[28]
Enter the maximum dollar amount, or percentage of total refund Dollar ______ [9] **or** Percent (xxx.xx) ______ [10]

Secondary account #2:

Financial institution routing transit number ______ [29]
Name of financial institution ______ [30]
Your account number ______ [31]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[32]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[33]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[34]
Enter the maximum dollar amount, or percentage of total refund Dollar ______ [13] **or** Percent (xxx.xx) ______ [14]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to $5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of $50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to $5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar ______ [11] **or** Percent (xxx.xx) ______ [12]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to $5,000), or percentage of refund used to purchase bonds Dollar ______ [15] **or** Percent (xxx.xx) ______ [16]
Owner's name (First Last) ______ [36] ______ [37]
Co-owner or beneficiary (First Last) ______ [38] ______ [39]
Mark if the name listed above is a beneficiary __[40]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to $5,000), or percentage of refund used to purchase bonds Dollar ______ [19] **or** Percent (xxx.xx) ______ [20]
Owner's name (First Last) ______ [41] ______ [42]
Co-owner or beneficiary (First Last) ______ [43] ______ [44]
Mark if the name listed above is a beneficiary __[45]

Electronic Filing

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing ___[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) ___[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account ___[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.
Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) ___________[7]

Spouse self-selected Personal Identification Number (PIN) ___________[8]

NOTES/QUESTIONS:

Identity Authentication

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification) ____[1]
Identification number ____[2]
Issue date ____[3]
Expiration date ____[4]
Location of issuance ____[5]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification) ____[6]
Identification number ____[7]
Issue date ____[8]
Expiration date ____[9]
Location of issuance ____[10]

NOTES/QUESTIONS:

Estimated Taxes

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

Refunded ___[52]

Applied to 2016 estimated tax liability ___[53]

Do you expect a considerable change in your 2016 income? (Y, N) ___[54]

If yes, please explain any differences:

___[55]

___[56]

___[57]

___[58]

Do you expect a considerable change in your deductions for 2016? (Y, N) ___[59]

If yes, please explain any differences:

___[60]

___[61]

___[62]

___[63]

Do you expect a considerable change in the amount of your 2016 withholding? (Y, N) ___[64]

If yes, please explain any differences:

___[65]

___[66]

___[67]

___[68]

Do you expect a change in the number of dependents claimed for 2016? (Y, N) ___[69]

If yes, please explain any differences:

___[70]

___[71]

___[72]

___[73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes ___[74]

2015 Federal Estimated Tax Payments

2014 overpayment applied to 2015 estimates + ___[1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. ___[5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/15/15	___[6]	+ ___[7]	___	___
2nd quarter payment	6/15/15	___[8]	+ ___[9]	___	___
3rd quarter payment	9/15/15	___[10]	+ ___[11]	___	___
4th quarter payment	1/15/16	___[12]	+ ___[13]	___	___
Additional payment		___[14]	+ ___[15]		

***Method of payment indicated in prior year**

EFW = Electronic funds withdrawal **EFTPS = Electronic Federal Tax Payment System**

Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

2015 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J) __[1]

State postal code ___[2]

Amount paid with 2014 return + ______[3]

2014 overpayment applied to '15 estimates + ______[4]

Treat calculated amounts as paid __[8]

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	______[9]	+ ______[10]	______
2nd quarter payment	______[11]	+ ______[12]	______
3rd quarter payment	______[13]	+ ______[14]	______
4th quarter payment	______[15]	+ ______[16]	______
Additional payment	______[17]	+ ______[18]	

2015 City Estimated Tax Payments

City #1

City name ______[28]

Amount paid with 2014 return + ______[31]

2014 overpayment applied to '15 estimates + ______[32]

Treat calculated amounts as paid __[36]

	Date Paid	Amount Paid
1st quarter payment	______[37]	+ ______[38]
2nd quarter payment	______[39]	+ ______[40]
3rd quarter payment	______[41]	+ ______[42]
4th quarter payment	______[43]	+ ______[44]

Calculated Amount

1st quarter payment	______
2nd quarter payment	______
3rd quarter payment	______
4th quarter payment	

City #2

City name ______[50]

Amount paid with 2014 return + ______[53]

2014 overpayment applied to '15 estimates + ______[54]

Treat calculated amounts as paid __[58]

	Date Paid	Amount Paid
1st quarter payment	______[59]	+ ______[60]
2nd quarter payment	______[61]	+ ______[62]
3rd quarter payment	______[63]	+ ______[64]
4th quarter payment	______[65]	+ ______[66]

Calculated Amount

1st quarter payment	______
2nd quarter payment	______
3rd quarter payment	______
4th quarter payment	

City #3

City name ______[72]

Amount paid with 2014 return + ______[75]

2014 overpayment applied to '15 estimates + ______[76]

Treat calculated amounts as paid __[80]

	Date Paid	Amount Paid
1st quarter payment	______[81]	+ ______[82]
2nd quarter payment	______[83]	+ ______[84]
3rd quarter payment	______[85]	+ ______[86]
4th quarter payment	______[87]	+ ______[88]

Calculated Amount

1st quarter payment	______
2nd quarter payment	______
3rd quarter payment	______
4th quarter payment	

City #4

City name ______[94]

Amount paid with 2014 return + ______[97]

2014 overpayment applied to '15 estimates + ______[98]

Treat calculated amounts as paid __[102]

	Date Paid	Amount Paid
1st quarter payment	______[103]	+ ______[104]
2nd quarter payment	______[105]	+ ______[106]
3rd quarter payment	______[107]	+ ______[108]
4th quarter payment	______[109]	+ ______[110]

Calculated Amount

1st quarter payment	______
2nd quarter payment	______
3rd quarter payment	______
4th quarter payment	

Income Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attached 2 = N/A

Form ID: IntDiv

Interest and Dividend Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all 1099-INT and 1099-DIV you received. To indicate which forms are attached, enter a "1" for attached in the field provided. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided. Otherwise, leave this field blank.

Form	T/S/J	Description	Mark if Foreign	1 = Attached 2 = N/A

Wages and Salaries #1

Please provide all copies of Form W-2.

	2015 Information		Prior Year Information
Taxpayer/Spouse (T, S)	__	[1]	
Employer name	____	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)	__	[5]	
Mark if this is your current employer	__	[6]	
Federal wages and salaries **(Box 1)**	+ ____	[10]	____
Federal tax withheld **(Box 2)**	+ ____	[12]	____
Social security wages **(Box 3)** (If different than federal wages)	+ ____	[14]	____
Social security tax withheld **(Box 4)**	+ ____	[16]	____
Medicare wages **(Box 5)** (If different than federal wages)	+ ____	[18]	____
Medicare tax withheld **(Box 6)**	+ ____	[21]	____
SS tips **(Box 7)**	+ ____	[23]	____
Allocated tips **(Box 8)**	+ ____	[25]	____
Dependent care benefits **(Box 10)**	+ ____	[27]	____
Box 13 -			
Statutory employee	__	[29]	
Retirement plan	__	[30]	
Third-party sick pay	__	[31]	
State postal code **(Box 15)**	___	[32]	
State wages **(Box 16)** (If different than federal wages)	+ ____	[34]	____
State tax withheld **(Box 17)**	+ ____	[36]	____
Local wages **(Box 18)**	+ ____	[38]	____
Local tax withheld **(Box 19)**	+ ____	[40]	____
Name of locality **(Box 20)**	____	[43]	

Control Totals+

Wages and Salaries #2

Please provide all copies of Form W-2.

	2015 Information		Prior Year Information
Taxpayer/Spouse (T, S)	__	[1]	
Employer name	____	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)	__	[5]	
Mark if this your current employer	__	[6]	
Federal wages and salaries **(Box 1)**	+ ____	[10]	____
Federal tax withheld **(Box 2)**	+ ____	[12]	____
Social security wages **(Box 3)** (If different than federal wages)	+ ____	[14]	____
Social security tax withheld **(Box 4)**	+ ____	[16]	____
Medicare wages **(Box 5)** (If different than federal wages)	+ ____	[18]	____
Medicare tax withheld **(Box 6)**	+ ____	[21]	____
SS tips **(Box 7)**	+ ____	[23]	____
Allocated tips **(Box 8)**	+ ____	[25]	____
Dependent care benefits **(Box 10)**	+ ____	[27]	____
Box 13 -			
Statutory employee	__	[29]	
Retirement plan	__	[30]	
Third-party sick pay	__	[31]	
State postal code **(Box 15)**	___	[32]	
State wages **(Box 16)** (If different than federal wages)	+ ____	[34]	____
State tax withheld **(Box 17)**	+ ____	[36]	____
Local wages **(Box 18)**	+ ____	[38]	____
Local tax withheld **(Box 19)**	+ ____	[40]	____
Name of locality **(Box 20)**	____	[43]	

Control Totals+

Interest Income

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

***Whole numbers will be treated as $ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.**

T/S/J	Type Code (**See codes below)			Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* $ or %	Tax Exempt* $ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer							
			Amounts	+						
		2	Payer							
			Amounts	+						
		3	Payer							
			Amounts	+						
		4	Payer							
			Amounts	+						
		5	Payer							
			Amounts	+						
		6	Payer							
			Amounts	+						
		7	Payer							
			Amounts	+						
		8	Payer							
			Amounts	+						
		9	Payer							
			Amounts	+						
		10	Payer							
			Amounts	+						

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

	Control Totals +		Form ID: B-1

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.
***Whole numbers will be treated as $ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.**

T S J	Type Code (**See codes below)			Ordinary [2] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* $ or %	Tax Exempt* $ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer											
			Amounts +											
		2	Payer											
			Amounts +											
		3	Payer											
			Amounts +											
		4	Payer											
			Amounts +											
		5	Payer											
			Amounts +											
		6	Payer											
			Amounts +											
		7	Payer											
			Amounts +											
		8	Payer											
			Amounts +											
		9	Payer											
			Amounts +											
		10	Payer											
			Amounts +											

**Dividend Codes	
Blank = Other	3 = Nominee

	Control Totals +		Form ID: B-2

Seller Financed Mortgage Interest Income

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

2015 Information | **Prior Year Information**

Taxpayer/Spouse/Joint (T, S, J)
Payer's name
Payer's street address
Payer's city, state, zip code
Payer's social security number
Interest income amount received in 2015 + [1]

Taxpayer/Spouse/Joint (T, S, J)
Payer's name
Payer's street address
Payer's city, state, zip code
Payer's social security number
Interest income amount received in 2015 + [1]

Taxpayer/Spouse/Joint (T, S, J)
Payer's name
Payer's street address
Payer's city, state, zip code
Payer's social security number
Interest income amount received in 2015 + [1]

Taxpayer/Spouse/Joint (T, S, J)
Payer's name
Payer's street address
Payer's city, state, zip code
Payer's social security number
Interest income amount received in 2015 + [1]

Taxpayer/Spouse/Joint (T, S, J)
Payer's name
Payer's street address
Payer's city, state, zip code
Payer's social security number
Interest income amount received in 2015 + [1]

Taxpayer/Spouse/Joint (T, S, J)
Payer's name
Payer's street address
Payer's city, state, zip code
Payer's social security number
Interest income amount received in 2015 + [1]

Taxpayer/Spouse/Joint (T, S, J)
Payer's name
Payer's street address
Payer's city, state, zip code
Payer's social security number
Interest income amount received in 2015 + [1]

Taxpayer/Spouse/Joint (T, S, J)
Payer's name
Payer's street address
Payer's city, state, zip code
Payer's social security number
Interest income amount received in 2015 + [1]

Control Totals+

Income from REMICs

Please provide all Schedules Q.

Taxpayer/Spouse/Joint (T, S, J) __[1]
Name of activity ______________________________
Employer identification number ____________
State postal code ___

Taxpayer/Spouse/Joint (T, S, J) __[1]
Name of activity ______________________________
Employer identification number ____________
State postal code ___

NOTES/QUESTIONS:

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S

Did you have any securities become worthless during 2015? (Y, N) __[8]

Did you have any debts become uncollectible during 2015? (Y, N) __[9]

Did you have any commodity sales, short sales, or straddles? (Y, N) __[10]

Did you exchange any securities or investments for something other than cash? (Y, N) __[12]

T/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
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	Control Totals+		**Form ID: D**

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S

T/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
				+	+
				+	+
				+	+
				+	+
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NOTES/QUESTIONS:

Other Income

		2015 Information		Prior Year Information
State and local income tax refunds		+ ____ [1]		____
	Taxpayer	Spouse		
Alimony received	+ ____ [3]	+ ____ [4]		____
Unemployment compensation	+ ____ [8]	+ ____ [9]		____
Unemployment compensation federal withholding	+ ____ [8]	+ ____ [9]		____
Unemployment compensation state withholding	+ ____ [8]	+ ____ [9]		____
Unemployment compensation repaid	+ ____ [11]	+ ____ [12]		____
Alaska Permanent Fund dividends	+ ____ [17]	+ ____ [18]		____

T/S/J	Self-Employment Income ? (Y, N)	Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	2015 Information	Prior Year Information
__	__	____	+ ____ [14]	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
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__	__	____	+ ____	____
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__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____

NOTES/QUESTIONS:

Form ID: 1099M

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

Name of payer		[3]
Taxpayer/Spouse/Joint (T, S, J)		[5]
State postal code		[6]
Rents **(Box 1)**	+	[13]
Royalties **(Box 2)**	+	[15]
Other income **(Box 3)**	+	[17]
Federal income tax withheld **(Box 4)**	+	[19]
Fishing boat proceeds **(Box 5)**	+	[21]
Medical and health care payments **(Box 6)**	+	[23]
Nonemployee compensation **(Box 7)**	+	[25]
Substitute payments in lieu of dividends or interest **(Box 8)**	+	[27]
Payer made direct sales of $5,000 or more of consumer products **(Box 9)**		[29]
Crop Insurance proceeds **(Box 10)**	+	[31]
Excess golden parachute payments **(Box 13)**	+	[36]
Gross proceeds paid to an attorney **(Box 14)**	+	[38]
Section 409A deferrals **(Box 15a)**	+	[40]
Section 409A income **(Box 15b)**	+	[42]
State tax withheld **(Box 16)**	+	[44]
State/Payer's state no. **(Box 17)**		[46]
State income **(Box 18)**	+	[47]

	Control Totals+	

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

Name of payer		[3]
Taxpayer/Spouse/Joint (T, S, J)		[5]
State postal code		[6]
Rents **(Box 1)**	+	[13]
Royalties **(Box 2)**	+	[15]
Other income **(Box 3)**	+	[17]
Federal income tax withheld **(Box 4)**	+	[19]
Fishing boat proceeds **(Box 5)**	+	[21]
Medical and health care payments **(Box 6)**	+	[23]
Nonemployee compensation **(Box 7)**	+	[25]
Substitute payments in lieu of dividends or interest **(Box 8)**	+	[27]
Payer made direct sales of $5,000 or more of consumer products **(Box 9)**		[29]
Crop Insurance proceeds **(Box 10)**	+	[31]
Excess golden parachute payments **(Box 13)**	+	[36]
Gross proceeds paid to an attorney **(Box 14)**	+	[38]
Section 409A deferrals **(Box 15a)**	+	[40]
Section 409A income **(Box 15b)**	+	[42]
State tax withheld **(Box 16)**	+	[44]
State/Payer's state no. **(Box 17)**		[46]
State income **(Box 18)**	+	[47]

	Control Totals+	

NOTES/QUESTIONS:

Form ID: 1099PATR	Taxable Distributions Received from Cooperatives #1	16b

Please provide all Forms 1099-PATR

Preparer use only

Name of payer		____	[3]
Taxpayer/Spouse/Joint (T, S, J)		_	[5]
State postal code		__	[6]
Patron dividends **(Box 1)**	+	____	[10]
Nonpatronage distributions **(Box 2)**	+	____	[12]
Per-unit retain allocations **(Box 3)**	+	____	[14]
Federal income tax withheld **(Box 4)**	+	____	[16]
Redemption of nonqualified notices and retain allocations **(Box 5)**	+	____	[18]
Domestic production activities deductions **(Box 6)**	+	____	[20]
Investment credit **(Box 7)**	+	____	[22]
Work opportunity credit **(Box 8)**	+	____	[24]
Patron's AMT adjustments **(Box 9)**	+	____	[26]
Other credits and deductions #1 **(Box 10)**	+	____	[28]
Other credits and deductions #2 **(Box 10)**	+	____	[30]

	Control Totals+	

Form ID: 1099PATR	Taxable Distributions Received from Cooperatives #2

Please provide all Forms 1099-PATR

Preparer use only

Name of payer		____	[3]
Taxpayer/Spouse/Joint (T, S, J)		_	[5]
State postal code		__	[6]
Patron dividends **(Box 1)**	+	____	[10]
Nonpatronage distributions **(Box 2)**	+	____	[12]
Per-unit retain allocations **(Box 3)**	+	____	[14]
Federal income tax withheld **(Box 4)**	+	____	[16]
Redemption of nonqualified notices and retain allocations **(Box 5)**	+	____	[18]
Domestic production activities deductions **(Box 6)**	+	____	[20]
Investment credit **(Box 7)**	+	____	[22]
Work opportunity credit **(Box 8)**	+	____	[24]
Patron's AMT adjustments **(Box 9)**	+	____	[26]
Other credits and deductions #1 **(Box 10)**	+	____	[28]
Other credits and deductions #2 **(Box 10)**	+	____	[30]

	Control Totals+	

NOTES/QUESTIONS:

Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

______ [51]

Taxpayer/Spouse/Joint (T, S, J) __[5]
State postal code ___[6]
Name of creditor/lender ______[3]

Form 1099-C Cancellation of Debt

Date of identifiable event **(Box 1)** ______[10]
Amount of debt discharged **(Box 2)** + ______[11]
Interest if included in box 2 **(Box 3)** + ______[12]
Personally liable for repayment of the debt (if checked) **(Box 5)** __[13]
Identifiable event code **(Box 6)** (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) __[14]
Fair market value of property **(Box 7)** + ______[15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment **(Box 1)** ______[16]
Balance of principal outstanding **(Box 2)** + ______[17]
Fair market value of property **(Box 4)** + ______[18]
Personally liable for repayment of the debt (if checked) **(Box 5)** __[19]

	Control Totals+	

Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

______ [51]

Taxpayer/Spouse/Joint (T, S, J) __[5]
State postal code ___[6]
Name of creditor ______[3]

Form 1099-C Cancellation of Debt

Date of identifiable event **(Box 1)** ______[10]
Amount of debt discharged **(Box 2)** + ______[11]
Interest if included in box 2 **(Box 3)** + ______[12]
Personally liable for repayment of the debt (if checked) **(Box 5)** __[13]
Identifiable event code **(Box 6)** (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) __[14]
Fair market value of property **(Box 7)** + ______[15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment **(Box 1)** ______[16]
Balance of principal outstanding **(Box 2)** + ______[17]
Fair market value of property **(Box 4)** + ______[18]
Personally liable for repayment of the debt (if checked) **(Box 5)** __[19]

	Control Totals+	

NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

		2015 Information		Prior Year Information
Taxpayer/Spouse (T, S)		__	[1]	
Payer name		______	[3]	
State postal code		___	[4]	
Mark if professional gambler		__	[9]	
Gross winnings **(Box 1)**	+	______	[11]	______
Date won **(Box 2)**		______	[13]	______
Type of wager **(Box 3)**		______	[15]	______
Federal withholding **(Box 4)**	+	______	[17]	______
Transaction **(Box 5)**		______	[19]	______
Race **(Box 6)**		______	[21]	______
Identical wager winnings **(Box 7)**	+	______	[23]	______
Cashier **(Box 8)**		______	[25]	______
Taxpayer identification number **(Box 9)**		______	[27]	
Window **(Box 10)**		______	[28]	______
First ID **(Box 11)**		______	[30]	
Second ID **(Box 12)**		______	[31]	
Payer's state ID no. **(Box 13)**		______	[32]	
State winnings **(Box 14)**	+	______	[33]	______
State withholding **(Box 15)**	+	______	[35]	______
Local winnings **(Box 16)**	+	______	[37]	______
Local withholding **(Box 17)**	+	______	[39]	______
Name of locality **(Box 18)**		______	[42]	

	Control Totals+	

Gambling Winnings #2

Please provide all copies of Form W-2G.

		2015 Information		Prior Year Information
Taxpayer/Spouse (T, S)		__	[1]	
Payer name		______	[3]	
State postal code		___	[4]	
Mark if professional gambler		__	[9]	
Gross winnings **(Box 1)**	+	______	[11]	______
Date won **(Box 2)**		______	[13]	______
Type of wager **(Box 3)**		______	[15]	______
Federal withholding **(Box 4)**	+	______	[17]	______
Transaction **(Box 5)**		______	[19]	______
Race **(Box 6)**		______	[21]	______
Identical wager winnings **(Box 7)**	+	______	[23]	______
Cashier **(Box 8)**		______	[25]	______
Taxpayer identification number **(Box 9)**		______	[27]	
Window **(Box 10)**		______	[28]	______
First ID **(Box 11)**		______	[30]	
Second ID **(Box 12)**		______	[31]	
Payer's state ID no. **(Box 13)**		______	[32]	
State winnings **(Box 14)**	+	______	[33]	______
State withholding **(Box 15)**	+	______	[35]	______
Local winnings **(Box 16)**	+	______	[37]	______
Local withholding **(Box 17)**	+	______	[39]	______
Name of locality **(Box 18)**		______	[42]	

	Control Totals+	

NOTES/QUESTIONS:

Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

2015 Information | **Prior Year Information**

Taxpayer/Spouse (T, S) __[1]
RIC or REIT name ____[3]
State postal code ___[4]
Total undistributed long-term capital gains **(Box 1a)** + ____[9]
Unrecaptured section 1250 gain **(Box 1b)** + ____[11]
Section 1202 gain **(Box 1c)** + ____[13]
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code
(1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) ____[15]
Collectibles (28%) gain **(Box 1d)** + ____[17]
Tax paid by the RIC or REIT on the box 1a gains **(Box 2)** + ____[19]

Control Totals+

Shareholders Undistributed Capital Gain #2

Please provide all copies of Form 2439

2015 Information | **Prior Year Information**

Taxpayer/Spouse (T, S) __[1]
RIC or REIT name ____[3]
State postal code ___[4]
Total undistributed long-term capital gains **(Box 1a)** + ____[9]
Unrecaptured section 1250 gain **(Box 1b)** + ____[11]
Section 1202 gain **(Box 1c)** + ____[13]
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code
(1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) ____[15]
Collectibles (28%) gain **(Box 1d)** + ____[17]
Tax paid by the RIC or REIT on the box 1a gains **(Box 2)** + ____[19]

Control Totals+

Shareholders Undistributed Capital Gain #3

Please provide all copies of Form 2439

2015 Information | **Prior Year Information**

Taxpayer/Spouse (T, S) __[1]
RIC or REIT name ____[3]
State postal code ___[4]
Total undistributed long-term capital gains **(Box 1a)** + ____[9]
Unrecaptured section 1250 gain **(Box 1b)** + ____[11]
Section 1202 gain **(Box 1c)** + ____[13]
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code
(1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) ____[15]
Collectibles (28%) gain **(Box 1d)** + ____[17]
Tax paid by the RIC or REIT on the box 1a gains **(Box 2)** + ____[19]

Control Totals+

NOTES/QUESTIONS:

Contracts & Straddles - General Information

Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint) __[1]

Mark to indicate all the elections that apply:

Mixed straddle election __[2]

Mixed straddle account election (Attach explanation)

____________________[3]

____

Straddle-by-straddle identification election __ [4]

Net section 1256 contracts loss election __ [5]

Section 1256 Contracts Marked to Market

Identification of Account A ____________________[6]

Identification of Account B ____________________

Identification of Account C ____________________

	Account A	Account B	Account C
Taxpayer/Spouse/Joint (T, S, J)	__	__	__
State postal code	___	___	___
-Loss/Gain for entire year (Enter losses as a negative amount)	+ ________	+ ________	+ ________
Total Form 1099-B adjustment	+ ________	+ ________	+ ________
Total net 1256 contract loss carryback	+ ________	+ ________	+ ________

Gains and Losses From Straddles

Description of Property A ____________________[7]

Name of Contract ____________________

Component ____________________ Type ____________________

Description of Property B ____________________

Name of Contract ____________________

Component ____________________ Type ____________________

Description of Property C ____________________

Name of Contract ____________________

Component ____________________ Type ____________________

Description of Property D ____________________

Name of Contract ____________________

Component ____________________ Type ____________________

	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	__	__	__	__
State postal code	___	___	___	___
Date entered into/acquired	________	________	________	________
Date closed out/sold	________	________	________	________
Gross sales price	+ ________	+ ________	+ ________	+ ________
Cost plus expense of sale	+ ________	+ ________	+ ________	+ ________
Unrecognized gain	+ ________	+ ________	+ ________	+ ________

Unrecognized Gain From Positions Held on Last Business Day

Description of Property A ____________________[8]

Description of Property B ____________________

Description of Property C ____________________

	Property A	Property B	Property C
Date acquired	________	________	________
Fair market value on last business day	+ ________	+ ________	+ ________
Cost or other basis as adjusted	+ ________	+ ________	+ ________

	Control Totals+		Form ID: 6781

Foreign Employer Compensation

Enter foreign employer compensation that was not reported to you on Form 1099-MISC.

