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**STATE WIDE ACCOUNTING & TAXES  
17625 CRENSHAW BLVD  
SUITE 301  
TORRANCE, CA 90504-**

## **2015 TAX ORGANIZER**

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**This tax organizer