Taxpayer/Spouse (T/S) __[3]
State ___[4]

Foreign Employer Identification (ID) number ____________________[1]
Foreign Employer Name ____________________[2]
Foreign Employer Address
Foreign street address ____________________[6]
Foreign city ____________________[7]
Foreign country code/name ___[8] ____________________[9]
Foreign province/county ____________________[10]
Foreign postal code ____________________[11]
Name "in care of" ____________________[12]

Employee address, if different from home address on Organizer Form ID: 1040
Enter U.S. (street, city, state, zip code) OR foreign (street, city, country, province, postal code)
Street address ____________________[13]
City, state, zip code ____________________[14] ___[15] ____________________[16]
Foreign country code/name ___[17] ____________________[18]
Foreign province/county ____________________[19]
Foreign postal code ____________________[20]

Income

	2015 Information	Prior Year Information
Foreign employer compensation	____________________[22]	

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

		2015 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of payer		__[3]	
State postal code		____[5]	
Gross distributions received **(Box 1)**	+	__[7]	__
Taxable amount received **(Box 2a)**	+	__[9]	__
Federal withholding **(Box 4)**	+	__[11]	__
Distribution code **(Box 7)**		__[14]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__[16]	
State withholding **(Box 12)**	+	__[17]	__
Local withholding **(Box 15)**	+	__[19]	__
Amount of rollover	+	__[21]	__
Mark if distribution was due to a pre-retirement age disability		__[23]	

Control Totals+

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

		2015 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of payer		__[3]	
State postal code		____[5]	
Gross distributions received **(Box 1)**	+	__[7]	__
Taxable amount received **(Box 2a)**	+	__[9]	__
Federal withholding **(Box 4)**	+	__[11]	__
Distribution code **(Box 7)**		__[14]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__[16]	
State withholding **(Box 12)**	+	__[17]	__
Local withholding **(Box 15)**	+	__[19]	__
Amount of rollover	+	__[21]	__
Mark if distribution was due to a pre-retirement age disability		__[23]	

Control Totals+

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

		2015 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of payer		__[3]	
State postal code		____[5]	
Gross distributions received **(Box 1)**	+	__[7]	__
Taxable amount received **(Box 2a)**	+	__[9]	__
Federal withholding **(Box 4)**	+	__[11]	__
Distribution code **(Box 7)**		__[14]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__[16]	
State withholding **(Box 12)**	+	__[17]	__
Local withholding **(Box 15)**	+	__[19]	__
Amount of rollover	+	__[21]	__
Mark if distribution was due to a pre-retirement age disability		__[23]	

Control Totals+

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) __[1]
State postal code ___[2]

Social Security Benefits

		2015 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:			
Net Benefits for 2015 (Box 3 minus Box 4) **(Box 5)**	+	____________ [8]	____________
Voluntary Federal Income Tax Withheld **(Box 6)**	+	____________ [10]	____________
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:			
Medicare premiums	+	____________ [12]	____________
Prescription drug (Part D) premiums	+	____________ [14]	

Tier 1 Railroad Benefits

		2015 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:			
Net Social Security Equivalent Benefit:			
Portion of Tier 1 Paid in 2015 **(Box 5)**	+	____________ [22]	____________
Federal Income Tax Withheld **(Box 10)**	+	____________ [25]	____________
Medicare Premium Total **(Box 11)**	+	____________ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2015 or receive any prior year benefits in 2015. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9

____ [40]
____ [41]
____ [42]
____ [43]
____ [44]

NOTES/QUESTIONS:

	Control Totals+		Form ID: SSA-1099

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__[1]	__[2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__[3]	__[4]
Enter the total traditional IRA contributions made for use in 2015	+ ______[5]	+ ______[6]

	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2015	+ ______[11]	+ ______[12]
Enter the nondeductible contribution amount made in 2016 for use in 2015	+ ______[13]	+ ______[14]
Traditional IRA basis	+ ______[15]	+ ______[16]
Value of all your traditional IRA's on December 31, 2015:		
______	+ ______[17]	+ ______[18]
______	+ ______	+ ______
______	+ ______	+ ______
______	+ ______	+ ______
______	+ ______	+ ______

Roth IRA

Please provide copies of any 1998 through 2014 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__[27]	__[28]
Enter the total Roth IRA contributions made for use in 2015	+ ______[29]	+ ______[30]
Enter the total amount of Roth IRA conversion recharacterizations for 2015	+ ______[37]	+ ______[38]
Enter the total contribution Roth IRA basis on December 31, 2014	+ ______[41]	+ ______[42]
Enter the total Roth IRA contribution recharacterizations for 2015	+ ______[43]	+ ______[44]
Enter the Roth conversion IRA basis on December 31, 2014	+ ______[45]	+ ______[46]
Value of all your Roth IRA's on December 31, 2015:		
______	+ ______[47]	+ ______[48]
______	+ ______	+ ______
______	+ ______	+ ______
______	+ ______	+ ______
______	+ ______	+ ______

NOTES/QUESTIONS:

Keogh, SEP, SIMPLE Contributions

Preparer use only

Business activity or profession name ______ [3]
Taxpayer/Spouse (T, S) __ [4]
State postal code ___ [5]
Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) __ [6]
Plan contribution rate. Enter in xx.xx format (Limitation percentage) ______ [7]
Enter the total amount of contributions made to a Keogh plan in 2015 + ______ [8]
Enter the total amount of contributions made to a Solo 401(k) plan in 2015 + ______ [9]
Enter the total amount of contributions made to a SEP plan in 2015 + ______ [10]
Enter the total amount of contributions made to a SARSEP plan in 2015 + ______ [11]
Enter the total amount of contributions made to a defined benefit plan in 2015 + ______ [12]
Enter the total amount of contributions made to a profit-sharing plan in 2015 + ______ [13]
Enter the total amount of contributions made to a money purchase plan in 2015 + ______ [14]
Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2015 + ______ [15]
Enter the total amount of contributions to a SIMPLE IRA plan in 2015 + ______ [16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2015 + ______ [17]
Enter the amount of catch-up contributions made to a SIMPLE Plan in 2015 + ______ [18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2015 + ______ [19]
Enter the amount of elective deferrals designated as Roth contributions in 2015 + ______ [20]

NOTES/QUESTIONS:

Schedule C - General Information

Preparer use only

	2015 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	__[2]	
Employer identification number	____________[3]	
Business name	____________[5]	
Principal business/profession	____________[6]	
Business code	____________[11]	____________
Business address, if different from home address on Organizer Form ID: 1040		
Address	____________[14]	
City/State/Zip	____________[15] ____[16] ____________[17]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	__[18]	__
If other:	____________[20]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	__[21]	__
If other enter explanation:		
____________	____________[23]	
____________		
Enter an explanation if there was a change in determining your inventory:		
____________	____________[24]	
____________		
Did you "materially participate" in this business? (Y, N)	__[25]	__
If not, number of hours you did significantly participate	____[27]	____
Mark if you began or acquired this business in 2015	__[29]	
Did you make any payments in 2015 that require you to file Form(s) 1099? (Y, N)	__[30]	__
If "Yes", did you or will you file all required Forms 1099? (Y, N)	__[32]	__
Mark if this business is considered related to qualified services as a minister or religious worker	__[34]	__
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	__[36]	__
Medical insurance premiums paid by this activity	+ ____________[40]	____________
Long-term care premiums paid by this activity	+ ____________[44]	____________
Amount of wages received as a statutory employee	+ ____________[47]	

Business Income

	2015 Information	Prior Year Information
Gross receipts and sales		
____________	+ ____________[52]	____________
____________	+ ____________	____________
____________	+ ____________	____________
____________	+ ____________	____________
Returns and allowances	+ ____________[55]	____________
Other income:		
____________	+ ____________[57]	____________
____________	+ ____________	____________
____________	+ ____________	____________
____________	+ ____________	

Cost of Goods Sold

	2015 Information	Prior Year Information
Beginning inventory	+ ____________[59]	____________
Purchases	+ ____________[61]	____________
Labor:		
____________	+ ____________[63]	____________
____________	+ ____________	____________
Materials	+ ____________[65]	____________
Other costs:		
____________	+ ____________[67]	____________
____________	+ ____________	____________
____________	+ ____________	____________
____________	+ ____________	____________
Ending inventory	+ [69]	

Schedule C - Expenses

Preparer use only

Principal business or profession ____________

		2015 Information		Prior Year Information
Advertising	+		[6]	
Car and truck expenses	+		[8]	
Commissions and fees	+		[10]	
Contract labor	+		[12]	
Depletion	+		[14]	
Depreciation	+		[16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit):				
	+		[18]	
	+			
Insurance (Other than health):				
	+		[20]	
	+			
Interest:				
Mortgage (Paid to banks, etc.)				
	+		[22]	
	+			
	+			
Other:				
	+		[24]	
	+			
Legal and professional services	+		[26]	
Office expense	+		[29]	
Pension and profit sharing:				
	+		[31]	
	+			
Rent or lease:				
Vehicles, machinery, and equipment	+		[33]	
Other business property	+		[35]	
Repairs and maintenance	+		[37]	
Supplies	+		[39]	
Taxes and licenses:				
	+		[41]	
	+			
	+			
	+			
	+			
Travel, meals, and entertainment:				
Travel	+		[43]	
Meals and entertainment	+		[45]	
Meals (Enter 100% subject to DOT 80% limit)	+		[47]	
Utilities	+		[51]	
Wages (Less employment credit):				
	+		[53]	
	+			
Other expenses:				
	+		[55]	
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			

	Control Totals+		Form ID: C-2

Schedule C - Carryovers

☐ **Preparer use only**

Principal business or profession ______________________________

Preparer use only

Carryovers	**Regular**	**AMT**
Operating	+ [12]	+ [13]
Short-term capital	+ [14]	+ [15]
Long-term capital	+ [16]	+ [17]
28% rate capital	+ [18]	+ [19]
Section 1231 loss	+ [20]	+ [21]
Ordinary business gain/loss	+ [22]	+ [23]
Section 179	+ [24]	+ [25]

NOTES/QUESTIONS:

Rent and Royalty Property - General Information

Preparer use only

	2015 Information	Prior Year Information
Description	[2]	
Taxpayer/Spouse/Joint (T, S, J) [3] State postal code	[4]	
Physical address: Street	[5]	
City, state, zip code	[6] [7] [8]	
Foreign country	[10]	
Foreign province/county	[11]	
Foreign postal code	[12]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty)	[13]	
Description of other type (Type code #8)	[14]	
Did you make any payments in 2015 that require you to file Form(s) 1099? (Y,N)	[16]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[18]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)	[20]	
Percentage of ownership if not 100%	[22]	
Business use percentage, if not 100% (Not vacation home percentage)	[24]	

Rent and Royalty Income

Rents and royalties	2015 Information	Prior Year Information
	+ [33]	

Rent and Royalty Expenses

	2015 Information	Percent if not 100%	Prior Year Information
Advertising	+ [35]	[36]	
Auto	+ [38]	[39]	
Travel	+ [41]	[42]	
Cleaning and maintenance	+ [44]	[45]	
Commissions:			
	+ [47]	[49]	
	+		
Insurance:			
	+ [50]	[52]	
	+		
Legal and professional fees	+ [54]	[55]	
Management fees:			
	+ [57]	[59]	
	+		
Mortgage interest paid to banks, etc (Form 1098)			
	+ [60]	[62]	
	+		
Other mortgage interest	+ [63]	[65]	
Qualified mortgage insurance premiums	+ [66]	[67]	
Other interest:			
	+ [69]	[71]	
	+		
Repairs	+ [72]	[73]	
Supplies	+ [75]	[76]	
Taxes:			
	+ [78]	[80]	
	+		
Utilities	+ [81]	[82]	
Depreciation	+ [84]	[85]	
Depletion	+ [87]	[88]	
Other expenses:			
	+ [90]		
	+		
	+		
	+		

Control Totals+

Rent and Royalty Properties - Points, Vacation Home, Passive Information

Preparer use only

Description

Refinancing Points

Preparer - Enter on Screen Rent

	2015 Information	Prior Year Information
Refinancing points paid -		
Recipient's/Lender's name	[92]	
Date of refinance		
Total # Payments		
Reported on 1098 in 2015		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		
Refinancing points paid -		
Recipient's/Lender's name		
Date of refinance		
Total # Payments		
Reported on 1098 in 2015		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		
Refinancing points paid -		
Recipient's/Lender's name		
Date of refinance		
Total # Payments		
Reported on 1098 in 2015		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		

Vacation Home Information

	2015 Information	Prior Year Information
Number of days home was used personally	[6]	
Number of days home was rented	[8]	
Number of day home owned, if not 365	[10]	
Carryover of disallowed operating expenses into 2015	+ [20]	
Carryover of disallowed depreciation expenses into 2015	+ [21]	

Passive and Other Information

Preparer use only

Carryovers	**Regular**	**AMT**
Operating	+ [29]	+ [30]
Short-term capital	+ [31]	+ [32]
Long-term capital	+ [33]	+ [34]
28% rate capital	+ [35]	+ [36]
Section 1231 loss	+ [37]	+ [38]
Ordinary business gain/loss	+ [39]	+ [40]
Comm revitalization	+ [41]	+ [42]
Section 179	+ [43]	+ [44]

Farm Income - General Information

Please provide all Forms 1099-K

Preparer use only

	2015 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	__[2]	
Employer identification number	[3]	
Description	[4]	
Principal Product	[5]	
State postal code	___[6]	
Accounting method (1 = Cash, 2 = Accrual)	__[7]	_
Agricultural activity code	[9]	
Did you "materially participate" in this business? (Y, N)	__[12]	_
Did you make any payments in 2015 that require you to file Form(s) 1099? (Y, N)	__[14]	_
If "Yes", did you or will you file all required Forms 1099? (Y, N)	__[16]	_
Mark if Schedule F net income or loss should be excluded from self-employment income	__[18]	_
Medical insurance premiums paid by this activity	+ [22]	
Long-term care premiums paid by this activity	+ [26]	

Schedule F Income

Sales Code**	Income description	2015 Information	Prior Year Information
_		+ [36]	
_		+	
_		+	
_		+	
_		+	

** Sales Codes	
1 = Cash sales of items bought for resale	**4 = Custom hire (machine work)**
2 = Cash sales of items raised	**5 = Other income**
3 = Accrual sales	

	2015 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ [38]	
Beginning inventory of livestock and other items (Accrual method)	+ [40]	
Accrual cost of livestock, produce, grains, and other products purchased	+ [42]	
Ending Inventory of livestock and other items (Accrual method)	+ [44]	
Total cooperative distributions you received	+ [46]	
Taxable cooperative distributions you received	+ [48]	

Agricultural program payments	2015 Total	2015 Taxable	Prior Year Information
	+	+ [51]	
	+	+	
	+	+	

	2015 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	+ [53]	
Commodity credit loans reported under election:		
	+ [55]	
	+	
Total commodity credit loans forfeited	+ [57]	
Taxable commodity credit loans forfeited	+ [59]	

Total crop insurance proceeds you received in 2015	2015 Total	2015 Taxable	Prior Year Information
	+	+ [62]	
	+	+	
	+	+	
Mark if electing to defer crop insurance proceeds to 2016		__[64]	_
Crop insurance proceeds deferred from 2014		+ [66]	

	Control Totals+		Form ID: F-1

Farm Expenses

Preparer use only

Description

		2015 Information		Prior Year Information
Car and truck expenses	+		[5]	
Chemicals	+		[7]	
Conservation expenses	+		[9]	
Custom hire (machine work)	+		[11]	
Depreciation	+		[13]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+		[15]	
Feed purchased	+		[17]	
Fertilizers and lime	+		[19]	
Freight and trucking	+		[21]	
Gasoline, fuel, and oil	+		[23]	
Insurance (Other than health)				
	+		[26]	
	+			
	+			
Mortgage interest (Paid to banks, etc.)				
	+		[28]	
	+			
	+			
Other interest	+		[30]	
Labor hired (Less employment credit)	+		[32]	
Pension and profit sharing	+		[34]	
Rent - vehicles, machinery, and equipment	+		[36]	
Rent - other	+		[38]	
Repairs and maintenance	+		[40]	
Seed and plants purchased	+		[42]	
Storage and warehousing	+		[44]	
Supplies purchased	+		[46]	
Taxes:				
	+		[48]	
	+			
	+			
	+			
	+			
Utilities	+		[50]	
Veterinary, breeding, and medicine	+		[52]	
Other expenses:				
	+		[54]	
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
Preproductive period expenses	+		[56]	

	Control Totals+		Form ID: F-2

Farm Passive and Other Carryover Information

Preparer use only

Description

Preparer use only

Carryovers	Regular		AMT	
Operating	+	[13]	+	[14]
Short-term capital	+	[15]	+	[16]
Long-term capital	+	[17]	+	[18]
28% rate capital	+	[19]	+	[20]
Section 1231 loss	+	[21]	+	[22]
Ordinary business gain/loss	+	[23]	+	[24]
Section 179	+	[25]	+	[26]
Excess farm loss	+	[29]	+	[30]

NOTES/QUESTIONS:

Farm Rental - General Information

Preparer use only

	2015 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	__[2]	
Employer identification number	____[3]	
Description	____[4]	
State postal code	__[5]	
Did you "actively participate" in the operation of this business this year? (Y, N)	___[6]	

Income Items

	2015 Information	Prior Year Information
Income from production of livestock, produce, grains, and other crops:		
____	+ ____[16]	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
Total cooperative distributions you received	+ ____[18]	____
Taxable cooperative distributions you received	+ ____[20]	

	2015 Total	2015 Taxable	Prior Year Information
Agricultural program payments:			
____	+ ____[22]	+ ____[23]	____
____	+ ____	+ ____	____
____	+ ____	+ ____	

	2015 Information	Prior Year Information
Commodity credit loans reported under election:		
____	+ ____[25]	____
____	+ ____	____
Total commodity credit loans forfeited	+ ____[27]	____
Taxable commodity credit loans forfeited	+ ____[29]	

	2015 Total	2015 Taxable	Prior Year Information
Crop insurance proceeds you received in 2015			
____	+ ____[31]	+ ____[32]	____
____	+ ____	+ ____	____
____	+ ____	+ ____	

	2015 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2016	__[34]	__
Crop insurance proceeds deferred from 2014	+ ____[36]	____
Other income:		
____	+ ____[39]	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	____	

	Control Totals+		Form ID: 4835

Farm Rental Expenses

Preparer use only

Description

		2015 Information		Prior Year Information
Car and truck expenses	+		[6]	
Chemicals	+		[8]	
Conservation expenses	+		[10]	
Custom hire (machine work)	+		[12]	
Depreciation	+		[14]	
Employee benefit programs	+		[16]	
Feed purchased	+		[18]	
Fertilizers and lime	+		[20]	
Freight and trucking	+		[22]	
Gasoline, fuel, and oil	+		[24]	
Insurance (Other than health):				
	+		[26]	
	+			
	+			
Mortgage interest (Paid to banks, etc.):				
	+		[28]	
	+			
	+			
Other interest	+		[31]	
Labor hired (Less employment credit)	+		[33]	
Pension and profit sharing	+		[35]	
Rent - vehicles, machinery, and equipment	+		[37]	
Rent - other	+		[39]	
Repairs and maintenance	+		[41]	
Seed and plants purchased	+		[43]	
Storage and warehousing	+		[45]	
Supplies purchased	+		[47]	
Taxes:				
	+		[49]	
	+			
	+			
	+			
	+			
Utilities	+		[51]	
Veterinary, breeding, and medicine	+		[53]	
Other expenses:				
	+		[55]	
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
Preproductive period expenses	+		[57]	

Preparer use only

Carryovers	Regular	AMT
Operating	+ [66]	+ [67]
Short-term capital	+ [68]	+ [69]
Long-term capital	+ [70]	+ [71]
28% rate capital	+ [72]	+ [73]
Section 1231 loss	+ [74]	+ [75]
Ordinary business gain/loss	+ [76]	+ [77]
Section 179	+ [78]	+ [79]
Excess farm loss	+ [82]	+ [83]

	Control Totals +		**Form ID: 4835-2**

Partnerships and S Corporations

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[6]
Name of entity ________________________________[9]
State postal code ___[10]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __[13]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[34]	[35]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[6]
Name of entity ________________________________[9]
State postal code ___[10]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __[13]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[34]	[35]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[6]
Name of entity ________________________________[9]
State postal code ___[10]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __[13]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[34]	[35]

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[3]
Name of activity ________________[4]
State postal code ____[5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[3]
Name of activity ________________[4]
State postal code ____[5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[3]
Name of activity ________________[4]
State postal code ____[5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[3]
Name of activity ________________[4]
State postal code ____[5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

Sale of Principal Residence

Description ____________________ [1]
Taxpayer/Spouse/Joint (T, S, J) __[5]
State postal code ___[6]
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) __[7]
Date former residence was acquired ________[9]
Date former residence was sold ________[10]
Selling price of former residence + ____________[11]
Expenses related to the sale of your old home + ____________[12]
Original cost of home sold including capital improvements + ____________[13]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) __[19]

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	____[21]	____[22]
Number of days each person owned property used as main home	____[23]	____[24]
Number of days between date of sale of the other home and date of sale of this home	____[25]	____[26]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + ____________[28]
Total current year payments received + ____________[29]

Form 6252 - Related Party Installment Sale Information

Related party name ____________________[30]
Address ____________________[31]
City, State and Zip ____________________ [32] [33] ________[34]
Identifying number of related party ____________[35]
Was the property sold as a marketable security? (Y, N) __[36]
Enter date of second sale if more than 2 years after the first sale ________[37]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) __[38]
Selling price of property sold by a related party + ____________[40]

NOTES/QUESTIONS:

	Control Totals+		Form ID: Home

Prior Year Installment Sale

Preparer use only

		2015 Information	Prior Year Information
Description		[3]	
Taxpayer/Spouse/Joint (T, S, J)		[7]	
State postal code		[8]	
Date acquired		[19]	
Date sold		[20]	
Gross sales price of property sold	+	[21]	
Mortgage and other debts the buyer assumed	+	[23]	
Cost or other basis	+	[25]	
Commissions and other expenses of the sale	+	[27]	
Gross profit percentage		[29]	
Total current year principal payments received	+	[35]	
Prior year principal payments received	+	[37]	
Total ordinary income to recapture	+	[39]	
Total ordinary income previously recaptured	+	[41]	

Control Totals+

Prior Year Installment Sale

Preparer use only

		2015 Information	Prior Year Information
Description		[3]	
Taxpayer/Spouse/Joint (T, S, J)		[7]	
State postal code		[8]	
Date acquired		[19]	
Date sold		[20]	
Gross sales price of property sold	+	[21]	
Mortgage and other debts the buyer assumed	+	[23]	
Cost or other basis	+	[25]	
Commissions and other expenses of the sale	+	[27]	
Gross profit percentage		[29]	
Total current year principal payments received	+	[35]	
Prior year principal payments received	+	[37]	
Total ordinary income to recapture	+	[39]	
Total ordinary income previously recaptured	+	[41]	

Control Totals+

NOTES/QUESTIONS:

Form 4797 and 6252 - General Information

Preparer use only

Description ______ [3]
Taxpayer/Spouse/Joint (T, S, J) __[9]
State postal code ___[10]
Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1 __[15]
Mark if disposition is due to casualty or theft __[19]
Mark if disposition was to a related party __[21]

Sale Information

Date acquired ______[23]
Date sold ______[24]
Gross sales price or insurance proceeds received + ______[25]
Cost or other basis + ______[26]
Commissions and other expenses of sale + ______[27]
Depreciation allowed or allowable + ______[28]

Form 4797, Part III - Recapture

Additional depreciation after 1975 **(Section 1250)** + ______[30]
Applicable percentage (if not 100%) **(Section 1250)** ______[31]
Additional depreciation after 1969 **(Section 1250)** + ______[32]
Soil, water and land clearing expenses **(Section 1252)** + ______[33]
Applicable percentage (if not 100%) **(Section 1252)** ______[34]
Intangible drilling and development costs **(Section 1254)** + ______[35]
Applicable payments excluded from income under sec. 126 **(Section 1255)** + ______[36]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + ______[37]
Total current year payments received + ______[38]

Form 6252 - Related Party Installment Sale Information

Related party name ______[39]
Address ______[40]
State, City and Zip ______ [41] [42] ______[43]
Identifying number of related party ______[44]
Was the property sold as a marketable security? (Y, N) __[45]
Enter date of second sale ______[46]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) __[47]
Selling price of property sold by a related party + ______[49]

NOTES/QUESTIONS:

	Control Totals+		Form ID: Sale

Like-Kind Exchange General Information

Preparer use only

Description of property given up ____ [4]
____ [5]
Taxpayer/Spouse/Joint (T, S, J) __ [6]
State postal code ___ [7]
Description of property received ____ [10]
____ [11]

Date Information

Date the like-kind property given up was acquired ____ [16]
Date you transferred your property to the other party ____ [17]
Date the like-kind property received was identified ____ [18]
Date you received the like-kind property from the other party ____ [19]

Gain and Basis Information

Fair market value of other property given up + ____ [20]
Adjusted basis of other property given up + ____ [21]
Cash received + ____ [22]
Fair market value of other (not like-kind) property received + ____ [23]
Installment obligation received in like-kind exchange + ____ [24]
Fair market value of like-kind property you received + ____ [25]
Fair market value of non-section 1245 property you received + ____ [26]
Liabilities, including mortgages, assumed by you + ____ [27]
Cash paid + ____ [28]
Adjusted basis of like-kind property given up + ____ [29]
Adjusted basis of like-kind property from pass through entity
Cost or other basis + ____ [30]
Depreciation allowed or allowable excluding Section 179 + ____ [31]
Section 179 expense deduction passed through + ____ [32]
Section 179 carryover + ____ [33]
Liabilities, including mortgages, assumed by the other party + ____ [34]
Exchange expenses incurred by you + ____ [35]

Related Party Exchange Information

Name of related party ____ [38]
Address of related party ____ [39]
City ____ [40]
State ___ [41]
Zip code ____ [42]
Identifying number of related party ____ [43]
Relationship to you ____ [44]
During this tax year, did the related party sell or dispose of the property received? (Y, N) __ [45]
During this tax year, did you sell or dispose of the like-kind property you received? (Y, N) __ [46]
Indicate if any special conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance) __ [47]
Mark if this exchange is a prior year like-kind exchange __ [49]

NOTES/QUESTIONS:

	Control Totals+		Form ID: 8824

Statement of Specified Foreign Financial Assets

This form is used to report other foreign assets (not held in a foreign financial account), as required by the Internal Revenue Service. Report foreign financial assets held in a foreign financial account on Organizer Form ID: FrgnAcct.

	2015 Information	Prior Year Information
Asset description	____ [2]	
Asset identifying number or other designation	____ [3]	
Date asset acquired	____ [4]	____
Date asset disposed	____ [6]	
Asset jointly owned with spouse	__ [7]	
Maximum value of asset	____ [9]	

Asset foreign entity information - (Enter either foreign entity information or issuer/counterparty information, but not both)

- Type of foreign entity:(P = Partnership, C= Corporation, T = Trust, E = Estate) __[14]
- Foreign entity name ____[15]
- Foreign entity address ____[16]
- City, state, zip code ____[17] ____[18] ____[19]
- Foreign country code/name ____[20] ____[21]
- Foreign province/county ____[22]
- Foreign postal code ____[23]

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

- Type: (I = Issuer, C = Counterparty) __[24]
- Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) __
  - If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) __
- Individual or organization name ____
- Address of issuer or counterparty ____
- City, state, zip code ____ ____ ____
- Foreign country code/name ____ ____
- Foreign province/county ____
- Foreign postal code ____

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

- Type: (I = Issuer, C = Counterparty) __
- Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) __
  - If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) __
- Individual or organization name ____
- Address of issuer or counterparty ____
- City, state, zip code ____ ____ ____
- Foreign country code/name ____ ____
- Foreign province/county ____
- Foreign postal code ____

NOTES/QUESTIONS:

Foreign Financial Accounts

This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.

Taxpayer/Spouse/Joint (T, S, J) __[1]

	2015 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	__[4]	
Type of Account:		
Bank	__[5]	
Securities	__[6]	
Other	____[7]	
Maximum value of account	____[8]	____
Account number or other designation	____[10]	
Financial institution	____[11]	
Address of financial institution	____[12]	
City, state, zip code	____[13] ____[14] ____[15]	
Foreign country code/name	____[16] ____[17]	
For addresses in Mexico, enter state	____[19]	
Foreign province/county	____[22]	
Foreign postal code	____[23]	
Account jointly owned with spouse	__[24]	
Account opened during the tax year	__[46]	__
Account closed during the tax year	__[48]	
Information is reported for a financial account which is:	__[26]	

2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest

Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account

Taxpayer identification number of account holder/joint owner ____[27]

Foreign identification number of account holder/joint owner (If no Taxpayer identification number) ____[28]

Last name or organization name of account holder/joint owner ____[29]

First name and middle initial of account holder/joint owner ____[30] __[31]

Address and apartment ____[32] ____[33]

City, state, zip code ____[34] ____[35] ____[36]

Foreign country code/name ____[37] ____[38]

For addresses in Mexico, enter state ____[40]

Foreign postal code ____[43]

Number of joint owners (Not including taxpayer, if applicable) ____[44]

Filer's title with this owner (If applicable) ____[45]

NOTES/QUESTIONS:

Foreign Earned Income Exclusion

Taxpayer/Spouse (T, S) __[1]
State postal code ___[3]
Foreign street address ____________________[4] City ____________
State/Province ____________________ Country code ___
Country ____________________ Postal code ____________
Employer's name ________________________________[2]
U.S. address ____________________[5] City ____________
State postal code ___ Zip code ____________
Foreign street address ____________________[6] City ____________
State/Province ____________________ Country code ___
Country ____________________ Postal code ____________
Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign affiliate of a U.S. company, E = Other) _[7] If other, specify type ____________[8]
Country of citizenship ________________________________[11]
If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:
City/Country ____________________[12] Days ________
City/Country ____________________ Days ________
List tax home(s) during the tax year and dates established:
Tax home ____________________[13] Date ____________
Tax home ____________________ Date ____________

Foreign Earned Income Allocation Information

***U.S. Business Days and Travel Type Code: 1=Travel to United States; 2=Travel to restricted country; 3=Travel to foreign country**

U.S. business days and travel information:[16]

Type Code*	Name of Country including United States	Date Arrived	Date Left	No. of U.S. business days
__				
__				
__				
__				
__				
__				

Foreign days worked before and after foreign assignment ___[17] Total days worked before and after foreign assignment _____[18]
Total number of days worked during year (defaults to 240) _____[19]

Bona Fide Residence Test

Date foreign residence began ____________[21] Date foreign residence ended ____________[22]
Kind of foreign living quarters (A = Purchased house, B = Rented house or apartment, C = Rented room, D = Quarters furnished by employer) __[23]
If any family members lived abroad with you during any part of tax year, list who and for what period:
Relationship ____________ Period abroad ____________[24]
Relationship ____________ Period abroad ____________
Relationship ____________ Period abroad ____________
Relationship ____________ Period abroad ____________
Mark if you submitted a statement to foreign country authorities that you are not a resident of that country __[25]
Mark if required to pay income tax to that country __[26]
List any contractual terms or other conditions relating to length of employment abroad
________________________________[27]
____
Type of visa used to enter foreign country ____________[28]
Explanation if visa limited length of stay or employment
________________________________[29]
____
If maintained a home in U.S., enter address, whether it was rented, names of occupants and their relationship to you:
Address ____________________[30] City ____________
State postal code ___ Zip code ____________
Rented __ Occupant ____________________ Relationship ____________
Address ____________________[30] City ____________
State postal code ___ Zip code ____________
Rented __ Occupant ____________________ Relationship ____________

Physical Presence Test

Principal country of employment [31]

Employer's name ____________________
Taxpayer/Spouse (T, S) _
State postal code ___

Foreign Earned Income

***Please use the Foreign Earned Income Allocation Codes located below**

		Allocation Code*		Amount	
Noncash income:					
Home (lodging) ____________	[10]	__[11]	+	________	[12]
Meals ____________	[13]	__[14]	+	________	[15]
Car ____________	[16]	__[17]	+	________	[18]
Other properties or facilities (Please enter code here and description and amount below):		__[19]			
____________			+	________	[20]
____________			+	________	
____________			+	________	
____________			+	________	
____________			+	________	
Allowances, reimbursements or expenses paid on behalf:					
Cost of living and overseas differential		__[21]	+	________	[22]
Family		__[23]	+	________	[24]
Education		__[25]	+	________	[26]
Home leave		__[27]	+	________	[28]
Quarters		__[29]	+	________	[30]
Other purposes (Please enter code here and description and amount below):		__[31]			
____________			+	________	[32]
____________			+	________	
____________			+	________	
____________			+	________	
____________			+	________	
Other foreign earned income (Please enter code here and description and amount below):		__[33]			
____________			+	________	[34]
____________			+	________	
____________			+	________	
____________			+	________	
____________			+	________	
Excludable meals and lodging under section 119			+	________	[35]

*Foreign Earned Income Allocation Codes
1 = 100% foreign during assignment
2 = 100% U.S. during assignment
3 = U.S. and foreign days worked during assignment
4 = U.S. and foreign days before/after assignment
5 = Days worked before, during, and after assignment

Deductions Allocable to Foreign Earned Income

	Allocation Code*		Amount	
Other allocable deductions	__[36]	+	________	[37]

Housing Exclusion/Deduction

Qualified housing expense + ________ [47]

NOTES/QUESTIONS:

Preparer use only

Description of move	______________ [2]
Taxpayer/Spouse/Joint (T, S, J)	__ [3]
Mark if the move was due to service in the armed forces	__ [7]
Number of miles from old home to new workplace	______ [8]
Number of miles from old home to old workplace	______ [9]
Mark if move is outside United States or its possessions	__ [10]
Transportation and storage expenses	+ ______ [11]
Travel and lodging (not including meals)	+ ______ [12]
Miles driven to new home	______ [13]
Total amount reimbursed for moving expenses	+ ______ [15]

NOTES/QUESTIONS:

Other Adjustments

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2015 Information	Prior Year Information
			+ [1]	
Address				
			+	
Address				
			+	
Address				

	2015 Information Taxpayer	2015 Information Spouse	Prior Year Information
Educator expenses:			
+	[3]	+ [4]	
+		+	
Other adjustments:			
+	[6]	+ [7]	
+		+	
+		+	
+		+	
+		+	
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+		+	
+		+	

NOTES/QUESTIONS:

Exclusion of Interest Income from Series EE or I U.S. Savings Bonds

Complete if you cashed qualified U.S. Savings bonds in 2015 that were issued after 1989, and you paid qualified higher education expenses in 2015 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J) __
SSN of person enrolled at eligible educational institution __________
Name of person enrolled at eligible educational institution (First/Last) __________ __________
Name of eligible educational institution __________
Address of eligible educational institution __________
City, state, and zip code __________ _____ __________
Qualified higher education expenses you paid in 2015 for person listed above + __________ [1]
Enter any nontaxable educational benefits received for 2015 for person listed above + __________
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____
Financial institution name (ESA) or name of program (QTP) __________
Financial institution address (ESA) or address of program (QTP) __________
City, state and zip code __________ _____ __________

Taxpayer/Spouse/Joint (T, S, J) __
SSN of person enrolled at eligible educational institution __________
Name of person enrolled at eligible educational institution (First/Last) __________ __________
Name of eligible educational institution __________
Address of eligible educational institution __________
City, state, and zip code __________ _____ __________
Qualified higher education expenses you paid in 2015 for person listed above + __________ [1]
Enter any nontaxable educational benefits received for 2015 for person listed above + __________
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____
Financial institution name (ESA) or name of program (QTP) __________
Financial institution address (ESA) or address of program (QTP) __________
City, state and zip code __________ _____ __________

Taxpayer/Spouse/Joint (T, S, J) __
SSN of person enrolled at eligible educational institution __________
Name of person enrolled at eligible educational institution (First/Last) __________ __________
Name of eligible educational institution __________
Address of eligible educational institution __________
City, state, and zip code __________ _____ __________
Qualified higher education expenses you paid in 2015 for person listed above + __________ [1]
Enter any nontaxable educational benefits received for 2015 for person listed above + __________
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____
Financial institution name (ESA) or name of program (QTP) __________
Financial institution address (ESA) or address of program (QTP) __________
City, state and zip code __________ _____ __________

Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2015 + __________ [3]

NOTES/QUESTIONS:

Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2015 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E.
Form 1098-E from the lender reports interest received in 2015. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender		2015 Interest Paid		Prior Year Information
__	____	+	____	[1]	____
__	____	+	____		____
__	____	+	____		____
__	____	+	____		

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) __[8]
Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deduction) __
Student's social security number ____________
Student's first name ____________
Student's last name ____________

Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the instituti

Institution's federal identification number ____________[8]
Institution's name ____________
Institution's street address ____________
Institution's city, state, zip code ____________ ___ ____________

Tuition Paid and Related Information

Amounts reported in Box 1 or Box 2 may not reflect the actual amount paid for the student during 2015.
Enter the amount actually paid during 2015.

	2015 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) **(Box 1)**	+ ____________[8]	____________
Tuition billed (Enter only the amount actually paid) **(Box 2)**	____________	
Educational institution changed its reporting method for 2015 **(Box 3)**	__	
Adjustments made for a prior year **(Box 4)**	____________	
Scholarships or grants **(Box 5)**	____________	
Adjustments to scholarships or grants for a prior year **(Box 6)**	____________	
Box 1 or 2 includes amounts for an academic period beginning January - March 2016 **(Box 7)**	__	
At least half-time student **(Box 8)**	__	
Graduate student **(Box 9)** (1=Yes, 2=No)	__	
Insurance contract reimbursement/refund **(Box 10)**	____________	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	____________	
American Opportunity Tax Credit (AOTC) disqualifier 1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2015	__	

NOTES/QUESTIONS:

Qualified Education Programs

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) __[1]
Payer name ____________________[3]
State postal code ____[4]
Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) ____[6]
Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) ____[7]
Final distribution ____[8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number ____________________[11]
First name ____________________[12]
Last name ____________________[13]

		2015 Information	Prior Year Information
Amount contributed in current year	+	____________________[14]	____________________
Basis of this account at 12/31/14	+	____________________[17]	____________________
Value of this account at 12/31/15	+	____________________[19]	____________________
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+	____________________[24]	

Payments from Qualified Education Programs

		2015 Information	Prior Year Information
Gross distribution **(Box 1)**	+	____________________[30]	____________________
Earnings **(Box 2)**	+	____________________[32]	____________________
Basis **(Box 3)**	+	____________________[34]	____________________
Trustee-to-trustee rollover **(Box 4)**		____[36]	
Trustee-to-trustee rollover amount if different than Box 1	+	____________________[37]	____________________
Box 5 -			
Private QTP		____[39]	
State QTP		____[40]	
Coverdell ESA		____[41]	
Check if the recipient is not the designated beneficiary **(Box 6)**		____[42]	
Qualified education expenses	+	____________________[43]	____________________
Elementary and secondary education expenses	+	____________________[45]	

NOTES/QUESTIONS:

Federal Student Aid Application Information #1

Complete a FAFSA information section for both the parent and student. Both may be required to complete the FAFSA.
If the parent or student tax return was prepared elsewhere, please provide the completed tax return.

This FAFSA information is for the: ________ **Preparer use only**

		2015 Information	Prior Year Information
Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies? (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)		__[1]	
The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)		__[2]	
Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts	+	[5]	
Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence	+	[7]	
Taxpayer's (and spouse's) net worth in current businesses and/or investment farms	+	[9]	
Child support paid because of divorce, separation, or a result of a legal requirement	+	[11]	
Taxable earnings from need-based employment programs	+	[13]	
Student grant and scholarship aid included in adjusted gross income	+	[15]	
Earnings from work under a cooperative education program offered by a college	+	[17]	
Child support received but do not include foster care or adoption payments	+	[19]	
Veterans noneducation benefits	+	[21]	
Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	+	[23]	
Money received or paid on behalf of the student (For the student's worksheet only)	+	[25]	

	Control Totals+	

Federal Student Aid Application Information #2

This FAFSA information is for the: ________ **Preparer use only**

		2015 Information	Prior Year Information
Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies? (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)		__[1]	
The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)		__[2]	
Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts	+	[5]	
Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence	+	[7]	
Taxpayer's (and spouse's) net worth in current businesses and/or investment farms	+	[9]	
Child support paid because of divorce, separation, or a result of a legal requirement	+	[11]	
Taxable earnings from need-based employment programs	+	[13]	
Student grant and scholarship aid included in adjusted gross income	+	[15]	
Earnings from work under a cooperative education program offered by a college	+	[17]	
Child support received but do not include foster care or adoption payments	+	[19]	
Veterans noneducation benefits	+	[21]	
Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	+	[23]	
Money received or paid on behalf of the student (For the student's worksheet only)	+	[25]	

NOTES/QUESTIONS:

	Control Totals+		Form ID: FAFSA

Schedule A - Medical and Dental Expenses

T/S/J **2015 Information** **Prior Year Information**

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

__[1] + [2]

Medical insurance premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.)

__[4] + [5]

Long-term care premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.))

__[7] + [8]

Prescription medicines and drugs:

__[10] + [11]

__[13] Miles driven for medical items [14]

Schedule A - Tax Expenses

T/S/J **2015 Information** **Prior Year Information**

State/local income taxes paid:

__[18] + [19]

2014 state and local income taxes paid in 2015:

__[21] + [22]

Real estate taxes paid:

__[24] + [25]

Personal property taxes:

__[27] + [28]

Other taxes, such as: foreign taxes and State disability taxes

__[30] + [31]

Sales tax paid on major purchases:

__[36] + [37]

Sales tax paid on actual expenses:

__[39] + [40]

Control Totals+

Interest Expenses

T/S/J	Home mortgage interest: From Form 1098	2015 Interest Paid [2]	2015 Points Paid	Type*	2015 Mortgage Ins. Premiums Paid	Prior Year Information
__ [1]		+	+	__	+	
__		+	+	__	+	
__		+	+	__	+	
__		+	+	__	+	
__		+	+	__	+	
__		+	+	__	+	
__		+	+	__	+	
__		+	+	__	+	
__		+	+	__	+	

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home
1 = Not used to buy, build, improve home or investment
2 = Used to pay off previous mortgage
3 = Used to pay off previous mortgage, excess proceeds invested
4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J **Payee's Name** **SSN or EIN** **2015 Information** **Prior Year Information**

Other, such as: Home mortgage interest paid to individuals

T/S/J	Payee's Name	SSN or EIN	2015 Information	Prior Year Information
[4]			+ [5]	
Address				
City, state and zip code				
			+	
Address				
City, state and zip code				

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

__ Payer's/Borrower's name ______ [7]
Street Address ______
City/State/Zip code ______ ______ ______

Refinancing Points paid in 2015 -

Taxpayer/Spouse/Joint (T, S, J) __ [11]
Recipient/Lender name ______
Total points paid at time of refinance ______
Percentage of principal exceeding original mortgage (For AMT adjustment) ______
Points deemed as paid in 2015 **(Preparer use only)** + ______ [12]
Date of refinance ______
Term of new loan (in months) ______
Reported on Form 1098 in 2015 __
Taxpayer/Spouse/Joint (T, S, J) __
Recipient/Lender name ______
Total points paid at time of refinance ______
Percentage of principal exceeding original mortgage (For AMT adjustment) ______
Points deemed as paid in 2015 **(Preparer use only)** + ______
Date of refinance ______
Term of new loan (in months) ______
Reported on Form 1098 in 2015 __

T/S/J	Investment interest expense, other than on Schedule(s) K-1:	2015 Information	Prior Year Information
__ [15]		+ [16]	
__		+	
__		+	
__		+	
__		+	
__		+	
__		+	
__		+	

	Control Totals+		Form ID: A-2

Charitable Contributions

T/S/J		2015 Information	Prior Year Information
	Contributions made by cash or check (including out-of-pocket expenses)		
__[2]		+ [3]	
__		+	
__		+	
__		+	
__		+	
__		+	
__		+	
__		+	
__		+	
__[5]	Volunteer miles driven	[6]	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		
__[8]		+ [9]	
__		+	
__		+	
__		+	
__		+	
__		+	

Miscellaneous Deductions

T/S/J		2015 Information	Prior Year Information
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
__[11]		+ [12]	
__		+	
__		+	
__		+	
__		+	
	Union dues:		
__[14]		+ [15]	
__		+	
__[17]	Tax preparation fees	+ [18]	
	Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees		
__[20]		+ [21]	
__		+	
__		+	
__		+	
__[23]	Safe deposit box rental	+ [24]	
	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:		
__[26]		+ [27]	
__		+	
__		+	
	Other expenses, not subject to the 2% AGI limit:		
__[30]		+ [31]	
__		+	
__		+	
__		+	
	Gambling losses: (Enter only if you have gambling income)		
__[33]		+ [34]	
__		+	

	Control Totals+		Form ID: A-3

Home Mortgage Interest Subject To Limitations

Complete this section if you have home acquisition/improvement debt over $1,000,000 or home equity debt over $100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.
Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your hor
Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your ho

		2015 Information		Prior Year Information
Description of loan/property		____	[2]	
Taxpayer/Spouse/Joint (T, S, J)		_	[3]	
Loan origination date		____	[4]	
Fair market value of home	+	____	[5]	____
Number of months loan was outstanding in 2015, if not 12		___	[7]	___
Number of months home was a qualifying home (If different from number of months loan was outstanding)		___	[9]	___
Principal paid in 2015	+	____	[11]	____
Interest paid during 2015	+	____	[13]	____
Points reported on Form 1098 for 2015	+	____	[15]	____
Home mortgage interest you paid, not reported on Form 1098:				
Recipient name		____	[18]	
Recipient SSN or EIN		____	[19]	
Recipient address		____	[20]	
Recipient city, state, zip code		____ [21] ___ [22] ____	[23]	
Grandfather debt as of 12/31/14 (or first day mortgage was outstanding)	+	____	[24]	____
Grandfather debt as of 12/31/15 (or last day mortgage was outstanding)	+	____	[26]	____
Home acquisition/improvement debt as of 12/31/14 (or first day mortgage was outstanding)	+	____	[28]	____
Home acquisition/improvement debt as of 12/31/15 (or last day mortgage was outstanding)	+	____	[30]	____
Home equity debt as of 12/31/14 (or first day mortgage was outstanding)	+	____	[32]	____
Home equity debt as of 12/31/15 (or last day mortgage was outstanding)	+	____	[34]	____
Average balance in 2015 of grandfather debt	+	____	[37]	____
Average balance in 2015 of home acquisition/improvement debt	+	____	[39]	____
Average balance for 2015 all types of debt	+	____	[41]	

NOTES/QUESTIONS:

Employee Business Expenses

Preparer use only

	2015 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__[2]	
Occupation in which expenses were incurred	____[3]	
State postal code	____[5]	
If the employee expenses were from an occupation listed below, enter the applicable code 1 = Qualified performing artist, 2 = Impairment-related work expenses, 3 = Fee-basis official	__[6]	__
Mark if these employee expenses are related to qualified services as a minister or religious worker	__[10]	
Parking fees and tolls	+ ____[17]	____
Local transportation	+ ____[19]	____
Travel expenses	+ ____[22]	____
Other business expenses:		
____	+ ____[25]	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
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____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
Nonvehicle depreciation	+ ____[28]	____
Meals and entertainment	+ ____[31]	____
Meals for individuals subject to DOT hours of service limitation	+ ____[33]	

Employer Reimbursements

Enter Reimbursements not entered on Screen W2, Box 12, Code L

	2015 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2	+ ____[60]	____
Reimbursements for meals and entertainment not included on Form W-2	+ ____[62]	____
Reimbursements for meals for DOT service limitation not included on Form W-2	+ ____[64]	

Employee Business Expenses

Preparer use only

Taxpayer/Spouse (T, S) __[2]

Occupation in which expenses were incurred ________________[3]

State postal code ___[4]

Vehicle Questions

	2015 Information	Prior Year Information
If you used your automobile for work purposes, please answer the following questions:		
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	__[5]	__
Was another vehicle available for personal use? (Y, N)	__[7]	__
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	__[9]	

Vehicle Information

Vehicle 1 -	Date placed in service	________[11]
	Description	________[12]
	Comments	________
Vehicle 2 -	Date placed in service	________[62]
	Description	________[63]
	Comments	________
Vehicle 3 -	Date placed in service	________[109]
	Description	________[110]
	Comments	________
Vehicle 4 -	Date placed in service	________[156]
	Description	________[157]
	Comments	________

Vehicles Actual Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	____[20]		____[69]		____[116]		____[163]	
Business mileage	____[24]		____[71]		____[118]		____[165]	
Average daily round trip commuting mileage	____[26]		____[73]		____[120]		____[167]	
Total commuting mileage	____[28]		____[75]		____[122]		____[169]	
Gasoline	+ ____[30]		+ ____[77]		+ ____[124]		+ ____[171]	
Oil	+ ____[32]		+ ____[79]		+ ____[126]		+ ____[173]	
Repairs	+ ____[34]		+ ____[81]		+ ____[128]		+ ____[175]	
Maintenance	+ ____[36]		+ ____[83]		+ ____[130]		+ ____[177]	
Tires	+ ____[38]		+ ____[85]		+ ____[132]		+ ____[179]	
Car washes	+ ____[40]		+ ____[87]		+ ____[134]		+ ____[181]	
Insurance	+ ____[42]		+ ____[89]		+ ____[136]		+ ____[183]	
Interest	+ ____[44]		+ ____[91]		+ ____[138]		+ ____[185]	
Registration	+ ____[46]		+ ____[93]		+ ____[140]		+ ____[187]	
Licenses	+ ____[48]		+ ____[95]		+ ____[142]		+ ____[189]	
Property taxes (Plates, tags, etc)	+ ____[50]		+ ____[97]		+ ____[144]		+ ____[191]	
Vehicle rentals	+ ____[52]		+ ____[99]		+ ____[146]		+ ____[193]	
Inclusion amt **(Preparer only)**	+ ____[54]		+ ____[101]		+ ____[148]		+ ____[195]	
Other vehicle expenses	+ ____[56]		+ ____[103]		+ ____[150]		+ ____[197]	
Value of employer provided vehicle	+ ____[58]		+ ____[105]		+ ____[152]		+ ____[199]	
Depreciation	+ ____[60]		+ ____[107]		+ ____[154]		+ ____[201]	

Noncash Contributions Exceeding $500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) __[1]
Donated property description ____[4]
Name of donee organization ____[5]
Address of donee organization ____[6]
City ____[7]
State postal code ___[8]
Zip code ____[9]
Date contributed ____[10]
Date acquired by donor ____[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) __[12]
Donor's cost or basis +____[13]
Fair market value +____[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) __[15]
If other: ____[16]

	Control Totals+	

Noncash Contributions Exceeding $500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) __[1]
Donated property description ____[4]
Name of donee organization ____[5]
Address of donee organization ____[6]
City ____[7]
State postal code ___[8]
Zip code ____[9]
Date contributed ____[10]
Date acquired by donor ____[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) __[12]
Donor's cost or basis +____[13]
Fair market value +____[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) __[15]
If other: ____[16]

	Control Totals+	

Noncash Contributions Exceeding $500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) __[1]
Donated property description ____[4]
Name of donee organization ____[5]
Address of donee organization ____[6]
City ____[7]
State postal code ___[8]
Zip code ____[9]
Date contributed ____[10]
Date acquired by donor ____[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) __[12]
Donor's cost or basis +____[13]
Fair market value +____[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) __[15]
If other: ____[16]

	Control Totals+	

Contributions of Motor Vehicles, Boats & Airplanes

Please provide all Forms 1098-C. If you received a different acknowledgement from the donee organization in lieu of Form 1098-C, enter the equivalent donation information in the fields provided below.

Taxpayer/Spouse (T, S) __[1]
Donee's name ____________________[4]
State postal code ___[3]
Date of contribution **(Box 1)** ____________[9]
Odometer mileage **(Box 2a)** ____________[10]
Year of vehicle **(Box 2b)** ________[11]
Make of vehicle **(Box 2c)** ____________________[12]
Model of vehicle **(Box 2d)** ____________________[13]
Vehicle or other identification number **(Box 3)** ____________________[14]
Donee certifies that vehicle was sold in arm's length transaction to unrelated party **(Box 4a)** __[15]
Date of sale **(Box 4b)** ____________[16]
Gross proceeds from sale **(Box 4c)** + ____________[17]
Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use **(Box 5a)** __[18]
Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose **(Box 5b)** __[19]
Detailed description of material improvements or significant intervening use and duration of use **(Box 5c)**
____________________[20]
____
____

Did you provide goods or services in exchange for the vehicle? **(Box 6a)** Yes __[21] No __[22]
Value of goods and services provided in exchange for the vehicle **(Box 6b)** + ____________[23]
Donee certifies that the goods and services consisted solely of intangible religious benefits **(Box 6c)** __[24]
Description of goods and services **(Box 6c)**
____________________[25]
____
____

Under the law, the donor may not claim a deduction of more than $500 for this vehicle if this box is checked **(Box 7)** __[26]

Other Information for Donated Property

Overall physical condition of property ____________________[31]
Date property was acquired by donor ____________[32]
How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) __[33]
Donor's cost or basis + ____________[34]
Fair market value on date of contribution + ____________[35]
Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) __[36]
If other: ____________________[37]
Bargain sale amount received ____________[38]
Donee's address, and ZIP code ____________________[42]
____________________[43] ____[44] ____________[45]
Donee's telephone number ____________[46]

NOTES/QUESTIONS:

Casualty and Theft - Business/Income Producing Properties

Preparer use only

Occurrence description ____ [3]
Taxpayer/Spouse/Joint (T, S, J) __[4]
State postal code ___[5]
Date of casualty or theft ____ [7]

Casualty and Theft - Business/Income Producing Properties

Description of casualty or theft - Property A ____ [10]
Description of casualty or theft - Property B ____ [23]
Description of casualty or theft - Property C ____ [36]
Description of casualty or theft - Property D ____ [49]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	__[13]	__[26]	__[39]	__[52]
Date acquired	____[17]	____[30]	____[43]	____[56]
Cost or other basis of property	+ ____[18]	+ ____[31]	+ ____[44]	+ ____[57]
Insurance or other reimbursement	+ ____[19]	+ ____[32]	+ ____[45]	+ ____[58]
Fair market value before casualty	+ ____[20]	+ ____[33]	+ ____[46]	+ ____[59]
Fair market value after casualty	+ ____[21]	+ ____[34]	+ ____[47]	+ ____[60]

Business/Income Use Replacement Information

Description of replacement property A ____ [61]
Description of replacement property B ____ [65]
Description of replacement property C ____ [69]
Description of replacement property D ____ [73]

	A	B	C	D
Mark if property was acquired from a related party	___[62]	___[66]	___[70]	___[74]
Date acquired	____[63]	____[67]	____[71]	____[75]
Cost of replacement property	+ ____[64]	+ ____[68]	+ ____[72]	+ ____[76]

NOTES/QUESTIONS:

Casualty and Theft - Personal Use Properties

Preparer use only

Occurrence description	____	[3]
Taxpayer/Spouse/Joint (T, S, J)	__	[4]
State postal code	___	[5]
Date of casualty or theft	____	[8]

Casualty and Theft - Personal Use Properties

Description of casualty or theft - Property A	____	[17]
Description of casualty or theft - Property B	____	[29]
Description of casualty or theft - Property C	____	[41]
Description of casualty or theft - Property D	____	[52]

	A	B	C	D
Date acquired	____ [23]	____ [35]	____ [47]	____ [58]
Cost or other basis of property	+ ____ [24]	+ ____ [36]	+ ____ [48]	+ ____ [59]
Insurance or other reimbursement	+ ____ [25]	+ ____ [37]	+ ____ [49]	+ ____ [60]
Fair market value before casualty	+ ____ [27]	+ ____ [39]	+ ____ [50]	+ ____ [61]
Fair market value after casualty	+ ____ [28]	+ ____ [40]	+ ____ [51]	+ ____ [62]

Personal Use Replacement Information

Description of replacement property A	____	[63]
Description of replacement property B	____	[67]
Description of replacement property C	____	[71]
Description of replacement property D	____	[75]

	A	B	C	D
Mark if property was acquired from a related party	___ [64]	___ [68]	___ [72]	___ [76]
Date acquired	____ [65]	____ [69]	____ [73]	____ [77]
Cost of replacement property	+ ____ [66]	+ ____ [70]	+ ____ [74]	+ ____ [78]

NOTES/QUESTIONS:

Prior Year Casualty and Theft - Business/Income Producing Properties

Preparer use only

Occurrence description ____ [3]
Taxpayer/Spouse/Joint (T, S, J) __ [4]
State postal code ___ [5]
Date of casualty or theft ____ [6]

Prior Year Casualty and Theft - Business/Income Producing Properties (Cont'd)

Description of casualty or theft - Property A ____ [8]
Description of casualty or theft - Property B ____ [17]
Description of casualty or theft - Property C ____ [26]
Description of casualty or theft - Property D ____ [35]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	__[9]	__[18]	__[27]	__[36]
Date acquired	____[12]	____[21]	____[30]	____[39]
Cost or other basis of property	+ ____[13]	+ ____[22]	+ ____[31]	+ ____[40]
Insurance or other reimbursement	+ ____[14]	+ ____[23]	+ ____[32]	+ ____[41]
Fair market value before casualty	+ ____[15]	+ ____[24]	+ ____[33]	+ ____[42]
Fair market value after casualty	+ ____[16]	+ ____[25]	+ ____[34]	+ ____[43]

Current Year Business/Income Use Replacement Information

Description of replacement property A ____ [44]
Description of replacement property B ____ [50]
Description of replacement property C ____ [56]
Description of replacement property D ____ [62]

	A	B	C	D
Date acquired	____[45]	____[51]	____[57]	____[63]
Prior year cost of replacement property	+ ____[46]	+ ____[52]	+ ____[58]	+ ____[64]
Cost of replacement property	+ ____[47]	+ ____[53]	+ ____[59]	+ ____[65]
Postponed gain	+ ____[48]	+ ____[54]	+ ____[60]	+ ____[66]
Adjusted basis of replacement property	+ ____[49]	+ ____[55]	+ ____[61]	+ ____[67]

NOTES/QUESTIONS:

Form ID: CasPY

Prior Year Casualty and Theft - Personal Use Properties

Occurrence description	______	[1]
Taxpayer/Spouse/Joint (T, S, J)	__	[2]
State postal code	___	[3]
Date of casualty or theft	______	[4]
Damage to personal residence from corrosive drywall	__	[5]
Amount paid to repair damage to home or household appliances	+ ______	[6]
25% loss available from 2014	+ ______	[7]

Prior Year Casualty and Theft - Personal Use Properties (Cont'd)

Description of casualty or theft - Property A	______	[15]
Description of casualty or theft - Property B	______	[23]
Description of casualty or theft - Property C	______	[31]
Description of casualty or theft - Property D	______	[39]

	A	B	C	D
Date acquired	______ [17]	______ [25]	______ [33]	______ [41]
Cost or other basis of property	+ ______ [18]	+ ______ [26]	+ ______ [34]	+ ______ [42]
Insurance or other reimbursement	+ ______ [19]	+ ______ [27]	+ ______ [35]	+ ______ [43]
Principal residence exclusion taken	+ ______ [20]	+ ______ [28]	+ ______ [36]	+ ______ [44]
Fair market value before casualty	+ ______ [21]	+ ______ [29]	+ ______ [37]	+ ______ [45]
Fair market value after casualty	+ ______ [22]	+ ______ [30]	+ ______ [38]	+ ______ [46]

Personal Use Replacement Information

Description of replacement property A	______	[47]
Description of replacement property B	______	[53]
Description of replacement property C	______	[59]
Description of replacement property D	______	[65]

	A	B	C	D
Date acquired	______ [48]	______ [54]	______ [60]	______ [66]
Prior year cost of replacement property	+ ______ [49]	+ ______ [55]	+ ______ [61]	+ ______ [67]
Cost of replacement property	+ ______ [50]	+ ______ [56]	+ ______ [62]	+ ______ [68]
Postponed gain	+ ______ [51]	+ ______ [57]	+ ______ [63]	+ ______ [69]
Adjusted basis of replacement property	+ ______ [52]	+ ______ [58]	+ ______ [64]	+ ______ [70]

NOTES/QUESTIONS:

Home Office General Information

Preparer use only

Principal business or profession ____ [3]
Taxpayer/Spouse/Joint (T, S, J) __ [4]
State postal code ____ [5]

Business Use of Home

	2015 Information	Prior Year Information
Total area of home	____ [14]	____
Area used exclusively for business	____ [16]	____
Information for day-care facilities only:		
Total hours used for day-care during this year	____ [18]	____
Total hours used this year, if less than 8760	____ [20]	____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	____ [22]	____
Area used partly for day-care business	____ [24]	

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2015 Information Direct Expenses	2015 Information Indirect Expenses	Prior Year Information
Mortgage interest:	+ ____ [29]	+ ____ [31]	____
Mortgage insurance premiums	+ ____ [34]	+ ____ [35]	____
Real estate taxes:	+ ____ [37]	+ ____ [39]	____
Excess mortgage interest and insurance premiums	+ ____ [42]	+ ____ [43]	____
Insurance	+ ____ [45]	+ ____ [47]	____
Rent	+ ____ [51]	+ ____ [52]	____
Repairs & maintenance	+ ____ [54]	+ ____ [55]	____
Utilities	+ ____ [57]	+ ____ [58]	____
Other expenses, such as: Supplies & Security system			
____	+ ____ [60]	+ ____ [61]	____
____	+ ____	+ ____	____
____	+ ____	+ ____	____
____	+ ____	+ ____	____
____	+ ____	+ ____	____
____	+ ____	+ ____	____
____	+ ____	+ ____	____
____	+ ____	+ ____	____
____	+ ____	+ ____	____
____	+ ____	+ ____	____
Excess casualty losses		+ ____ [63]	
Carryovers:			
Operating expenses		+ ____ [64]	
Casualty losses		+ ____ [65]	
Depreciation		+ ____ [67]	
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ ____ [68]	____
Depreciation		+ ____ [72]	

NOTES/QUESTIONS:

Form ID: Auto

Auto Worksheet

66

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession ____ [3]

Vehicles

Vehicle 1 - Date placed in service ____ [4]
Description ____ [5]
Comments ____

Vehicle 2 - Date placed in service ____ [9]
Description ____ [10]
Comments ____

Vehicle 3 - Date placed in service ____ [14]
Description ____ [15]
Comments ____

Vehicle 4 - Date placed in service ____ [19]
Description ____ [20]
Comments ____

Vehicle Questions

If you used your automobile for work purposes, answer the following questions:

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
Was the vehicle available for off-duty personal use? (Y, N)	__[60]	__	__[62]	__	__[64]	__	__[66]	__
Was another vehicle available for personal use? (Y, N)	__[68]	__	__[70]	__	__[72]	__	__[74]	__
Do you have evidence to support your deduction? (Y, N)	__[76]	__	__[78]	__	__[80]	__	__[82]	__
Is this evidence written? (Y, N)	__[84]	__	__[86]	__	__[88]	__	__[90]	__

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	[32]		[34]		[36]		[38]	
Commuting miles	[42]		[44]		[46]		[48]	
Business miles	[52]		[54]		[56]		[58]	
Parking fees	+ [92]		+ [94]		+ [96]		+ [98]	
Tolls	+ [100]		+ [102]		+ [104]		+ [106]	
Gasoline	+ [108]		+ [110]		+ [112]		+ [114]	
Oil	+ [116]		+ [118]		+ [120]		+ [122]	
Repairs	+ [124]		+ [126]		+ [128]		+ [130]	
Maintenance	+ [132]		+ [134]		+ [136]		+ [138]	
Tires	+ [140]		+ [142]		+ [144]		+ [146]	
Car washes	+ [148]		+ [150]		+ [152]		+ [154]	
Insurance	+ [156]		+ [158]		+ [160]		+ [162]	
Interest	+ [164]		+ [166]		+ [168]		+ [170]	
Registration	+ [172]		+ [174]		+ [176]		+ [178]	
Licenses	+ [180]		+ [182]		+ [184]		+ [186]	
Property taxes	+ [188]		+ [190]		+ [192]		+ [194]	
Other vehicle expenses	+ [196]		+ [198]		+ [200]		+ [202]	
Vehicle rentals	+ [204]		+ [206]		+ [208]		+ [210]	
Inclusion amt **(Preparer only)**	+ [212]		+ [214]		+ [216]		+ [218]	
Depreciation	+ [220]		+ [222]		+ [224]		+ [226]	

Health Care Coverage and Exemptions

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
Please provide all copies of Form(s) 1095-B and/or 1095-C

	2015 Information	Prior Year Information
Was your entire family covered for the full year with minimum essential health care coverage? (Y, N)	__ [1]	

If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage. Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming. Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.

Social Security No.	First Name	Last Name	Exemption Certificate Number	Other Exemption Type *	Full Year	Start Month	End Month
							[7]

***Other Exemption Type Codes**

- **A = Unaffordable coverage**
- **B = Short coverage gap**
- **C = Exempt noncitizen**
- **D = Health care sharing ministry**
- **E = Indian tribe member**
- **F = Incarcerated individual**
- **G = Hardship (combined coverage unaffordable, initial open enrollment, CHIP)**
- **H = Medicaid/TRICARE/Fiscal year employer plan**
- **X = Insured with minimum essential coverage (coverage info found on Form(s) 1095-B or 1095-C)**

	2015 Information Taxpayer	2015 Information Spouse	Prior Year Information
Self-employed health insurance premiums: (Not entered elsewhere)			
	+ [12]	+ [13]	
	+	+	
Self-employed long-term care premiums: (Not entered elsewhere)			
	+ [15]	+ [16]	
	+	+	

NOTES/QUESTIONS:

ACA - Health Insurance Marketplace Statement #1

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) __[1]
Marketplace identifier **(Box 1)** ____________________[6]
Marketplace-assigned policy number **(Box 2)** ____________________[7]
Policy issuer's name **(Box 3)** ____________________[2]

Part III Household Information -

	A. 2015 Monthly Premium Amount	Prior Year Information	B. 2015 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2015 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ ______[12]	______	+ ______[25]	+ ______[38]	______
February	+ ______[13]	______	+ ______[26]	+ ______[39]	______
March	+ ______[14]	______	+ ______[27]	+ ______[40]	______
April	+ ______[15]	______	+ ______[28]	+ ______[41]	______
May	+ ______[16]	______	+ ______[29]	+ ______[42]	______
June	+ ______[17]	______	+ ______[30]	+ ______[43]	______
July	+ ______[18]	______	+ ______[31]	+ ______[44]	______
August	+ ______[19]	______	+ ______[32]	+ ______[45]	______
September	+ ______[20]	______	+ ______[33]	+ ______[46]	______
October	+ ______[21]	______	+ ______[34]	+ ______[47]	______
November	+ ______[22]	______	+ ______[35]	+ ______[48]	______
December	+ ______[23]	______	+ ______[36]	+ ______[49]	______
Annual total	+ ______[24]		+ ______[37]	+ ______[50]	

Control Totals+

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) __[1]
Marketplace identifier **(Box 1)** ____________________[6]
Marketplace-assigned policy number **(Box 2)** ____________________[7]
Policy issuer's name **(Box 3)** ____________________[2]

Part III Household Information -

	A. 2015 Monthly Premium Amount	Prior Year Information	B. 2015 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2015 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ ______[12]	______	+ ______[25]	+ ______[38]	______
February	+ ______[13]	______	+ ______[26]	+ ______[39]	______
March	+ ______[14]	______	+ ______[27]	+ ______[40]	______
April	+ ______[15]	______	+ ______[28]	+ ______[41]	______
May	+ ______[16]	______	+ ______[29]	+ ______[42]	______
June	+ ______[17]	______	+ ______[30]	+ ______[43]	______
July	+ ______[18]	______	+ ______[31]	+ ______[44]	______
August	+ ______[19]	______	+ ______[32]	+ ______[45]	______
September	+ ______[20]	______	+ ______[33]	+ ______[46]	______
October	+ ______[21]	______	+ ______[34]	+ ______[47]	______
November	+ ______[22]	______	+ ______[35]	+ ______[48]	______
December	+ ______[23]	______	+ ______[36]	+ ______[49]	______
Annual total	+ ______[24]		+ ______[37]	+ ______[50]	

Control Totals+

NOTES/QUESTIONS:

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

		2015 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of Trustee		____[4]	
State postal code		____[2]	
Indicate type of health or medical savings account:			
HSA		__[6]	
Archer MSA		__[7]	
MA (Medicare Advantage) MSA		__[9]	
Total HSA/MSA contributions made for 2015 (Enter all amounts contributed, including through employer cafeteria plans)	+	____[10]	____
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)		__[12]	
Number of months in qualified high deductible health plan in 2015		____[13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount		__[14]	
Total HSA/MSA contribution to be made for 2015	+	____[15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+	____[16]	____
Excess contributions for 2014 taken as constructive contributions for 2015	+	____[19]	____
Rollover contribution (Form 5498-SA, Box 4)	+	____[21]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+	____[24]	____
Enter compensation from employer maintaining high deductible health plan	+	____[27]	____
If self-employed, enter earned income from business under which plan was established	+	____[31]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2015? (Y, N) __[33]

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

		2015 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of Trustee		____[4]	
State postal code		___[2]	
Gross distributions received **(Box 1)**	+	____[7]	____
Earnings on excess contributions **(Box 2)**	+	____[9]	____
Distribution code **(Box 3)**		__[11]	
Fair Market Value on date of death **(Box 4)**	+	____[12]	
Box 5 -			
HSA		__[13]	
Archer MSA		__[14]	
MA MSA		__[15]	
All distributions were used to pay unreimbursed qualified medical expenses		__[17]	__
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2015	+	____[19]	____
Withdrawal of excess contributions by the due date of the return	+	____[21]	____
Amount of distribution rolled over for 2015	+	____[23]	____
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+	____[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/14	+	____[27]	____
For HSA accounts:			
Was the high deductible health plan coverage started in 2014 and in effect for the month of December 2014? (Y, N)		__[29]	
Was the high deductible health plan coverage ended before 12/31/15? (Y, N)		__[30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

		2015 Information	Prior Year Information
Name of the insured chronically ill individual		____[39]	
Social security number of insured		____[40]	
Gross long-term care (LTC) benefits paid **(Box 1)**	+	____[42]	____
Accelerated death benefits paid **(Box 2)**	+	____[44]	____
Check one **(Box 3)**			
Per diem		__[46]	
Reimbursed amount		__[47]	
Qualified contract **(Box 4)**		__[48]	
Check, if applicable **(Box 5)**			
Chronically ill		__[49]	
Terminally ill		__[50]	
Are there other individuals who received LTC payments during 2015? (Y, N)		__[52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)		__[53]	
Number of days during the long-term care period		____[54]	
Cost incurred for qualified long-term care services during the long-term care period	+	____[55]	

NOTES/QUESTIONS:

ABLE Account Information #1

Please provide all Forms 1099-QA and 5498-QA

		2015 Information
Taxpayer/Spouse (T, S)		__[1]
Payer name		____[3]
State postal code		___[4]
Recipient's Social Security Number		____[7]
Recipient's Name	[8]	____[9]
Gross distribution **(Form 1099-QA Box 1)**	+	____[10]
Earnings **(Form 1099-QA Box 2)**	+	____[12]
Basis **(Form 1099-QA Box 3)**	+	____[14]
Program-to-program transfer **(Form 1099-QA Box 4)**		___[16]
Check if ABLE account terminated in 2015 **(Form 1099-QA Box 5)**		___[17]
Check if the recipient is not the designated beneficiary **(Form 1099-QA Box 6)**		___[18]
Qualified disability expenses	+	____[19]
Amount of rollover	+	____[21]
Amount contributed in 2015 **(Form 5498-QA Box 1)**	+	____[23]
Value of account on 12/31/15 **(Form 5498-QA Box 4)**	+	____[25]

	Control Totals+	

ABLE Account Information #2

Please provide all Forms 1099-QA and 5498-QA

		2015 Information
Taxpayer/Spouse (T, S)		__[1]
Payer name		____[3]
State postal code		___[4]
Recipient's Social Security Number		____[7]
Recipient's Name	[8]	____[9]
Gross distribution **(Form 1099-QA Box 1)**	+	____[10]
Earnings **(Form 1099-QA Box 2)**	+	____[12]
Basis **(Form 1099-QA Box 3)**	+	____[14]
Program-to-program transfer **(Form 1099-QA Box 4)**		___[16]
Check if ABLE account terminated in 2015 **(Form 1099-QA Box 5)**		___[17]
Check if the recipient is not the designated beneficiary **(Form 1099-QA Box 6)**		___[18]
Qualified disability expenses	+	____[19]
Amount of rollover	+	____[21]
Amount contributed in 2015 **(Form 5498-QA Box 1)**	+	____[23]
Value of account on 12/31/15 **(Form 5498-QA Box 4)**	+	____[25]

	Control Totals+	

NOTES/QUESTIONS:

Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of $20 or less in a month in 2015.

	2015 Information		Prior Year Information
	Taxpayer	Spouse	
Total cash and charge tips under $20 per month and not reported to employer	+ ________ [3]	+ ________ [4]	

Complete if you received cash/charge tips of $20 or more in a month and did not report all of those tips to your employer.

	Employer name	Employer identification number	Total tips received in 2015	Total tips reported in 2015
Taxpayer information [1]				
Spouse information [2]				

Social Security Tax on Unreported Wages

Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.

(Please refer to Reason Codes located at the bottom)**

	Firm name	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC received	Total wages received with no social security or Medicare tax withheld
Taxpayer information [6]						
Spouse information [7]						

**** Reason Codes**

A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.
C = I received other correspondence from the IRS that states I am an employee.
G = I filed Form SS-8 with the IRS and have not received a reply.
H = I received a Form W-2 and a Form 1099-MISC from this firm for 2015. The amount on Form 1099-MISC should have been included as wages on Form W-2.

Minister, Clergy, Religious Workers

	Taxpayer	Spouse
State postal code	___[1]	___[2]

	Taxpayer	Spouse	Prior Year Information
If you received a parsonage provided by the church, please complete the following information:			
Fair rental value of parsonage provided by church	+ ____________[5]	+ ____________[6]	____________
Actual parsonage utilities expense	+ ____________[11]	+ ____________[12]	____________
If you received a rental or parsonage allowance provided by the church, please complete the following information:			
Utilities allowance, if separate from parsonage allowance	+ ____________[17]	+ ____________[18]	____________
Actual parsonage expense	+ ____________[20]	+ ____________[21]	____________
Fair rental value of home	+ ____________[23]	+ ____________[24]	____________
Actual utilities expense	+ ____________[26]	+ ____________[27]	____________
Mark if you have claimed exemption from self-employment tax by filing Form 4361 with the IRS	_[29]	_[32]	
If you are a self-employed minister, enter any tax-deductible contributions to a 403(b) retirement plan	+ ____________[31]	+ ____________[34]	

NOTES/QUESTIONS:

Tax for Children with Unearned Income

Enter parent's information for children under age 19 on 1/1/16 or a full-time student under age 24 with unearned income of more than $2,1

Parent's social security number (Enter the name and social security number of the parent listed first on the return) ____________________[2]
Parent's first name ____[3]
Parent's last name ____[4]
Parent's filing status (1 = Single, 2 = Married/filing jointly, 3 = Married separately, 4 = Head of household, 5 = Qualifying widow(er)) __[5]

All Other Children's Information

Enter information for each child with unearned income of more than $2,100.
Preparer - Enter on Screen 8615Sib

Child #1 social security number ____________________[1]
Child #1 first name ____[2]
Child #1 last name ____[3]
Child #1 date of birth (mm/dd/yyyy) ________________________[4]

Child #2 social security number ____________________[1]
Child #2 first name ____[2]
Child #2 last name ____[3]
Child #2 date of birth (mm/dd/yyyy) ________________________[4]

Child #3 social security number ____________________[1]
Child #3 first name ____[2]
Child #3 last name ____[3]
Child #3 date of birth (mm/dd/yyyy) ________________________[4]

Child #4 social security number ____________________[1]
Child #4 first name ____[2]
Child #4 last name ____[3]
Child #4 date of birth (mm/dd/yyyy) ________________________[4]

Child #5 social security number ____________________[1]
Child #5 first name ____[2]
Child #5 last name ____[3]
Child #5 date of birth (mm/dd/yyyy) ________________________[4]

Child #6 social security number ____________________[1]
Child #6 first name ____[2]
Child #6 last name ____[3]
Child #6 date of birth (mm/dd/yyyy) ________________________[4]

Child #7 social security number ____________________[1]
Child #7 first name ____[2]
Child #7 last name ____[3]
Child #7 date of birth (mm/dd/yyyy) ________________________[4]

Child #8 social security number ____________________[1]
Child #8 first name ____[2]
Child #8 last name ____[3]
Child #8 date of birth (mm/dd/yyyy) ________________________[4]

Child #9 social security number ____________________[1]
Child #9 first name ____[2]
Child #9 last name ____[3]
Child #9 date of birth (mm/dd/yyyy) ________________________[4]

Child #10 social security number ____________________[1]
Child #10 first name ____[2]
Child #10 last name ____[3]
Child #10 date of birth (mm/dd/yyyy) ________________________[4]

Child #11 social security number ____________________[1]
Child #11 first name ____[2]
Child #11 last name ____[3]
Child #11 date of birth (mm/dd/yyyy) ________________________[4]

Child #12 social security number ____________________[1]
Child #12 first name ____[2]
Child #12 last name ____[3]
Child #12 date of birth (mm/dd/yyyy) ________________________[4]

NOTES/QUESTIONS:

Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's interest income.
***Whole numbers will be treated as $ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.**
Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number ____ [1]
Child's date of birth ____ [2]
Child's name ____ [4]
Taxpayer/Spouse/Joint (T, S, J) __ [5]

Type Code (**See codes below)	Payer		Interest [6] Income	Tax Exempt Income	U.S. Obligations* $ or %	Tax Exempt* $ or %	Prior Year Information
		+					
		+					
		+					
		+					
		+					
		+					

**Interest Codes				
Blank = Regular Interest	3 = Nominee Distribution	4 = Accrued Interest	5 = OID Adjustment	6 = ABP Adjustment

Children's Dividend Income

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

Type Code (** See codes below)			Ordinary [8] Dividends	Qualified Dividends	Total Capital Gain Distributions	Section 1250	Section 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* $ or %	Tax Exempt* $ or %	Prior Year Information
	1	Payer										
		Amounts +										
	2	Payer										
		Amounts +										
	3	Payer										
		Amounts +										
	4	Payer										
		Amounts +										
	5	Payer										
		Amounts +										
	6	Payer										
		Amounts +										

**Dividend Codes	
Blank = Other	3 = Nominee

		2015 Information [10]	Prior Year Information
Alaska Permanent Fund dividends:			
		+	
		+	

	Control Totals +		Form ID: 8814

Household Employment Tax

Complete if you paid cash wages of $1,000 or more to any household employee.

Taxpayer/Spouse (T, S) __[1]
Employer identification number ________________[2]

Total cash wages subject to social security taxes + ________________[4]
Total cash wages subject to Medicare taxes + ________________[5]
Total cash wages subject to Additional Medicare Tax withholding + ________________[6]
Federal income tax withheld + ________________[7]
State disability plan social security & Medicare withheld + ________________[8]

Did you:
(A) pay any household employee cash wages of $1900 or more in 2015? (Y, N) __[9]
(B) withhold Federal income tax for any household employee? (Y, N) __[10]
(C) pay household employees cash wages equal to or greater than $1,000 in any quarter of 2014 or 2015? (Y, N) __[11]

Federal Unemployment (FUTA) Tax

If you answered "Yes" to question (C) above, complete the following information.
Complete only items marked with an asterisk (*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.

Total cash wages subject to FUTA tax + ________________[12]

State #1 information
State postal code where you have to pay unemployment contributions * ___[14]
State reporting number as shown on state unemployment tax return ________________[15]
Taxable wages (as defined in state act) + ____________[16]
State experience rate period:
From ____________[17]
To ____________[18]
State experience rate (xxx.xx) __________[19]
Contributions paid to state unemployment fund * + ____________[20]
Contributions for 2015 paid after 04/18/16 + ________________[21]

State #2 information
State postal code where you have to pay unemployment contributions ___[22]
State reporting number as shown on state unemployment tax return ________________[23]
Taxable wages (as defined in state act) + ____________[24]
State experience rate period:
From ____________[25]
To ____________[26]
State experience rate (xxx.xx) __________[27]
Contributions paid to state unemployment fund + ____________[28]
Contributions for 2015 paid after 04/18/16 + ________________[29]

NOTES/QUESTIONS:

	Control Totals+		Form ID: H

First-Time Homebuyer Credit Repayment

You are required to repay the First-Time Homebuyer credit if you claimed the credit in 2008. If the credit was claimed in 2009, 2010, or 2011, and the home is no longer used as your main residence, you may have to repay the credit.

Principal residence address, if different from home address on Organizer Form ID: 1040

Address ______ [1]

City/State/Zip code ______ [2] ___ [3] ______ [4]

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11) ______ [5]

Purchase price of the home ______ [6]

Date the home was sold or ceased being used as principal residence ______ [13]

If you sold your home, enter the selling price ______ [14]

If you sold your home, enter the expense of sale ______ [15]

Were you and your spouse married on the purchase date? (Y, N) __ [18]

If your home was transferred to your ex-spouse due to a divorce settlement,

enter his or her full name ______ [19]

If you own the principal residence with another person enter their name and allocation percentage

Other owner name ______ [22]

Allocation percentage ______

NOTES/QUESTIONS:

Form ID: 2441

Child and Dependent Care Expenses

Please enter all amounts paid in 2015 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2014 employer-provided dependent care benefits used during 2015 grace period	+ ____[3]	+ ____[4]
Employer-provided dependent care benefits that were forfeited in 2015	+ ____[5]	+ ____[6]
Total qualified expenses incurred in 2015		____[9]
Were you or your spouse a full time student or disabled? (Yes or No)	____[10]	____[11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		____[12]

Business name of provider ____
First and last name of provider ____ ____
Street address of provider ____
City, State and Zip code ____ ____ ____
Social security number OR Employer identification number ____
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
Amount paid to care provider in 2015 + ____[7]
Foreign province or state of provider ____
Foreign country and Foreign postal code of provider ____ ____

Business name of provider ____
First and last name of provider ____ ____
Street address of provider ____
City, State and Zip code ____ ____ ____
Social security number OR Employer identification number ____
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
Amount paid to care provider in 2015 + ____
Foreign province or state of provider ____
Foreign country and Foreign postal code of provider ____ ____

Business name of provider ____
First and last name of provider ____ ____
Street address of provider ____
City, State and Zip code ____ ____ ____
Social security number OR Employer identification number ____
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
Amount paid to care provider in 2015 + ____
Foreign province or state of provider ____
Foreign country and Foreign postal code of provider ____ ____

Business name of provider ____
First and last name of provider ____ ____
Street address of provider ____
City, State and Zip code ____ ____ ____
Social security number OR Employer identification number ____
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
Amount paid to care provider in 2015 + ____
Foreign province or state of provider ____
Foreign country and Foreign postal code of provider ____ ____

Business name of provider ____
First and last name of provider ____ ____
Street address of provider ____
City, State and Zip code ____ ____ ____
Social security number OR Employer identification number ____
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
Amount paid to care provider in 2015 + ____
Foreign province or state of provider ____
Foreign country and Foreign postal code of provider

	Control Totals+		Form ID: 2441

Credit For The Elderly or Disabled

Please complete if you were age 65 or older at the end of 2015, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

	Taxpayer	Spouse
Nontaxable disability/pension income received in 2015	+ ____________[7]	+ ____________[8]
Taxable disability income received in 2015	+ ____________[9]	+ ____________[10]

NOTES/QUESTIONS:

Residential Energy Credit

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J) __[1]
Were the costs incurred made to your main home located in the United States? (Y, N) __[2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N) __[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain + ____________[5]
Enter the total amount of costs for exterior windows + ____________[7]
Enter the total amount of costs for exterior doors + ____________[9]
Enter the total amount of costs for qualified metal roofs + ____________[11]
Enter the total amount of costs for energy-efficient building property + ____________[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers + ____________[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace + ____________[10]
Enter the total amount of costs for qualified solar electric property + ____________[12]
Enter the total amount of costs for qualified solar water heating property + ____________[14]
Enter the total amount of costs for qualified small wind energy property + ____________[16]
Enter the total amount of costs for qualified geothermal heat pump property + ____________[13]
Enter the total amount of costs for qualified fuel cell property + ____________[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property ________[17]

NOTES/QUESTIONS:

Foreign Tax Credit

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2015.

Preparer use only

Description ______ [3]
Taxpayer/Spouse (T, S) __[8]
Category of income* __[10]
Description of income ______ [11]

*Category of Income	
A = Passive category income	**D = Certain income re-sourced by treaty**
B = General category income	**E = Lump-sum distributions**
C = Section 901(j) income	

Foreign Income or Loss

Country code ___[18]
Country name ______ [19]

	Regular	AMT, if different
Foreign gross income	+ ______ [22]	+ ______ [23]
Definitely related expenses:		
______	+ ______ [30]	+ ______ [31]
______	+ ______	+ ______
______	+ ______	+ ______
______	+ ______	+ ______
______	+ ______	+ ______
Foreign source losses	+ ______ [44]	+ ______ [45]

Foreign Taxes Paid or Accrued

Foreign taxes paid or accrued:

Date paid or accrued ______ [46]

In foreign currency - taxes withheld on:

Dividends	+ ______ [47]
Rents & royalties	+ ______ [48]
Interest	+ ______ [49]
Other foreign taxes	+ ______ [50]

In US dollars - taxes withheld on:

Dividends	+ ______ [52]
Rents & Royalties	+ ______ [53]
Interest	+ ______ [54]
Other foreign taxes	+ ______ [55]

NOTES/QUESTIONS:

Adoption Credit

Complete this form if you paid qualified adoption expenses in 2015. Indicate if the adoption was final in or before 2015. Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home. Please provide copies of legal documents approving the adoption.

	Child 1 [1]	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)	___	___	___
First name	___	___	___
Last name	___	___	___
Child's date of birth	___	___	___
Mark if this child was:			
born before '98 and was disabled	___	___	___
a child with special needs	___	___	___
a foreign child	___	___	___
Child's identifying number	___	___	___
Total adoption credit received in prior years for this child	___	___	___
Total qualified adoption expenses paid in 2014 for this child	___	___	___
Employer-provided benefits received in 2014 for this child	___	___	___
Total qualified adoption expenses paid in 2015 for this child	___	___	___
Employer-provided benefits received in 2015 for this child	___	___	___
Adoption final in (1 = '15, 2 = Pre '15)	___	___	___

	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)	___	___	___
First name	___	___	___
Last name	___	___	___
Child's date of birth	___	___	___
Mark if this child was:			
born before '98 and was disabled	___	___	___
a child with special needs	___	___	___
a foreign child	___	___	___
Child's identifying number	___	___	___
Total adoption credit received in prior years for this child	___	___	___
Total qualified adoption expenses paid in 2014 for this child	___	___	___
Employer-provided benefits received in 2014 for this child	___	___	___
Total qualified adoption expenses paid in 2015 for this child	___	___	___
Employer-provided benefits received in 2015 for this child	___	___	___
Adoption final in (1 = '15, 2 = Pre '15)	___	___	___

If the adoption was incomplete or unsuccessful please provide information below:

______________________________ [7]
______________________________ [8]
______________________________ [9]

NOTES/QUESTIONS:

Fuel Tax Credit

***Select the Type of Use codes from the chart below**

	Type of Use*	Rate		Gallons
Nontaxable use of gasoline -				
Off-highway business use		$0.183	+	____________[1]
Use on a farm		0.183	+	____________[2]
Other nontaxable use	___[3]	0.183	+	____________[4]
Exported		0.184	+	____________[5]
Nontaxable use of aviation gasoline -				
Commercial aviation		0.15	+	____________[6]
Other nontaxable use	___[7]	0.193	+	____________[8]
Exported		0.194	+	____________[9]
Leaking underground storage tank (LUST) tax		0.001	+	____________[10]
Nontaxable use of undyed diesel fuel -				
Explanation of evidence of dyes: ____________[11]				
Other nontaxable use	___[12]	0.243	+	____________[13]
Use on a farm		0.243	+	____________[14]
Trains		0.243	+	____________[15]
Intercity / local bus		0.17	+	____________[16]
Exported		0.244	+	____________[17]
Nontaxable use of undyed kerosene (other than aviation) -				
Explanation of evidence of dyes: ____________[18]				
Other nontaxable use	___[19]	0.243	+	____________[20]
Use on a farm		0.243	+	____________[21]
Intercity / local buses		0.17	+	____________[22]
Exported		0.244	+	____________[23]
Other nontaxable use taxed at $.044	___[24]	0.043	+	____________[25]
Other nontaxable use taxed at $.219	___[26]	0.218	+	____________[27]
Kerosene used in aviation -				
Kerosene taxed at $.244		0.200	+	____________[28]
Kerosene taxed at $.219		0.175	+	____________[29]
Other nontaxable use taxed at $.244	___[30]	0.243	+	____________[31]
Other nontaxable use taxed at $.219/.044	___[32]	0.218	+	____________[33]
Leaking underground storage tank (LUST) tax		0.001	+	____________[34]

***Type of Use**	
1 = Farming purposes	**8 = Diesel & Kerosene fuel other than train or highway vehicle**
2 = Off highway business use	**9 = Foreign trade**
3 = Export	**10 = Certain helicopter and fixed wing air ambulance uses**
4 = Commercial fishing	**11 = Aviation fuel other than propulsion engines**
5 = Intercity/local bus	**13 = Exclusive use by a nonprofit educational organization**
6 = In a qualified local bus	**14 = Exclusive use by a state, political subdivision or DC**
7 = School bus	**15 = In an aircraft or vehicle owned by an aircraft museum**

NOTES/QUESTIONS:

Fuel Tax Credit

***Select the Type of Use codes from the chart below**

Type of Use*	Rate	Gallons
Sales by registered ultimate vendors of undyed diesel fuel -		
Registration Number		____________ [1]
Explanation of evidence of dyes:		
____________ [2]		
State / local government	0.243	+ ____________ [3]
Intercity / local buses	0.17	+ ____________ [4]
Sales by registered ultimate vendors of undyed kerosene -		
Registration Number		____________ [5]
Explanation of evidence of dyes:		
____________ [6]		
Use by state/local government	0.243	+ ____________ [7]
Sales from a blocked pump	0.243	+ ____________ [8]
Intercity / local buses	0.17	+ ____________ [9]
Sales by registered ultimate vendors of kerosene in aviation -		
Registration Number		____________ [10]
Commercial aviation taxed at $.219 (Other than foreign trade)	0.175	+ ____________ [11]
Commercial aviation taxed at $.244 (Other than foreign trade)	0.200	+ ____________ [12]
Nonexempt use in noncommercial aviation	0.025	+ ____________ [13]
Other nontaxable uses taxed at $.244 ___ [14]	0.243	+ ____________ [15]
Other nontaxable uses taxed at $.219/.044 ___ [16]	0.218	+ ____________ [17]
Leaking underground storage tank (LUST) tax	0.001	+ ____________ [18]

*Type of Use	
1 = Farming purposes	**8 = Diesel & Kerosene fuel other than train or highway vehicle**
2 = Off highway business use	**9 = Foreign trade**
3 = Export	**10 = Certain helicopter and fixed wing air ambulance uses**
4 = Commercial fishing	**11 = Aviation fuel other than propulsion engines**
5 = Intercity/local bus	**13 = Exclusive use by a nonprofit educational organization**
6 = In a qualified local bus	**14 = Exclusive use by a state, political subdivision or DC**
7 = School bus	**15 = In an aircraft or vehicle owned by an aircraft museum**

NOTES/QUESTIONS:

Fuel Tax Credit

***Select the Type of Use codes from the chart below**

	Type of Use*	Rate		Gallons
Nontaxable use of alternative fuel -				
Liquefied petroleum gas (LPG)	___[1]	0.183	+	___[2]
"P Series" fuels	___[3]	0.183	+	___[4]
Compressed natural gas (CNG)	___[5]	0.183	+	___[6]
Liquefied hydrogen	___[7]	0.183	+	___[8]
Any liquid fuel derived from coal through the Fischer-Tropsch process	___[9]	0.243	+	___[10]
Liquid hydrocarbons derived from biomass	___[11]	0.243	+	___[12]
Liquefied natural gas (LNG)	___[13]	0.243	+	___[14]
Liquefied gas derived from biomass	___[15]	0.183	+	___[16]
Alternative fuel credit and alternative fuel mixture credit -				
Registration Number				___[17]
Liquefied hydrogen		0.50	+	___[18]
Registered credit card users -				
Registration Number				___[19]
Diesel for state / local government		0.243	+	___[20]
Kerosene for state / local government		0.243	+	___[21]
Kerosene for aviation use by state / local gov't taxed at $.219/.044		0.218	+	___[22]
Nontaxable use of a diesel-water fuel emulsion -				
Other nontaxable use	___[23]	0.197	+	___[24]
Exported		0.198	+	___[25]
Diesel-water fuel emulsion blending -				
Registration Number				___[26]
Blender credit		0.046	+	___[27]
Exported dyed fuels -				
Exported dyed diesel fuel		0.001	+	___[28]
Exported dyed kerosene		0.001	+	___[29]

*Type of Use	
1 = Farming purposes	**8 = Diesel & Kerosene fuel other than train or highway vehicle**
2 = Off highway business use	**9 = Foreign trade**
3 = Export	**10 = Certain helicopter and fixed wing air ambulance uses**
4 = Commercial fishing	**11 = Aviation fuel other than propulsion engines**
5 = Intercity/local bus	**13 = Exclusive use by a nonprofit educational organization**
6 = In a qualified local bus	**14 = Exclusive use by a state, political subdivision or DC**
7 = School bus	**15 = In an aircraft or vehicle owned by an aircraft museum**

NOTES/QUESTIONS:

	Control Totals+		Form ID: 4136-3

Carryover Information - Preparer Use Only

Instructions
Enter carryovers from prior year(s) as positive numbers.
Enter utilizations from prior year(s) as negative numbers.

Indefinite Carryovers	2014 to 2015 Amounts
Excess section 179 for Sch A	+ ______ [1]
Excess section 179 for Sch A - AMT	+ ______ [2]
Minimum tax credit	+ ______ [3]
Investment interest	+ ______ [4]
Investment interest - AMT	+ ______ [5]
Short-term capital loss	+ ______ [6]
Short-term capital loss - AMT	+ ______ [7]
Long-term capital loss	+ ______ [8]
Long-term capital loss - AMT	+ ______ [9]
Residential energy credit	+ ______ [10]
D.C. first-time homebuyer credit	+ ______ [11]
Tax credit bonds	+ ______ [12]

Charitable Contribution Carryover Items

Prior C/O Year	50% Contributions	30% Contributions	50/30% Cap Gain Prop	20% Contributions	50% Qualified Conservation Contributions	100% Qualified Conservation Contributions
2006					+ ______ [63]	+ ______ [81]
2007					+ ______ [64]	+ ______ [82]
2008					+ ______ [65]	+ ______ [83]
2009					+ ______ [66]	+ ______ [84]
2010	+ ______ [13]	+ ______ [18]	+ ______ [23]	+ ______ [28]	+ ______ [67]	+ ______ [85]
2011	+ ______ [14]	+ ______ [19]	+ ______ [24]	+ ______ [29]	+ ______ [68]	+ ______ [86]
2012	+ ______ [15]	+ ______ [20]	+ ______ [25]	+ ______ [30]	+ ______ [69]	+ ______ [87]
2013	+ ______ [16]	+ ______ [21]	+ ______ [26]	+ ______ [31]	+ ______ [70]	+ ______ [88]
2014	+ ______ [17]	+ ______ [22]	+ ______ [27]	+ ______ [32]	+ ______ [71]	+ ______ [89]

AMT Charitable Contribution Carryover Items

Prior C/O Year	50% AMT Contributions	30% AMT Contributions	50/30% AMT Cap Gain Prop	20% AMT Contributions	50% AMT Qual Conservation Contributions	100% AMT Qual Conservation Contributions
2006					+ ______ [72]	+ ______ [90]
2007					+ ______ [73]	+ ______ [91]
2008					+ ______ [74]	+ ______ [92]
2009					+ ______ [75]	+ ______ [93]
2010	+ ______ [33]	+ ______ [38]	+ ______ [43]	+ ______ [48]	+ ______ [76]	+ ______ [94]
2011	+ ______ [34]	+ ______ [39]	+ ______ [44]	+ ______ [49]	+ ______ [77]	+ ______ [95]
2012	+ ______ [35]	+ ______ [40]	+ ______ [45]	+ ______ [50]	+ ______ [78]	+ ______ [96]
2013	+ ______ [36]	+ ______ [41]	+ ______ [46]	+ ______ [51]	+ ______ [79]	+ ______ [97]
2014	+ ______ [37]	+ ______ [42]	+ ______ [47]	+ ______ [52]	+ ______ [80]	+ ______ [98]

Section 1231 Nonrecaptured Losses

	Section 1231 Nonrecaptured Losses	AMT Section 1231 Nonrecaptured Losses
2010	+ ______ [53]	+ ______ [58]
2011	+ ______ [54]	+ ______ [59]
2012	+ ______ [55]	+ ______ [60]
2013	+ ______ [56]	+ ______ [61]
2014	+ ______ [57]	+ ______ [62]

Description

A ______________________________ [2]
B ______________________________ [2]
C ______________________________ [2]
D ______________________________ [2]

Prior C/O Year	A	B	C	D
	[1]	[1]	[1]	[1]
1998	+ [3]	+ [3]	+ [3]	+ [3]
1999	+ [4]	+ [4]	+ [4]	+ [4]
2000	+ [5]	+ [5]	+ [5]	+ [5]
2001	+ [6]	+ [6]	+ [6]	+ [6]
2002	+ [7]	+ [7]	+ [7]	+ [7]
2003	+ [8]	+ [8]	+ [8]	+ [8]
2004	+ [9]	+ [9]	+ [9]	+ [9]
2005	+ [10]	+ [10]	+ [10]	+ [10]
2006	+ [11]	+ [11]	+ [11]	+ [11]
2007	+ [12]	+ [12]	+ [12]	+ [12]
2008	+ [13]	+ [13]	+ [13]	+ [13]
2009	+ [14]	+ [14]	+ [14]	+ [14]
2010	+ [15]	+ [15]	+ [15]	+ [15]
2011	+ [16]	+ [16]	+ [16]	+ [16]
2012	+ [17]	+ [17]	+ [17]	+ [17]
2013	+ [18]	+ [18]	+ [18]	+ [18]
2014	+ [22]	+ [22]	+ [22]	+ [22]

NOTES/QUESTIONS:

Schedule F - Farm income/-loss:

2014	+ ____________	[1]
2013	+ ____________	[2]
2012	+ ____________	[3]
2011	+ ____________	[4]
2010	+ ____________	[5]

Schedule C - Farm commodity processing income/-loss:

2014	+ ____________	[6]
2013	+ ____________	[7]
2012	+ ____________	[8]
2011	+ ____________	[9]
2010	+ ____________	[10]

Schedule E - Partnership/S corporation farm income/-loss:

2014	+ ____________	[11]
2013	+ ____________	[12]
2012	+ ____________	[13]
2011	+ ____________	[14]
2010	+ ____________	[15]

Form 4835 - Farm rent income/-loss:

2014	+ ____________	[16]
2013	+ ____________	[17]
2012	+ ____________	[18]
2011	+ ____________	[19]
2010	+ ____________	[20]

Gain/-loss on sale of farming property:

2014	+ ____________	[21]
2013	+ ____________	[22]
2012	+ ____________	[23]
2011	+ ____________	[24]
2010	+ ____________	[25]

AMT Gain/-loss on sale of farming property:

2014	+ ____________	[26]
2013	+ ____________	[27]
2012	+ ____________	[28]
2011	+ ____________	[29]
2010	+ ____________	[30]

AMT Adjustments/Preferences to farm income/-loss:

2014	+ ____________	[31]
2013	+ ____________	[32]
2012	+ ____________	[33]
2011	+ ____________	[34]
2010	+ ____________	[35]

NOTES/QUESTIONS:

Prior C/O Year	Net Operating Loss	AMT NOL
1998	+ ____ [1]	+ ____ [18]
1999	+ ____ [2]	+ ____ [19]
2000	+ ____ [3]	+ ____ [20]
2001	+ ____ [4]	+ ____ [21]
2002	+ ____ [5]	+ ____ [22]
2003	+ ____ [6]	+ ____ [23]
2004	+ ____ [7]	+ ____ [24]
2005	+ ____ [8]	+ ____ [25]
2006	+ ____ [9]	+ ____ [26]
2007	+ ____ [10]	+ ____ [27]
2008	+ ____ [11]	+ ____ [28]
2009	+ ____ [12]	+ ____ [29]
2010	+ ____ [13]	+ ____ [30]
2011	+ ____ [14]	+ ____ [31]
2012	+ ____ [15]	+ ____ [32]
2013	+ ____ [16]	+ ____ [33]
2014	+ ____ [17]	+ ____ [34]

NOTES/QUESTIONS:

Tax Return History

This page has been prepared to present the details of prior year income tax returns and is provided for informational purposes only.

	2011 Amounts	2012 Amounts	2013 Amounts	2014 Amounts
Filing Status (1 = Single, 2 = MFJ, 3 = MFS, 4 = HOH, 5 = QW)				
Salaries and wages				
Interest income				
Tax-exempt interest				
Dividend income				
Qualified dividends				
Business income/loss				
Capital gains and losses				
Other gains and losses				
IRA distributions, pensions, annuities				
Rent, royalty, farm rental income				
Partnership/S corp income				
Estate or trust income				
Farm income/loss				
Other income/loss				
Total income -				
Total adjustments to income				
Adjusted gross income -				
Medical expenses				
State and local taxes				
Interest expenses				
Charitable contributions				
Other itemized deductions				
Allowable itemized deductions				
Standard deduction				
Standard or itemized deduction taken -				
Exemptions				
Taxable income -				
Tax on taxable income				
Alternative minimum tax				
Total credits				
Net tax liability -				
Self-employment taxes				
Other taxes				
Total tax -				
Income tax withheld				
Estimated tax payments				
Other payments				
Total payments -				
Tax due/-refund -				
Penalties and interest				
Net tax due/-refund -				
Refund applied to estimated tax payments				
Refund received				
Marginal tax rate -	%	%	%	%
Effective tax rate -	%	%	%	%

NOTES/QUESTIONS:

General: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) ___
Mark if you were married but living apart all year ___ Mark if your nonresident alien spouse does not have an ITIN ___

	Taxpayer	Spouse
Social security number		
First name		
Last name		
Occupation		
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)		
Mark if legally blind		
Mark if dependent of another taxpayer		
Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)		
Date of birth		
Date of death		
Work/daytime telephone number/ext number		
Do you authorize us to discuss your return with the IRS (Y, N)		

General: 1040, Contact

Present Mailing Address

Address ___
Apartment number ___
City/State postal code/Zip code ___ ___ ___
Foreign country name ___
Home/evening telephone number ___
Taxpayer email address ___
Spouse email address ___

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent

Credits: 2441

Child and Dependent Care Expenses

Provider information:
- Business name ___
- First and Last name ___ ___
- Street address ___
- City, state, and zip code ___ ___ ___
- Social security number OR Employer identification number ___
- Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _
- Amount paid to care provider in 2015 ___

	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited		

General: Info

Direct Deposit/Electronic Funds Withdrawal Information

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:

Financial institution: Routing transit number ___ Name ___
Your account number ___ Type of account (1 = Savings, 2 = Checking, 3 = IRA*) ___
If you would like to use a refund to purchase U.S. Series I Savings bonds (in increments of $50), enter a maximum amount (up to $5,000).** ___

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

**To purchase U.S. Series I Savings bonds in someone else's name, please contact our office.

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.
Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	___	___	___
___	___	___	___
___	___	___	___
___	___	___	___
___	___	___	___

Income: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.
Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable b

T/S	Description	Prior Year Information	Mark if no longer applicable
___	___	___	___
___	___	___	___
___	___	___	___
___	___	___	___
___	___	___	___
___	___	___	___

Income: K1, K1T

Schedules K-1

Please provide all copies of Schedule K-1 that you receive.
Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box

T/S/J	Description	Form	Mark if no longer applicable
___	___	___	___
___	___	___	___
___	___	___	___
___	___	___	___
___	___	___	___
___	___	___	___
___	___	___	___
___	___	___	___
___	___	___	___

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.
Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box

T/S	Description	Prior Year Information	Mark if no longer applicable
___	___	___	___
___	___	___	___
___	___	___	___

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.
Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable b

T/S	Description	Prior Year Information	Mark if no longer applicable
___	___	___	___
___	___	___	___

Income Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attached 2 = N/A

Income: B1

Interest Income

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

T/S/J	Payer Name	Interest Income	Prior Year Information

Income: B3

Seller Financed Mortgage Interest

T, S, J ___ Payer's name ______________________ Payer's social security number __________

Payer's address, city, state, zip code ______________________ ______________ ___ __________

Amount received in 2015 __________ Amount received in 2014 __________

Income: B2

Dividend Income

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information

Income: D

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis

Income: Income

Other Income

Please provide copies of all supporting documentation.

	2015 Information		Prior Year Information
State and local income tax refunds			
	Taxpayer	**Spouse**	**Prior Year Information**
Alimony received			
Unemployment compensation			
Unemployment compensation repaid			
Social security benefits			
Medicare premiums to be reported on Schedule A			
Railroad retirement benefits			

T/S/J	Other Income:	2015 Information	Prior Year Information

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

	Taxpayer	Spouse
Traditional IRA Contributions for 2015 -		
If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	___	___
Enter the total traditional IRA contributions made for use in 2015	______	______
Roth IRA Contributions for 2015 -		
Mark if you want to contribute the maximum Roth IRA contribution	___	___
Enter the total Roth IRA contributions made for use in 2015	______	______

Educate: Educate2

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2015 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2015 Information	Prior Year Information
___	______	______	______
___	______	______	______

Complete this section if you paid qualified education expenses for higher education costs in 2015.
Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.
Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
___	_	______	______	______	______	______
___	_	______	______	______	______	______
___	_	______	______	______	______	______
___	_	______	______	______	______	______

***Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction**
The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home because of a new principal work place.

Description of move	______
Taxpayer/Spouse/Joint (T, S, J)	___
Mark if the move was due to service in the armed forces	_
Number of miles from old home to new workplace	______
Number of miles from old home to old workplace	______
Mark if move is outside United States or its possessions	_
Transportation and storage expenses	______
Travel and lodging (not including meals)	______
Total amount reimbursed for moving expenses	______

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Recipient name	Recipient SSN	2015 Information	Prior Year Information
___	______	______	______	______

Street address ______

City, State and Zip code ______ ___ ______

	Taxpayer	Spouse	Prior Year Information
Educator expenses:			
______	______	______	______
______	______	______	______
Other adjustments:			
______	______	______	______
______	______	______	______
______	______	______	______

Itemized: A1

Medical and Dental Expenses

T/S/J		2015 Information	Prior Year Information
__	Medical and dental expenses		
__	Medical insurance premiums you paid***		
__	Long-term care premiums you paid***		
__	Prescription medicines and drugs		
__	Miles driven for medical items		

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

Tax Expenses

T/S/J		2015 Information	Prior Year Information
__	State/local income taxes paid		
__	2014 state and local income taxes paid in 2015		
__	Sales tax paid on actual expenses		
__	Real estate taxes paid		
__	Personal property taxes		
__	Other taxes		

Itemized: A2

Interest Expenses

T/S/J		2015 Information	Prior Year Information
__	Home mortgage interest From Form 1098		

Other home mortgage interest paid to individuals:

T/S/J	Payee's Name	SSN or EIN	2015 Information	Prior Year Information
__				

Address	City	State	Zip Code

T/S/J		2015 Information	Prior Year Information
__	Investment interest expense, other than on Sch K-1s:		

Refinancing Information:

	Refinance #1	Refinance #2
T/S/J	__	__
Recipient/Lender name		
Total points paid at time of refinance		
Date of refinance		
Term of new loan (in months)		
Reported on Form 1098 in 2015		

Itemized: A3

Charitable Contributions

T/S/J		2015 Information	Prior Year Information
__	Contributions made by cash or check		
__	Volunteer miles driven		
__	Noncash items, such as: Goodwill, Salvation Army		

Itemized: A3

Miscellaneous Deductions

T/S/J		2015 Information	Prior Year Information
__	Unreimbursed expenses		
__	Union dues		
__	Tax preparation fees		
	Other expenses, subject to 2% AGI limitation:		
__			
__			
__	Safe deposit box rental		
__	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT		
	Other expenses, not subject to the 2% AGI limitation:		
__			
__	Gambling losses (enter only if you have gambling income)		

Depreciation - Asset List

Preparer use only

Activity name ______________________________

HOW TO REPORT DISPOSALS: Use the blank line directly below the asset information to indicate any asset disposals. Enter the date of the disposal and/or sale proceeds, if applicable. Enter additional information regarding the asset disposal in the comments section, such as if the asset was sold on installment, traded for other asset(s), disposed of due to casualty, or sold to a related party. See the EXAMPLE asset below.

Asset No.	Description of Property Comments	Date in Service Date Sold/Disposed	Cost or Basis Sales Price
EXAMPLE	Machinery and equipment (EXAMPLE ASSET)	11/21/09	42,500
	Collected in 5 equal payments over 2 yrs	03/09/15	20,000

Depreciation - Asset Acquisitions

Preparer use only

Activity name

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

	Description of Asset Acquired	Date Acquired	Cost or Basis
EXAMPLE	**2015 Model T - (EXAMPLE ASSET)**	**03/09/15**	**25,750**
	Comments: **22,500 job-related miles, 25,000 total miles**		
1			
	Comments:		
2			
	Comments:		
3			
	Comments:		
4			
	Comments:		
5			
	Comments:		
6			
	Comments:		
7			
	Comments:		
8			
	Comments:		
9			
	Comments:		
10			
	Comments:		
11			
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12			
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13			
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14			
	Comments:		
15			
	Comments:		
16			
	Comments:		
17			
	Comments:		
18			
	Comments:		
19			
	Comments:		
20			
	Comments:		
21			
	Comments:		
22			
	Comments:		
23			
	Comments:		
24			
	Comments:		
25			
	Comments:		

Form ID: AL

Alabama General Information

If you moved during the tax year, name of Alabama city moved to ______________________________[1] Zip code __________[2]

If divorced during the tax year, enter former spouse's social security number ____________________[3]

If you did not file a prior year Alabama tax return, enter reason:

____[4]

____

____

____

Contributions

Enter the amount of contributions you wish to make:

Political Contributions

	Taxpayer	Spouse
Election campaign fund contribution ($1.00) (1 = Democratic party fund, 2 = Republican party fund)	____ [5]	____ [6]

Charitable Contributions

Senior Services Trust Fund	__________[7]	Firefighters Benefit Fund	__________[16]
Arts Development Fund	__________[8]	Breast and Cervical Cancer Program	__________[17]
Nongame Wildlife Fund	__________[9]	Victims of Violence Assistance	__________[18]
Child Abuse Trust Fund	__________[10]	Military Support Foundation	__________[19]
Veterans Program	__________[11]	Spay-Neuter Program	__________[20]
Historic Preservation Fund	__________[12]	Cancer Research Institute	__________[21]
Archives Services Fund	__________[13]	Association of Rescue Squads	__________[22]
Foster Care Trust Fund	__________[14]	USS Alabama Battleship Commission	__________[23]
Mental Health	__________[15]	Children First Trust Fund	__________[24]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Alabama

Part-year residency dates:

From ______________[25]

To ______________[26]

If a nonresident of Alabama, enter state of legal residence _____[27]

Credits

Basic Skills Education Credit:

Dept of Education certification number ____________________________[28]

Name of sponsoring employer or firm ____________________________[29]

Name of approved provider ____________________________[30]

Location of provider ____________________________[31]

Total expenses ____________________[32]

Rural Physician Credit:

Hospital where services provided ____________________________[33]

Community where services provided ____________________________[34]

NOTES/QUESTIONS:

Form ID: AZ

Arizona General Information

Last name on prior returns, if different ____________________[1]

If you were a part-year resident during the tax year, enter the dates you lived in Arizona

Part-year residency dates:

From ____________[2]

To ____________[3]

Other state(s) of residency (Part-year residents only) _____[4] _____[5] _____[6] _____[7]

Mark if on active military assignment in Arizona during the year (Part-year residents and Nonresidents only) ___[8]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Political gift __________[9]

Name of party (1 = American Electorate, 2 = Arizona Green Party, 3 = Democratic, 4 = Libertarian, 5 = Republican) ___[10]

Charitable Contributions

Solutions Teams Assigned to Schools __________[11]

Arizona Wildlife Fund __________[12]

Child Abuse Prevention Fund __________[13]

Domestic Violence Shelter Fund __________[14]

Neighbors Helping Neighbors Fund __________[15]

Special Olympics Fund __________[16]

Veterans Donation Fund __________[17]

I Didn't Pay Enough Fund __________[18]

Sustainable State Parks and Road Fund __________[19]

Property Tax Credit Information

Full Year Residents Only

Homestead status on December 31 (1 = Rent, 2 = Own) ___[20]

Mark if you:

Received Title 16, SSI payments ___[21]

Lived alone ___[22]

Property taxes paid through rent payments ______________[23]

If claimed as a dependent on another's return, enter claimant's information:

Name ____________________[24]

Social security number ______________[25]

Address ____________________[26] Apartment number __________[27]

City ______________[28] State _____[29] Zip code ____________[30]

Income earned by other household residents ______________[31]

NOTES/QUESTIONS:

Form ID: AR

Arkansas General Information

Taxpayer deaf ____[1]
Spouse deaf ____[2]
Early childhood program - certificate number ____________________[3]
State political contribution ____________________[4]

	Taxpayer	Spouse
Contributions to a long-term intergenerational trust	____________________[5]	____________________[6]

Contributions

Amount of charitable contributions you wish to make to:

Disaster Relief Program ____________________[7]
Game and Fish Foundation ____________________[8]
School for the Blind and Deaf ____________________[9]
Baby Sharon's Children Catastrophic Illness Program ____________________[10]
Organ Donor Awareness Education Program ____________________[11]
Area Agency on Aging ____________________[12]
Military Family Relief ____________________[13]
Newborn Umbilical Cord Blood Initiative ____________________[14]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Arkansas

Part-year residency dates:
From ______________[15]
To ______________[16]
State of residency if nonresident of Arkansas ______[17]

NOTES/QUESTIONS:

Form ID: CA

California General Information

Prior year last name

- Taxpayer ________ [1]
- Spouse ________ [2]

Mark if different from prior year return:

- Social security number(s) ___ [3]
- Address ___ [4]
- Filing status ___ [5]

Use Tax

Item purchased	Purchase price	County (City)	Sales Tax paid
			[6]

Contributions

Amount of contributions you wish to make to:

Seniors Special Fund	[7]	School Supplies for Homeless Children Fund	[17]
Alzheimer's Disease/Related Disorders Fund	[8]	Parks Pass Purchase ($195)	[18]
Rare and Endangered Species Preservation Program	[9]	State Parks Protection Fund	[19]
Breast Cancer Research Fund	[10]	Protect Our Coast and Oceans Fund	[21]
Firefighters' Memorial Fund	[11]	Keep Arts in Schools Fund	[22]
Emergency Food for Families Fund	[12]	California Senior Legislature Fund	[23]
Peace Officer Memorial Foundation Fund	[13]	Habitat for Humanity Fund	[24]
Sea Otter Fund	[14]	California Sexual Violence Victim Services	[25]
Cancer Research Fund	[15]	Children's Trust Fund - Prevent Child Abuse	[26]
Child Victims of Human Trafficking Fund	[16]	Prevention Animal Homelessness & Cruelty	[27]

Renter Information

Number of months rented principal residence in California in 2015 ___ [28]

Lived with person claiming dependency exemption for more than 6 months (Dependent of another only) ___ [29]

Property rented was exempt from property tax in 2015 ___ [30]

Taxpayer claimed homeowner's property tax exemption in 2015 ___ [31]

Spouse claimed homeowner's property tax exemption during 2015 ___ [32]

Maintained separate residencies for the entire year ___ [33]

Addresses if more than one or different from mailing address

- Address ________ ________ [34]
- City
- State
- Zip Code
- Date Rented From
- Date Rented To

Landlord information

- Name ________ ________ [35]
- Address
- City
- State
- Zip Code
- Telephone

NOTES/QUESTIONS:

Form ID: CA2

California Residency Information

Part-year, Nonresident

	Taxpayer	Spouse
State of domicile	_____[1]	_____[2]
Number of days spent in California	_______[3]	_______[4]
Owned California home or property	___[5]	___[6]
Part-year resident:		
Date moved into California	_______________[7]	_______________[9]
Prior state of residence	_____[8]	_____[10]
Date moved out of California	_______________[11]	_______________[13]
New state of residence	_____[12]	_____[14]
Nonresident or full-year resident for entire year:		
State of residence	_____[15]	_____[16]

Prior Year Residency Information

	Taxpayer	Spouse
Prior residency information:		
From	_______________[17]	_______________[19]
To	_______________[18]	_______________[20]

Military Personnel

Part-year, Nonresident

	Taxpayer	Spouse
State in which stationed	_____[21]	_____[22]

Electronic Filing Information for Military

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA	_______________[23]	_______________[26]
Date returned from overseas or combat zone/QHDA	_______________[24]	_______________[27]
Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard)	___[25]	___[28]

Combat Zone/QHDA Operation/Area served

Taxpayer ____[29]

Spouse ____[30]

NOTES/QUESTIONS:

Colorado Contributions

Amount of charitable contributions you wish to make to:

Nongame and Endangered Wildlife Fund	____[1]
Domestic Abuse Fund	____[2]
Homeless Prevention Activities Fund	____[3]
Western Slope Military Veterans Cemetery Fund	____[4]
Pet Overpopulation Fund	____[5]
Colorado for Healthy Landscapes Fund	____[6]
American Red Cross Colorado Disaster Response, Readiness, and Preparedness Fund	____[8]
Military Family Relief Fund	____[9]
Habitat for Humanity of Colorado Fund	____[10]
Special Olympics of Colorado	____[11]
9Health Fair Fund	____[12]
Round Up River Ranch Fund	____[13]
Colorado Youth Corps Association Fund	____[14]
Public Education Fund	____[15]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Colorado

	Taxpayer	**Spouse**
Residency status (If taxpayer and spouse are different):		
Resident	___[16]	___[17]
Nonresident	___[18]	___[19]
Part-year resident	___[20]	___[21]
Military nonresident	___[22]	___[23]
Part-year residency dates:		
From	____[24]	____[26]
To	____[25]	____[27]

NOTES/QUESTIONS:

Form ID: CT

Connecticut Charitable Contributions

Amount of contributions you wish to make to:

AIDS Research	____________[1]	Safety Net Services	____________[5]
Organ Transplant	____________[2]	Military Relief	____________[6]
Endangered Species/Wildlife Fund	____________[3]	CHET Baby Scholar	____________[7]
Breast Cancer Research	____________[4]		

Use Tax Information

Use Tax-Enter any out-of-state purchases made on which sales tax was not paid to the seller:

Purchase 1	Description	____________	Date of purchase	____________[8]
	Retailer/Service Provider:	____________	Purchase price	____________
	Type Code:	___	Out of state tax paid	____________
Purchase 2	Description	____________	Date of purchase	____________
	Retailer/Service Provider:	____________	Purchase price	____________
	Type Code:	___	Out of state tax paid	____________

Use Tax Type Codes

1 = Computer & data processing services **3 = Luxury items**
2 = General sales tax

Property Tax Information

Enter property taxes paid on primary residence and/or motor vehicle:

Primary Residence Description (Enter street address)(Resident only) ____________[9]
Auto 1 Description (Enter year, make and model)(Resident only) ____________[10]
Auto 2 Description (Enter year, make and model)(MFJ Resident only) ____________[11]

	Name of CT Tax Town or District	Date Paid	Date Paid	Amount Paid
Primary Residence (Resident only)	____________[12]	____________[13]	____________[14]	
Auto 1 (Resident only)	____________[15]	____________[16]	____________[17]	____________[18]
Auto 2 (MFJ Resident only)	____________[19]	____________[20]	____________[21]	____________[22]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Connecticut:

	Taxpayer	Spouse
Enter residency dates:		
From	____________[23]	____________[25]
To	____________[24]	____________[26]
Indicate type of move (1 = Moved into Connecticut, 2 = Moved out of Connecticut)	___[27]	___[30]
Did you earn income from Connecticut sources during nonresident period? (Y, N)	___[28]	___[31]
State of prior or new residence	___[29]	___[32]

Enter the following amounts only if you do NOT know the exact amount of your Connecticut source information

Basis for calculating apportionment (1 = Working days, 2 = Sales, 3 = Mileage)	___[33]
Working days (or other basis) outside Connecticut	____________[34]
Working days (or other basis) inside Connecticut	____________[35]
Nonworking days (holidays, weekends, etc)	____________[36]
Total income being apportioned	____________[37]

NOTES/QUESTIONS:

Form ID: DE

Delaware General Information

	Taxpayer	Spouse
Mark if totally disabled	____[1]	____[2]
Volunteer firefighter Fire Company number (Resident only)	______[3]	______[4]

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Non-Game Wildlife	________[5]	________[6]
US Olympics	________[7]	________[8]
Emergency Housing	________[9]	________[10]
Breast Cancer Education	________[11]	________[12]
Organ Donations	________[13]	________[14]
Diabetes Education	________[15]	________[16]
Veteran's Home	________[17]	________[18]
Delaware National Guard	________[19]	________[20]
Juvenile Diabetes Fund	________[21]	________[22]
Multiple Sclerosis Society	________[23]	________[24]
Ovarian Cancer Fund	________[25]	________[26]
21st Fund for Children	________[27]	________[28]
White Clay Creek	________[29]	________[30]
Home of the Brave	________[31]	________[32]
Senior Trust Fund	________[33]	________[34]
Veteran's Trust Fund	________[35]	________[36]
Protecting Delaware's Children Fund	________[37]	________[38]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Delaware

	Taxpayer	Spouse
Part-year residency dates:		
From	________[39]	________[41]
To	________[40]	________[42]

NOTES/QUESTIONS:

Form ID: DC

District of Columbia Property Tax Credit Information

If renting, enter rental information below (Residents only)

Type of property (1 = Private home, 2 = Apartment, 3 = Rooming house, 4 = condominium) ____[1]
Landlord's name ____________________[2]
Landlord's address (Number and street) ____________________[3]
____________________[4]
Apartment number ________[5]
City ____________________[6]
State ____[7]
Zip code ____________[8]
Landlord's telephone number ____________[9]
Rent paid ____________[10]
Rent supplements received ____________[11]

If property owner, enter real property information below

Square number ________[12]
Suffix number ________[13]
Lot number ________[14]

Use Tax

Purchases subject to use tax
- Merchandise, services and rentals ____________[15]
- Alcoholic beverages ____________[16]
- Catered food or drink or rental of non-commercial vehicles ____________[17]
- Not applicable ____________[18]

Contribution

Amount of contribution you wish to make to:

DC Statehood Delegation Fund (Political Contribution) ____________[19]
Public Trust for Drug Prevention and Children at Risk (Charitable Contribution) ____________[20]
Anacostia River Cleanup and Prevention Fund (Charitable Contribution) ____________[21]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in the District of Columbia

Part-year residency dates:
- From ____________[22]
- To ____________[23]

Disability Information

	Name of Employer	**Payer, if other than employer**	**No. of Weeks**
Taxpayer	____________[24]	____________[25]	________[26]
Spouse	____________[27]	____________[28]	________[29]

Mark if physician's certification previously filed ____[30]
Otherwise, enter:
- Physician's name ____________[31] ____[32] ____________[33]
- Address, apartment number ____________[34] ________[35]
- City, state, zip code ____________[36] ____[37] ____________[38]
- Telephone number ____________[39]

NOTES/QUESTIONS:

Georgia General Information

	Taxpayer	Spouse
If disabled, enter the following:		
Type of disability	______ [1]	______ [2]
Date of disability	______ [3]	______ [4]

Contributions

Amount of contributions you wish to make to:

Wildlife Conservation Fund	______ [5]
Fund for Children and Elderly	______ [6]
Cancer Research Fund	______ [7]
Land Conservation Program	______ [8]
National Guard Foundation	______ [9]
Dog and Cat Sterilization Fund	______ [10]
Save the Cure Fund	______ [11]
Realizing Educational Achievement Can Happen Program	______ [12]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Georgia

	Taxpayer	Spouse
Part-year residency dates:		
From	______ [13]	______ [15]
To	______ [14]	______ [16]

NOTES/QUESTIONS:

Form ID: HI

Hawaii General Information

Mark if first time filer ____[1]
Mark if address has changed from prior year ____[2]
If you (or spouse) are blind, deaf or totally disabled, has impairment been certified? (Special disability exemption: T = Taxpayer, S = Spouse, B = Both) ____[3]
Current year distributions from an individual housing account not used for home purchase ____________________[4]
Reservist or National Guard pay included in W-2 income ____________________[5]
Payments to an individual housing account ____________________[6]

Contributions

Amount of contributions you wish to make to:

Election campaign fund - taxpayer (Y, N) ____[7]
Election campaign fund - spouse (Y, N) ____[8]
$2 School-Level Minor Repairs and Maintenance Special Fund (T = Taxpayer, S = Spouse, B = Both) ____[9]
$2 Public Libraries Special Fund (T = Taxpayer, S = Spouse, B = Both) ____[10]
$5 Children's Trust, Domestic Violence, and Abuse Special Accounts (T = Taxpayer, S = Spouse, B = Both) ____[11]

Rental Credit Information

Rental credits can only be claimed by persons with Hawaii residence of 9 or more months during the calendar year

Residence Information: Starting Month of Occupancy ______ Ending Month of Occupancy ______[12]
Address ____________________
City ____________________
State ____
Zip ____________________
Owner Information: Name ____________________
Business Name ____________________
Address ____________________
City ____________________
State ____
Zip ____________________
Foreign Providence/State ____________________
Foreign Country Code ____
Foreign Country ____________________
Foreign Postal Code ____________________
Tax ID # ____________________
Total rents received for this unit ____________________

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Hawaii

Part-year residency dates:
From ________________[13]
To ________________[14]

NOTES/QUESTIONS:

Form ID: ID

Idaho General Information

Mark if:

Tax forms, instructions and booklet needed ___[1]

Taxpayer or spouse is a disabled veteran ___[2]

Receiving Idaho Public Assistance ___[3]

	Taxpayer	Spouse
Number of days eligible for grocery credit if less than full year or total time spent as part year resident	_______[4]	_______[5]

Use Tax

Purchases subject to use tax ______________________[6]

Contributions

Amount of charitable contributions you wish to make to:

Nongame Wildlife Conservation Fund ______________________[7]

Children's Trust Fund and Child Abuse Prevention ______________________[8]

Special Olympics Idaho ______________________[9]

Idaho Guard and Reserve Family Support Fund ______________________[10]

American Red Cross of Greater Idaho Fund ______________________[11]

Veterans Support Fund ______________________[12]

Idaho Food Bank ______________________[13]

Opportunity Scholarship Program Fund ______________________[14]

Donate grocery credit to the Cooperative Welfare Fund ___[15]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Idaho

	Taxpayer	Spouse
Residency status (1 = Resident, 2 = Resident on active military, 3 = Nonresident, 4 = Part-year resident, 5 = Military nonresident)	___[16]	___[17]
Part-year residency dates:		
From	_______________[18]	_______________[20]
To	_______________[19]	_______________[21]
State of residence	_____[22]	_____[23]

Adjustments and Credits

Energy efficiency upgrades ______________________[24]

Adoption expenses ______________________[25]

Mark if taxpayer or spouse has a developmental disability (T = Taxpayer, S = Spouse, B = Both) ___[26]

NOTES/QUESTIONS:

Form ID: IL

Illinois General Information

Use Tax

General merchandise purchases ____________________[1]
Qualifying food, non-prescription drugs and medical appliances purchases ____________________[2]
Sales tax already paid to another state ____________________[3]

Contributions

Amount of contributions you wish to make to:

Wildlife Preservation ____________________[4]
Child Abuse Prevention ____________________[5]
Alzheimer's Disease Research ____________________[6]
Assistance to the Homeless ____________________[7]
Cancer Research ____________________[8]
Military Family Relief ____________________[9]
Diabetes Research Fund ____________________[10]

Credits

Qualified Education Expenses

Child's Name	Grade	School Name	School City	Total Tuition, Books, Lab fees
[11]	[12]	[13]	[14]	[15]
[16]	[17]	[18]	[19]	[20]
[21]	[22]	[23]	[24]	[25]
[26]	[27]	[28]	[29]	[30]
[31]	[32]	[33]	[34]	[35]
[36]	[37]	[38]	[39]	[40]
[41]	[42]	[43]	[44]	[45]
[46]	[47]	[48]	[49]	[50]

Property Taxes

Description	Property Index Number
	[51]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Illinois

	Taxpayer	Spouse
Part-year residency dates:		
From	[52]	[54]
To	[53]	[55]

Mark if you were a resident of any of the following states during the tax year: IA ___[56] KY ___[57] MI ___[58] WI ___[59]

In what states other than above did you reside and/or file a tax return during the tax year? [60]

State postal code	State postal code
State postal code	State postal code
State postal code	State postal code
State postal code	State postal code
State postal code	State postal code
State postal code	State postal code

NOTES/QUESTIONS:

Form ID: IN

Indiana General Information

School corporation name (as of January 1 of tax year) ______________________________ [1]

School corporation code (as of January 1 of tax year) ________ [2]

	Taxpayer	Spouse
County of residence (as of January 1 of tax year)	_____ [3]	_____ [4]
County of employment (as of January 1 of tax year)	_____ [5]	_____ [6]

Household employment taxes:

Employee Name ______________________________ Employee SSN ________________ [7]

Income ____________ State Tax Withheld ____________

County Tax Withheld ____________ County Code _____

Contributions

Amount of contribution you wish to make to:

Nongame Wildlife Fund ________________ [8]

Public K-12 Education Fund ________________ [9]

Credit for Donation to an Indiana College or University

Mark this field if you made a cash or noncash contribution to an Indiana college or university ___ [10]

Renter's Information

Taxpayer, Spouse, Joint (T,S,J) ___ Principal address ______________________________ [11]

City, state, zip code ________________ _____ ____________

Number of months rented _____ Total rent paid ____________

Landlord name ________________ [12]

Landlord address ______________________________

Landlord city, state, zip code ________________ _____ ____________

Part-year Resident and Nonresident Information

Enter the dates you lived in Indiana or in other states.

	Taxpayer	Spouse
State of residency (Use these fields if you or your spouse had only one state of residency)	_____ [13]	_____ [14]

States of residency (Use these fields if you or your spouse had more than one state of residency)

Taxpayer, Spouse(T,S)	State Postal Code	From Date	To Date
___	_____	__________	__________ [15]
___	_____	__________	__________
___	_____	__________	__________
___	_____	__________	__________

NOTES/QUESTIONS:

Form ID: IA

Iowa General Information

County of residence as of December 31st ____________ [1]
School district ____________ [2]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contribution

	Spouse	Taxpayer
Political checkoff (D = Democratic Party, R = Republican Party, C = Campaign Fund)	___[3]	___[4]

Charitable Contributions

Fish and Wildlife Fund ____________ [5]
State Fairgrounds Renovation ____________ [6]
Firefighters Fund and Veterans Trust Fund ____________ [7]
Child Abuse Prevention ____________ [8]

Residency Information

Residency code ___[9]

Residency Code

Blank = Both spouses have the same residency status
1 = Taxpayer nonresident, spouse resident
2 = Taxpayer resident, spouse nonresident
3 = Taxpayer part-year resident, spouse nonresident
4 = Taxpayer nonresident, spouse part-year resident
5 = Taxpayer resident, spouse part-year resident
6 = Taxpayer part-year resident, spouse resident

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Iowa

Part-year residency dates:	Spouse	Taxpayer
Moved into Iowa	________[10]	________[12]
Moved out of Iowa	________[11]	________[13]

Nonresident Information

Illinois residents:
Iowa wages or salary only ___[14]
Wages or salary and other Iowa source income ___[15]

NOTES/QUESTIONS:

Form ID: KS

Kansas General Information

County of residence ______________________[1]
School district number ______[2]
Mark if name or address has changed ___[3]

Use Tax

Use Tax due but receipts or records not available ___[4]
Purchases Subject to Use Tax, receipts or records are available

City/county	Amount
	[5]

Contributions

Enter the amount of charitable contributions you wish to make to:

Chickadee Checkoff ______________[6]
Senior Citizens Meals On Wheels Contribution Program ______________[7]
Breast Cancer Research Fund ______________[8]
Military Emergency Relief Fund ______________[9]
Kansas Hometown Heroes Fund ______________[10]
Kansas Creative Arts Industry Fund ______________[11]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Kansas

Part-year residency dates:
From ____________[12]
To ____________[13]

NOTES/QUESTIONS:

Form ID: KY

Kentucky General Information

National Guard member - taxpayer ____[1]
National Guard member - spouse ____[2]
Enter your state of residency at the end of the tax year (Part-year and Nonresident only) ______[3]

Use Tax

Enter any out-of-state purchases made on which sales tax was not paid to the seller

Description	Date of Purchase	Amount
		[4]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

	Spouse	Taxpayer
Political Party Fund (1 = Democratic, 2 = Republican, 3 = No Designation)	____[5]	____[6]

Charitable Contributions

Nature and Wildlife Fund __________[7]
Child Victims' Trust Fund __________[8]
Veterans' Program Trust Fund __________[9]
Breast Cancer Research and Education Trust Fund __________[10]
Farms to Food Banks Trust Fund __________[11]
Local History Trust Fund __________[12]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Kentucky

Part-year residency dates:
From __________________[13]
To __________________[14]
State moved from ______[15]
State moved to ______[16]

Nonresident Information

	Spouse	Taxpayer
Kentucky prior year income tax return was filed (Y, N)	____[17]	____[18]
Mark if:		
Commuted daily to Kentucky employment (VA resident)	____[19]	____[20]
All Kentucky wage income earned while a resident of a reciprocal state (indicate state(s) below)	____[21]	____[22]

Resident of state(s)

	IL	IN	MI	OH	VA	WV	WI
Taxpayer	____[23]	____[24]	____[25]	____[26]	____[27]	____[28]	____[29]
Spouse	____[30]	____[31]	____[32]	____[33]	____[34]	____[35]	____[36]

NOTES/QUESTIONS:

Form ID: LA

Louisiana General Information

Mark if name has changed ____[1]

Credit for certain disabilities (B = Blind, D = Deaf, L = Loss of limb, M = Mentally incapacitated):

Taxpayer ____[2]

Spouse ____[3]

Dependents:

Code	Disability	First Name	Last Name	SSN
___	___	___	___	___[4]
___	___	___	___	___
___	___	___	___	___
___	___	___	___	___

Value of computer or other technological equipment donated ____[5]

Use Tax

Enter the amount of any out-of-state purchases on which sales tax was not paid ____[6]

Contributions

Military Family Assistance Fund ____[7]
Coastal Protection and Restoration Fund ____[8]
SNAP Fraud and Abuse Detection/Prevention ____[9]
Wildlife Habitat and Natural Heritage Fund ____[10]
Louisiana Cancer Trust Fund ____[11]
Animal Welfare Commission ____[12]
Louisiana Food Bank Association ____[13]
Make-A-Wish of Texas Gulf Coast/Louisiana ____[14]
Louisiana Association of United Ways / 2-1-1 ____[15]
American Red Cross ____[16]
Dreams Come True ____[17]
Louisiana Coalition Against Domestic Violence ____[18]
Decorative Lighting - Crescent City Connection ____[19]
Operations / Maintenance New Orleans Ferry ____[20]
National Guard Honor Guard for Military Funerals ____[21]
Bastion Community of Resilience ____[22]
Louisiana Youth Leadership Seminar Corporation ____[23]
Lighthouse for the Blind in New Orleans, Inc ____[24]
Louisiana Association for the Blind ____[25]
Louisiana Center for the Blind ____[26]
Affiliated Blind of Louisiana, Inc ____[27]
Louisiana State Troopers Charities, Inc ____[28]

START savings program:

Account Description	Amount
___	___[29]
___	___
___	___

Part-year Resident Information

Part-year residency dates:

	Taxpayer	Spouse
From	___[30]	___[32]
To	___[31]	___[33]

Retirement Information

Date retired as a:	Taxpayer	Spouse
Louisiana state employee	___[34]	___[35]
Louisiana teacher	___[36]	___[37]
Federal employee	___[38]	___[39]

Other retirement information:

Retirement System Name	Taxpayer Date Retired	Spouse Date Retired
___	___	___[40]
___	___	___
___	___	___
___	___	___

Form ID: ME

Maine Use Tax

Calculate use tax using table (For purchases < $1000 per purchase only) ____[1]
Out of state purchases (Enter total if not using table or enter purchases > $999 if using table) ____________________[2]
Use tax already paid to another jurisdiction ____________________[3]
Casual rental income ____________________[4]

Contributions

Political Contributions

Contribute $3 ($6 if joint) to the Maine Clean Election Fund (1 = Taxpayer, 2 = Spouse, 3 = Joint) ____[5]

Charitable Contributions

Endangered and Nongame Wildlife Fund "Chickadee Check-off" _______[6]
Maine Children's Trust _______[7]
Companion Animal Sterilization Fund _______[8]
Maine Military Family Relief Fund _______[9]
Maine Veterans' Memorial Cemetery Maintenance Fund _______[10]
Maine Public Library Fund _______[11]

State Park Passes

Number of individual park passes _____[12]
Number of vehicle passes _____[13]

Property Tax Fairness Credit

Not required to file federal or Maine tax return (Filing for Property Tax Fairness only) ____[14]
Married filing separate but claiming credit of same homestead ____[15]
Physical street address if different from mailing address ____________________[16] __________[17]
City, state, zip code ____________________[18] _____[19] ______________[20]
Property tax paid during 2015 (For home up to 10 acres less portion related to business use and special assessments) ______________[21]
Rent paid for 2015 ______________[22]
Social security disability / supplemental security income (If part-year resident, enter portion received during residency) ______________[23]
Does rent includes heat, utilities, furniture, snow plowing, etc. ____[24] Amount related to heat, etc. ______________[25]
Landlord #1 name ____________________ Landlord #1 phone number ____________________[26]
Landlord #2 name ____________________ Landlord #2 phone number ____________________

Part-year Resident Information

	Taxpayer	Spouse
Part-year residency dates:		
From	______[27]	______[29]
To	______[28]	______[30]
State where stationed	______[31]	______[32]
State of prior residency	______[33]	______[34]
Nonresident state of residence	______[35]	______[36]
Number of days in Maine for any reason	______[37]	______[38]

Maine property owners only:
Municipality where owned, taxpayer ____________________[39]
Municipality where owned, spouse ____________________[40]

NOTES/QUESTIONS:

Form ID: MD

Maryland General Information

	Taxpayer	Spouse, if different
County of residence	____________ [1]	____________ [3]
City of residence	____________ [2]	____________ [4]

Contributions

Amount of charitable contributions you wish to make to:

Chesapeake Bay and Endangered Species Fund ____________ [5]

Developmental Disabilities Waiting List Equity Fund ____________ [6]

Maryland Cancer Fund ____________ [7]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Maryland

Part-year residency dates:

From ____________ [8]

To ____________ [9]

State of legal residence (Other than Maryland) ______ [10]

If Maryland return filed for previous year, indicate type (Nonresident only) (1 = Resident, 2 = Nonresident) ____ [11]

Mark if taxpayer or spouse in military (Nonresident only) ____ [12]

NOTES/QUESTIONS:

Form ID: MA

Massachusetts General Information

Mark if name and address have changed since last year ____[1]
Mark if noncustodial parent ____[2]
In care of address or address of legal residence or domicile:
Street ____[3]
City, state, zip code ____[4] ____[5] ____[6]

Use Tax

Estimate use tax for out of state purchases less than $1,000 ____[7]
Out of state purchases ____[8] Sales tax paid to other state ____[9]

Contributions

Amount of political and charitable contributions you wish to make to:

	Taxpayer	Spouse
Mark to contribute to the State Election Campaign Fund	____[10]	____[11]

Organ Transplant Fund ____[12]
Endangered Wildlife Conservation ____[13]
AIDS Fund ____[14]
United States Olympic Fund ____[15]
Military Family Relief Fund ____[16]
Homeless Animal Prevention and Care Fund ____[17]

Adjustments and Deductions

Rental Deduction

Residence #1 rented address ____[18]
Landlord's name and address ____
Date from ____ Date to ____ Rent paid ____

Residence #2 rented address ____
Landlord's name and address ____
Date from ____ Date to ____ Rent paid ____

Health Insurance Information

	Taxpayer	Spouse
Enrolled in Minimum Creditable Coverage (MCC) health insurance plan for entire year	____[19]	____[20]
Federal identification number	____[21]	____[22]
Subscriber number	____[23]	____[24]

Name of insurance company (Taxpayer) ____[25]
Name of insurance company (Spouse) ____[26]

Commuter Deduction

	Tolls paid through Fastlane	MBTA Transit/commuter passes
Taxpayer	____	____[27]
Spouse	____	____[28]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Massachusetts

Part-year residency dates:
From ____[29]
To ____[30]

NOTES/QUESTIONS:

Form ID: MI

Michigan General Information

School district name ______________________________ [1]
School district code __________ [2]
Mark if 2/3 income from seafaring ___ [3]

	Taxpayer	Spouse
Do you want $3.00 to go to the state campaign fund? (Y, N)	___[4]	___[5]
Mark the applicable boxes if the following conditions apply to you and/or your spouse:		
Paraplegic, quadriplegic or hemiplegic	___[6]	___[7]
Totally and permanently disabled	___[8]	___[9]
Deaf	___[10]	___[11]
Qualified disabled veteran	___[12]	___[13]

Use Tax

Purchases up $1000 per purchase subject to use tax ____________ [14]
Purchases exceeding $1000 per purchase subject to use tax ____________ [15]

Contributions

Amount of charitable contribution you wish to make to:
Contributions must be a minimum of $5, $10 or any amount greater than $10

ALS of Michigan Fund	________[16]	Children's Trust Fund	________[20]
Alzheimer's Association of Michigan	________[17]	Military Family Relief Fund	________[21]
Animal Welfare Fund	________[18]	Special Olympics Michigan	________[22]
Children of Veterans Tuition Grant Program	________[19]	United Way Fund	________[23]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Michigan

	Taxpayer	Spouse
From	________[24]	________[26]
To	________[25]	________[27]
Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)		___[28]

NOTES/QUESTIONS:

Form ID: MI2

Michigan Credits - Homestead Property Tax Credit Information

Homeowner

Homestead occupied entire tax year:Taxable value ____________________ [1] Special Assessments ____________________ [3]

Homestead property taxes levied, if different from that entered on Organizer Form ID: A1 (or Lite-5)

TSJ	Description	Amount
___	________________________	____________ [4]
___	________________________	____________

Address at end of tax year, if different from that entered on Organizer Form ID: 1040 (or Lite-1):

Street address ____________________ [5] Taxable value ____________________ [9]

City ____________________ [6] Number of days occupied ______ [10]

State _____ [7] Zip code ____________ [8] Property taxes levied for the year ____________________ [11]

Address of homestead sold during tax year:

Street address ____________________ [12] Taxable value ____________________ [16]

City ____________________ [13] Number of days occupied ______ [17]

State _____ [14] Zip code ____________ [19] Property taxes levied for the year ____________________ [18]

Rental Information

[19]

Rental #1 Address City Zip code	No. months	Monthly rent	Mobile home
Landlord #1 Name Address City State Zip Code			
Rental #2 Address City Zip code	No. months	Monthly rent	Mobile home
Landlord #2 Name Address City State Zip Code			

Household Income

Enter amounts of nontaxable income received during the tax year by any member of your household

Child support and foster parent payments ____________________ [20]

Worker's compensation and Veteran's benefits ____________________ [21]

Family Independence Agency and other public assistance payments ____________________ [22]

Gifts or expenses paid on your behalf ____________________ [23]

Other nontaxable income (inheritances, etc):

________________________________ ____________________ [24]

________________________________ ____________________

________________________________ ____________________

NOTES/QUESTIONS:

Michigan Cities General Information

	Taxpayer	Spouse
Mark the applicable boxes if the following conditions apply to you and/or your spouse:		
Disabled	____[1]	____[2]
Deaf	____[3]	____[4]

NOTES/QUESTIONS:

Form ID: MN

Minnesota General Information

Mark if you or your spouse are disabled ____[1]

Welfare amounts received ____________________[2]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

	Taxpayer	Spouse
State campaign fund (Enter the appropriate code for the $5 political party contribution on Form M1 or Form M1PR from the list below)	______[3]	______[4]

Political Parties

11 = Republican	**14 = Grassroots-Legalize Cannabis Party**	**17 = Legalize Marijuana Now Party**
12 = Democratic Farmer-Labor	**15 = Green Party of Minnesota**	**99 = General Campaign Fund**
13 = Independent	**16 = Libertarian**	

Charitable Contribution

Nongame Wildlife Fund ____________________[5]

Credits and Subtractions

Long Term Care Insurance Credit

Name of insurance company (Taxpayer) ____________________[6]

Name of insurance company (Spouse) ____________________[7]

Policy Number (Taxpayer) ____________________[8]

Policy Number (Spouse) ____________________[9]

K-12 Education Expenses

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
______[10]	___[11]	______[12]	______[13]	______[14]	______[15]	______[16]	______[17]
______[18]	___[19]	______[20]	______[21]	______[22]	______[23]	______[24]	______[25]
______[26]	___[27]	______[28]	______[29]	______[30]	______[31]	______[32]	______[33]

	Child One	Child Two	Child Three
Class name	______[34]	______[35]	______[36]
Class type	______[37]	______[38]	______[39]
Ind. instr name	______[40]	______[41]	______[42]
Ind. instr type	______[43]	______[44]	______[45]
Music ins type	______[46]	______[47]	______[48]
Musical ins cost	______[49]	______[50]	______[51]
Type of school attended	______[52]	______[53]	______[54]
Transp provider	______[55]	______[56]	______[57]

M1PR Property Tax Credit

Note: Please attach copies of your tax year CRP's and/or current year Property Tax Statements

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Minnesota

	Taxpayer	Spouse
Part-year residency dates:		
From	______[58]	______[60]
To	______[59]	______[61]
Other state of residence (State/Foreign country required for other nonresidents)	___[62]	___[63]

NOTES/QUESTIONS:

Form ID: MS

Mississippi General Information

County of residence ______________________________ [1]

Contributions

Amount of contributions you wish to make to:

Military Family Relief Fund ____________ [2]
Commission for Volunteer Service Fund ____________ [3]
Wildlife Heritage Fund ____________ [4]
Educational Trust Fund ____________ [5]
Wildlife Fisheries and Parks Foundation ____________ [6]
Bicentennial Celebration Fund ____________ [7]
Burn Care Fund ____________ [8]

NOTES/QUESTIONS:

Form ID: MO

Missouri General Information

County of residence name ______ [1]
County of residence ______ [2]

Contributions

Amount of contributions you wish to make to:

Children's Trust Fund ______ [3]
Veterans Trust Fund ______ [4]
Elderly Home Delivered Meals Trust Fund ______ [5]
Missouri National Guard Trust Fund ______ [6]
Workers' Memorial Trust Fund ______ [7]
Childhood Lead Testing Trust Fund ______ [8]
Missouri Military Family Relief Trust Fund ______ [9]
General Revenue Trust Fund ______ [10]
Organ Donor Program Trust Fund ______ [11]
Trust Fund ____ [12] ______ [13]
Trust Fund ____ [14] ______ [15]

Trust Fund Codes

01 = American Cancer Society	**08 = March of Dimes**	**15 = American Red Cross Trust Fund**
02 = American Diabetes Association	**09 = National Arthritis Foundation**	**16 = Developmental Disabilities Waiting List Fund**
03 = American Heart Association	**10 = National Multiple Sclerosis Society**	**17 = Puppy Projection Trust Fund**
04 = American Lung Association	**12 = Cervical Cancer Fund**	**18 = Pediatric Cancer Trust**
05 = ALS (Lou Gehrig's Disease)	**13 = Breast Cancer Awareness**	**19 = Missouri National Guard Foundation Fund**
07 = Muscular Dystrophy Association	**14 = Adoptive Parent's Recruitment and Retention**	

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Missouri

	Taxpayer	**Spouse**
Missouri residency dates:		
From	______ [16]	______ [17]
To	______ [18]	______ [19]
Other state residency dates:		
From	______ [20]	______ [21]
To	______ [22]	______ [23]
Other state of residency	____ [24]	____ [25]

If your reason for residence in Missouri was to serve in the military, enter Missouri place of station:
Taxpayer ______ [26]
Spouse ______ [27]

Property Tax Information

Residents only

Mark if you are a 100% disabled veteran ___ [28]
Mark if you are disabled per section 135.010(2), RSMo ___ [29]
Mark if surviving spouse social security benefits were received during the tax year ___ [30]

NOTES/QUESTIONS:

Form ID: MT

Montana Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Nongame Wildlife Program	____________[1]	____________[2]
Child Abuse and Neglect Prevention Program	____________[3]	____________[4]
Agriculture in Montana Schools Program	____________[5]	____________[6]
Montana Military Family Relief Fund	____________[7]	____________[8]
Political Contributions	____________[9]	____________[10]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Montana

Part-year residency dates:

From ____________[11]

To ____________[12]

State moved to ______[13]

State moved from ______[14]

Elderly Homeowner or Renter Credit

Please provide copies of property tax bills

Mark if owned or rented a Montana residence for 6 months or more during the current tax year ____[15]

Taxpayer, Spouse, Joint ____[16]

Rent paid ____________[17]

NOTES/QUESTIONS:

Form ID: NE

Nebraska General Information

County of residence ______________________ [1]
Public school district ______________________ [2]

Contributions

Amount of charitable contributions you wish to make to:

Wildlife Conservation Fund ______________ [3]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Nebraska

Part-year residency dates:
From ____________ [4]
To ____________ [5]

NOTES/QUESTIONS:

Form ID: NH

New Hampshire General Information

	Taxpayer	Spouse
Mark if disabled on the last day of the tax year	____[1]	____[2]
		DP-10
Name change since last filing		____[3]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in New Hampshire

From ________________[4]
To ________________[5]

Business Tax Summary

Mark to indicate final return ____[6]

NOTES/QUESTIONS:

Form ID: NJ

New Jersey General Information

County or Municipality code ____[1]
In care of address ____[2]
Mark if:
Tax forms, instructions and booklet are not needed ____[3]
You are not eligible for the property tax deduction or credit ____[4]
You maintain the same residence as your spouse (Married filing separate returns ONLY) ____[5]

	Taxpayer	Spouse
Mark if:		
Contributed to the Social Security Fund (Eligible to receive benefits)	____[6]	____[7]
You want to designate $1 to the gubernatorial election campaign fund	____[8]	____[9]

Use tax due on out-of-state purchases (Resident and part-year residents) ____[10]

Contributions

Amount of contribution you wish to make to:

Endangered Wildlife Fund ____[11]
Children's Trust Fund to prevent child abuse ____[12]
New Jersey Vietnam Veterans' Memorial Fund ____[13]
Breast Cancer Research Fund ____[14]
USS New Jersey Educational Museum Fund ____[15]
Other (see codes below) ____[16] ____[17]

Other Funds

01 = Drug Abuse Ed	**07 = World Trade Center**	**13 = NJ National Guard State Family**	**19 = NJ Farm to School / School Garden**
02 = Korean Veterans'	**08 = Veterans Haven Support**	**14 = American Red Cross NJ**	**20 = Local Library Support**
03 = Organ Donor	**09 = Community Food Pantry**	**15 = Girl Scouts Council in NJ**	**21 = ALS Association Support**
04 = AIDS Services	**10 = Cat and Dog Spay and Neuter**	**16 = Homeless Veterans Grant**	
05 = Literacy Vol	**11 = Lung Cancer Research**	**17 = The Leukemia and Lymphoma - NJ**	
06 = Prostate Cancer	**12 = Boys and Girls Club**	**18 = Northern NJ Veterans Memorial Cemetery Development**	

Property Information

For principal residences owned or rented in New Jersey during the tax year, enter address information

Homeowner Information:

Street ____[18]
City ____[19]
Block number ____[20] ____[21]
Lot number ____[22] ____[23]
Qualifier number (Condos) ____[24]
Mobile home park site # ____[25]
Your share of property owned ____[26]
Number of days as an owner ____[27]
Total property taxes paid (mobile home site fees) ____[28]
Share used as principal residence ____[29]
Co-op or continuing care retirement facility resident ____[30]
Your share of property taxes ____[31]

Renter Information:

Street ____[32]
Apt # ____[33]
City ____[34]
Days as a tenant ____[35]
Total number of tenants ____[36]
Total rent paid ____[37]
Your share of rent paid ____[38]

Tenant Information:

First name of other tenant ____[39]
Middle initial of other tenant ____
Last name of other tenant ____
SSN of other tenant ____

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in New Jersey

Part-year residency dates:
From ____[40]
To ____[41]
State of residency (Nonresidents only) ____[42]

Form ID: NM

New Mexico General Information

If you were a part-year resident during the tax year, enter the dates you lived in New Mexico

First year resident ____[1]

	From	**To**
Part-year residency dates:		
Taxpayer	____________[2]	____________[3]
Spouse	____________[4]	____________[5]

Do NOT have a commercial domicile in New Mexico ____[6]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

	Taxpayer	**Spouse**
Political party (1 = Democratic, 2 = Republican, 3 = Libertarian, 4 = Independent American, 5 = Constitution Party, 6 = Green Party)	____[7]	____[8]

Charitable Contributions

Share with Wildlife ____________[9]
Veteran's National Cemetery Fund ____________[10]
Substance Abuse Education Fund ____________[11]
Forest Re-Leaf Program ____________[12]
National Guard Member and Family Assistance ____________[13]
Kids in Parks Education Program ____________[14]
Amyotrophic Lateral Sclerosis Research Fund ____________[15]
Vietnam Veterans' Memorial State Park ____________[16]
Veterans' Enterprise Fund ____________[17]
Lottery Tuition Fund ____________[18]
Horse Shelter Rescue Fund ____________[19]
Animal Care and Facility Fund ____________[20]
Supplemental Senior Services ____________[21]

Additions and Deductions

Income of an Indian ____________[22]
Name of the taxpayer's Indian nation, tribe, or pueblo ____________[23]
Name of the spouse's Indian nation, tribe, or pueblo ____________[24]
Contributions refunded from the New Mexico approved Section 529 College Savings Plan ____________[25]

Rebate and Credit Schedule

Public assistance, AFDC, welfare benefits ________[26]
Supplemental security income (SSI) ________[27]
Amount of rent paid during the tax year on principal place of residence ____________[28]
Mark if rent includes amount paid on your behalf by a government entity ____[29]
Resident county (1 = Los Alamos, 2 = Santa Fe) ____[30]

NOTES/QUESTIONS:

Form ID: NY

New York General Information

	Taxpayer	Spouse
Mark if you were a resident of New York City at any time during the current tax year	____[1]	____[2]
Mark if you were a resident of Yonkers at any time during the current tax year	____[3]	____[4]
County of residence		____[5]
School district		____[6]

Use Tax

Use tax due but receipts or records not available ____[7]

Contributions

Amount of contributions you wish to make to:

Return a Gift to Wildlife	____[8]	Volunteer Firefighting and EMS Recruitment Fund	____[15]
Missing or Exploited Children Fund	____[9]	Teen Health Education	____[16]
Breast Cancer Research Fund	____[10]	Veterans Remembrance	____[17]
Alzheimer's Fund	____[11]	Homeless Veterans	____[18]
Olympic Fund (Maximum $2 per filer)	____[12]	Mental illness anti-stigma fund	____[19]
Prostate and testicular cancer research and education fund	____[13]	Women's cancer education and prevention fund	____[20]
9/11 Memorial	____[14]		

Property Tax Credit Information

Resident who lived six or more months in same taxable residence with market value $85,000 or less ____[21]

Mark if you lived in a nursing home and qualify for credit ____[22]

Enter amounts received for cash public assistance and relief ____[23]

Enter any other income not reported elsewhere ____[24]

Homeowners:

Enter the amount of special assessments you and all qualified household members paid during the current tax year ____[25]

Enter the amount of taxes not paid due to the exemption for persons 65 or older under section 467 ____[26]

Tenants:

Enter the total rent you and all members of your household paid during current tax year ____[27]

Rent includes charges for (Specify) ____[28]

4 = Heat, gas, electricity, furnishings and board
3 = Heat, gas, electricity and furnishings
2 = Heat, gas and electricity
1 = Heat or heat and gas

Part-year Resident and Nonresident Information

		Taxpayer		Spouse	
	New York State	New York City	Yonkers	New York City	Yonkers
Part-year residency dates:					
From	____[29]	____[31]	____[33]	____[35]	____[37]
To	____[30]	____[32]	____[34]	____[36]	____[38]
County of residence while a nonresident of New York City			____[39]		____[40]

Nonresident Information for Apartment or Living Quarters Maintained in the State/City

Address #1

Mark if this address is still maintained by or for you ____[41]

Number of days in NYC ____

Street address ____

City, State and Zip code ____ ____ ____

Is this address within city limits? Specify city (YON = Yonkers) ____

Address #2

Mark if this address is still maintained by or for you ____

Number of days in NYC ____

Street address ____

City, State and Zip code ____ ____ ____

Is this address within city limits? Specify city (YON = Yonkers) ____

North Carolina General Information

County of residence ________________________[1]

Contributions

Amount of charitable contributions you wish to make to:

Endangered Wildlife Fund ____________________[2]
Education Endowment Fund ____________________[3]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in North Carolina

	Taxpayer	Spouse
Part-year residency dates:		
From	______________[4]	______________[6]
To	______________[5]	______________[7]

NOTES/QUESTIONS:

Form ID: ND

North Dakota General Information

School district code ____________[1]
Income source code _____[2]

Income source code			
1 = Farming, ranching	**4 = Public, private education**	**7 = Manufacturing**	**10 = Finance, banking, insur**
2 = Retail, wholesale trade	**5 = Personal, business services**	**8 = Communication, trnspn, utilities**	**11 = Military**
3 = Government service	**6 = Construction**	**9 = Gas, oil, coal**	**12 = Retirement**

Contributions

Amount of contributions you wish to make to:

Watchable Wildlife Fund ____________[3]
Trees for North Dakota Fund ____________[4]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in North Dakota

	Taxpayer	Spouse
Part-year residency dates:		
From	____________[5]	____________[7]
To	____________[6]	____________[8]
Other state of residency	_____[9]	_____[10]

NOTES/QUESTIONS:

Form ID: OH

Ohio General Information

Enter your current Ohio county of residence ________________ [1]
School district number ________ [2]

Use Tax

Mark this field to certify no sales or use tax is due ___ [3]
Purchases subject to use tax ________________ [4]

Contributions

Amount of political and charitable contributions you wish to make to:

Political

	Taxpayer	Spouse
Contribution to Ohio political party fund?	___[5]	___[6]

Charitable Contributions

Military injury relief fund	__________[7]
Natural areas and endangered species fund	__________[8]
Wildlife species and endangered wildlife	__________[9]
Ohio Historical Society	__________[10]
Breast and cervical cancer project	__________[11]

Credits

	Taxpayer	Spouse
Displaced worker training expenses for 12-month period since loss of job	________________[12]	________________[13]
Amount contributed to Ohio political campaigns	________________[14]	________________[15]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Ohio

	Taxpayer	Spouse
Part-year residency dates:		
From	____________[16]	____________[18]
To	____________[17]	____________[19]

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident)	___[20]	___[21]
If nonresident, enter state of residency	_____[22]	_____[23]
If foreign, enter country of residency	_____[24]	_____[25]

NOTES/QUESTIONS:

Form ID: OK

Oklahoma Use Tax

Mark if not subject to Use Tax ____[1]

Contributions

Amount of charitable contributions you wish to make to:

Court Appointed Advocates	__________[2]	Lupus Revolving Fund	__________[7]
National Guard	__________[3]	Sports Eye Safety Program	__________[8]
Regional Food Banks	__________[4]	Historic Greenwood District Music Festival Fund	__________[9]
Domestic Violence and Sexual Assault Services	__________[5]	Public School Classroom Support Fund	__________[10]
Volunteer Fire Departments	__________[6]		

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Oklahoma

Part-year residency dates:

From ______________[11]

To ______________[12]

Nonresident state of residence _____[13] Nonresident country of residence _____[14]

Resident and part-year or nonresident spouse:

Taxpayer's residence		**Spouse's residence**	
State postal code [15]	Country code [16]	State postal code [17]	Country code [18]
State postal code	Country code	State postal code	Country code
State postal code	Country code	State postal code	Country code
State postal code	Country code	State postal code	Country code

Property Tax and Sales Tax Credits

Mark if you were not an Oklahoma resident for the entire tax year ____[19]

Mark if you (or spouse) were disabled for the entire tax year ____[20]

Home real estate tax ____________________[21]

Workmen's compensation/loss of time insurance ____________________[22]

Support money ____________________[23]

Cash public assistance ____________________[24]

NOTES/QUESTIONS:

Form ID: OR

Oregon General Information

Indicate if severely disabled (T = Taxpayer, S = Spouse, B = Both) ____[1]

	Taxpayer	Spouse
Number of months of federal service before 10/01/1991 (Federal employees)	______[2]	______[3]
Total number of months of federal service (Federal employees)	______[4]	______[5]
Prior year child care expenses paid in current year		____________[6]

Contributions

Amount of charitable contributions you wish to make to:

Mark to donate surplus credit (kicker) to the State School Fund ____[7]

Planned Parenthood	____________[8]	Stop Domestic and Sexual Violence	____________[23]
Lions Sight & Hearing Foundation	____________[9]	Habitat for Humanity	____________[24]
Shriners Hospitals for Children	____________[10]	Head Start Association	____________[25]
Special Olympics	____________[11]	American Diabetes Association	____________[26]
Susan G. Komen for the Cure	____________[12]	SMART - Start Making A Reader Today	____________[27]
Military Assistance Program	____________[13]	Oregon Coast Aquarium	____________[28]
Historical Society	____________[14]	SOLV - Stop Oregon Litter and Vandalism	____________[29]
Food Bank	____________[15]	The Nature Conservancy	____________[30]
Albertina Kerr Kid's Crisis Care	____________[16]	St. Vincent DePaul Society of Oregon	____________[31]
American Red Cross	____________[17]	Oregon Humane Society	____________[32]
Cascade AIDS Project	____________[18]	The Salvation Army	____________[33]
Veterans Suicide Prevention	____________[19]	Doernbecher Children's Hospital	____________[34]
Oregon Non-game Wildlife	____________[20]	Oregon Veteran's Home	____________[35]
Prevent Child Abuse	____________[21]	ALS Association	____________[36]
Alzheimer's Disease Research	____________[22]		

Political party you wish to make contributions to:

	Taxpayer	Spouse
Political Party	_____[37]	_____[38]

Political Party Contributions		
500 = Constitution Party of Oregon	**503 = Libertarian Party of Oregon**	**506 = Progressive Party**
501 = Democratic Party of Oregon	**504 = Oregon Republican Party**	**507 = Working Families Party of Oregon**
502 = Independent Party of Oregon	**505 = Pacific Green Party of Oregon**	

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Oregon

Dates of residency:	Taxpayer	Spouse
From	____________[39]	____________[41]
To	____________[40]	____________[42]

Credit for Home Care of an Elderly Person

Name ________________________[43]

Birth date, social security number ____________[44] ____________[45]

Expenses you incurred or paid for home care of an elderly person:

Food	____________[46]	Medical care	____________[48]
Clothing	____________[47]	Transportation	____________[49]

NOTES/QUESTIONS:

Form ID: PA

Pennsylvania General Information

County of residence ________________ [1]

School district name ________________ [2]

	Taxpayer	Spouse
Final return	___[3]	___[4]

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Breast and Cervical Cancer	________[5]	________[6]
Wild Resource Conservation Fund	________[7]	________[8]
Military Family Relief Assistance	________[9]	________[10]
Governor Robert P. Casey Memorial Organ/Tissue Trust Fund	________[11]	________[12]
Juvenile (Type 1) Diabetes Cure Research Fund	________[13]	________[14]
Children's Trust Fund	________[15]	________[16]
American Red Cross	________[17]	________[18]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania

	Taxpayer	Spouse
Part-year residency dates:		
From	________[19]	________[21]
To	________[20]	________[22]

NOTES/QUESTIONS:

Form ID: RI

Rhode Island General Information

Enter city or town of legal residence if different from that entered on Organizer Form ID:1040 ______________________________[1]

Use Tax

Purchases subject to use tax ____________________[2]
Total sales tax paid to other states ____________________[3]
Purchases subject to use tax is unknown except purchases over $1000 (Use tax table based on federal AGI) ___[4]
Purchases subject to use tax over $1000:

Description	Purchases Subject to Use or sales Tax	Sales Tax Paid to Other State
	[5]	

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Mark to make an electoral system contribution (NOTE: This will NOT increase your tax or decrease your refund) ___[6]
If you wish for a portion of your electoral contribution to be paid to a political party, enter name of party ____________________[7]

Charitable Contributions

Drug Program Account ____________________[8]
Mark if you wish to make an Olympic Contribution ___[9]
Organ Transplant Fund ____________________[10]
Council on the Arts ____________________[11]
Nongame Wildlife Fund ____________________[12]
Childhood Disease Victims' Fund ____________________[13]
Military Family Relief Fund ____________________[14]

Part-year Resident Information

Part-year residency dates:
From ______________[15]
To ______________[16]

Property Tax Relief Claim

Mark if disabled and received social security disability payments during the tax year ___[17]
Live in household or rent dwelling subject to property tax? (Y, N) ___[18]
Current for property taxes and rent due for 2015 and all prior years (Y, N) ___[19]
Rent paid (Enter 100%) __________[20]
If renting, Landlord name: ______________________________[21]
Landlord Address: ______________________________[22]
Landlord city, state and zip code ______________________________[23] _____[24] ________________[25]
Landlord phone number: ____________________[26]

NOTES/QUESTIONS:

Form ID: SC

South Carolina General Information

County code number, if known ______[1]
Authorize discussion with Department of Revenue (Y, N) ____[2]
Purchases subject to use tax ______________________[3]
If not using direct deposit for refund, select alternative method of receiving refund __[4]

1 = SCDOR Income Tax Refund Prepaid Debit Card issued by Bank of America

2 = Paper Check

Additions and Subtractions

Expenses related to reserve income ______________________[5]
National guard reserve pay ______________________[6]
Law enforcement subsistence (Number of days) ________[7]

Volunteer deduction code

Taxpayer ____[8]
Spouse ____[9]

Volunteer Deduction Codes	
1 = Volunteer Firefighter	**5 = Reserve Police officer**
2 = HAZMAT team member	**6 = State Guard member**
3 = Rescue Squad worker	**7 = State Constable**
4 = DNR officer	

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in South Carolina

Part-year residency dates:

From ________________[10]
To ________________[11]

Contributions

Amount of contributions you wish to make to:

Endangered Wildlife Fund ______________________[12]
Children's Trust Fund ______________________[13]
Eldercare Trust Fund ______________________[14]
Veterans' Trust Fund ______________________[15]
Donate Life South Carolina ______________________[16]
First Steps to School Readiness Fund ______________________[17]
War Between States Heritage Trust Fund ______________________[18]
Litter Control Enforcement Program ______________________[19]
Law Enforcement Assistance Program ______________________[20]
K-12 Public Education Fund ______________________[21]
State Parks Fund ______________________[22]
Military Family Relief Fund ______________________[23]
Conservation Bank Trust Fund ______________________[24]
Financial Literacy Trust Fund ______________________[25]
State Forests Fund ______________________[26]
Department of Natural Resources Fund ______________________[27]

NOTES/QUESTIONS:

Form ID: TN

Tennessee General Information

County		____________________[1]
City		____________________[2]
Account number		____________________[3]
	Taxpayer	**Spouse**
Mark if quadriplegic	____[4]	____[5]

NOTES/QUESTIONS:

Form ID: UT

Utah General Information

If you were a part-year resident during the tax year, enter the dates you lived in Utah

Part-year residency dates:
From ______________[1]
To ______________[2]
State of residency (Nonresidents) _____[3]

Use Tax

	County/City	Purchases
Use tax	______________	______________[4]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

	Taxpayer	Spouse
Election campaign fund	___[5]	___[6]

Enter the appropriate code for the political party from the list below:

Political Party	
C = Constitution	L = Libertarian
D = Democratic	R = Republican
M = Independent American	N = No Contribution

Making a selection from this list will designate $2 to the party of your choice. Your refund or amount of tax due will not be affected

Charitable Contributions

Pamela Atkinson Homeless Trust Account ______________[7]
Kurt Oscarson Children's Organ Transplant Account ______________[8]
School district code _____[9]
School District and Nonprofit School District Foundation ______________[10]

School district code						
01 = Alpine	07 = Davis	13 = Iron	19 = Morgan	25 = Park City	31 = Sevier	37 = Wasatch
02 = Beaver	08 = Duchesne	14 = Jordan	20 = Murray	26 = Piute	32 = S. Sanpete	38 = Washington
03 = Box Elder	09 = Emery	15 = Juab	21 = Nebo	27 = Provo	33 = S. Summit	39 = Wayne
04 = Cache	10 = Garfield	16 = Kane	22 = North Sanpete	28 = Rich	34 = Tintic	40 = Weber
05 = Carbon	11 = Grand	17 = Logan	23 = North Summit	29 = Salt Lake City	35 = Tooele	41 = Utah Assistive Technology
06 = Daggett	12 = Granite	18 = Millard	24 = Ogden	30 = San Juan	36 = Uintah	42 = Canyons

Cat and Dog Community Spay and Neuter Program ______________[11]
Canine Body Armor Account ______________[12]
Invest More for Education Account ______________[13]
Youth Development Organization Account ______________[14]
Youth Character Organization Account ______________[15]

NOTES/QUESTIONS:

Form ID: VT

Vermont General Information

School district name ______________________ [1]
School district code ________ [2]

Contributions and Use Tax

Use Tax

Total out-of-state purchases ____________ [3]

Contributions

Amount of charitable contributions you wish to make to:

Nongame Wildlife Fund ________ [4]
Children's Trust Fund ________ [5]
Vermont Veterans' Fund ________ [6]
Green Up Day Vermont ________ [7]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Vermont

Part-year residency dates:
From ____________ [8]
To ____________ [9]

Other state of residency _____ [10]

Property Tax Information

Homeowners

Anticipate selling Vermont housesite on or before April 1 ___ [11]
SPAN number from 2015/2016 property tax bill ________________ [12]
Housesite value __________ [13]
Housesite education tax __________ [14]
Housesite municipal tax __________ [15]
Ownership percentage of property __________ [16]
Mobile home lot rent __________ [17]

Renters

Rent paid __________ [18]

NOTES/QUESTIONS:

Form ID: VA

Virginia General Information

Virginia city or county of residence on January 1, 2016; last lived in or business location ____________________[1]
Mark to indicate name has changed from last year (Resident and nonresident only) ___[2]
Mark to indicate filing status has changed from last year(Resident only) ___[3]
Mark to indicate address has changed from last year (Resident and nonresident only) ___[4]
Mark to indicate that a Virginia return was not filed last year (Resident only) ___[5]
Last five digits of taxpayer's Virginia driver's license ________[6]
Last five digits of spouse's Virginia driver's license ________[7]

Use Tax

Consumer's Use Tax ________[8]

Contributions

Amount of contributions you wish to make to:

Political Contributions

Virginia Democratic Party ________[9]
Virginia Republican Party ________[10]

Charitable Contributions

If you contributed to a public school foundation, provide the supporting information to your accountant

Virginia Nongame Wildlife Fund ________[11]
US Olympic Committee ________[12]
Virginia Housing Program ________[13]
Department for Aging and Rehabilitative Services ________[14]
Community Policing Fund ________[15]
Virginia Arts Foundation ________[16]
Open Space Recreation and Conservation ________[17]
Historic Resources Fund ________[18]
Children of America Finding Hope ________[19]
Virginia War Memorial and National D-Day Memorial ________[20]
Virginia Federation of Humane Societies ________[21]
Virginia Tuition Assistance Grant Fund ________[22]
Spay and Neuter Fund ________[23]
Cancer Centers in the Commonwealth ________[24]
Martin Luther King, Jr. Fund ________[25]
Celebrating Special Children ________[26]
Chesapeake Bay Restoration Fund ________[27]
Family and Children's Trust Fund (FACT) ________[28]
Virginia State Forests Fund ________[29]
Virginia Uninsured Medical Catastrophe Fund ________[30]
Home Energy Assistance ________[31]
Virginia Military Family Relief Fund ________[32]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Virginia

Part-year residency dates:	Spouse	Taxpayer
From	________[33]	________[35]
To	________[34]	________[36]

Nonresident Information

State of residence (Nonresidents only) _____[37]

NOTES/QUESTIONS:

Form ID: WV

West Virginia General Information

County of residence ____________________[1]

Use Tax

Purchases ____________________[2]

	Municipality	Purchases
Municipality purchases	____________________	____________________[3]
Municipality purchases	____________________	____________________

Contributions

Amount of contributions you wish to make to:

West Virginia Children's Trust Fund ____________________[4]

Part-year Resident and Nonresident Information

Part-year residency status ___[5]

1 = Moved into West Virginia

2 = Moved out of West Virginia with West Virginia source income during period of nonresidency

3 = Moved out of West Virginia with no West Virginia source income during period of nonresidency

If you were a part-year resident during the tax year, enter the dates you lived in West Virginia

Part-year residency dates:

From ______________[6]

To ______________[7]

State of residence _____[8]

If state of residence is Virginia or Pennsylvania, enter number of days in West Virginia (Nonresidents only) _______[9]

NOTES/QUESTIONS:

Form ID: WI

Wisconsin General Information

City of residence ____________ [1]
Village of residence ____________ [2]
Town of residence ____________ [3]
County of residence ____________ [4]
School district ____________ [5]
Mark if divorce decree ____ [6]
Enter rent paid:
Heat included ____________ [7]
Heat not included ____________ [8]

Use Tax

Mark if not subject to Use Tax ____ [9]

	County	Purchases
Sales and use tax on out-of-state purchases	____________	____________ [10]
Sales and use tax on out-of-state purchases	____________	____________
Sales and use tax on out-of-state purchases	____________	____________

Contributions

Amount of charitable contributions you wish to make to:

Cancer research	____________ [11]	Red Cross WI disaster relief	____________ [15]
Endangered resources	____________ [12]	Second Harvest / Feeding America	____________ [16]
Military family relief	____________ [13]	Special Olympics Wisconsin	____________ [17]
Multiple sclerosis	____________ [14]	Veterans trust fund	____________ [18]

Part-year Resident and Nonresident Information

Residency code ____ [19]

Residency code	
Blank = Both spouses have the same residency status (Default)	**4 = Taxpayer nonresident, spouse part-year**
1 = Taxpayer nonresident, spouse resident	**5 = Taxpayer resident, spouse part-year**
2 = Taxpayer resident, spouse nonresident	**6 = Taxpayer part-year, spouse resident**
3 = Taxpayer part-year, spouse nonresident	

If you were a part-year resident during the tax year, enter the dates you lived in Wisconsin

	Taxpayer	Spouse
Part-year residency dates:		
From	____________ [20]	____________ [22]
To	____________ [21]	____________ [23]
State of residency (Nonresidents only)	______ [24]	______ [25]
Country of residency (Nonresidents only)	______ [26]	______ [27]

Nonresident aliens:
Taxpayer or Spouse is a U.S. citizen or a resident alien ____ [28]
Resident of: IL ____ [29] IN ____ [30] KY ____ [31] MI ____ [32]

NOTES/QUESTIONS: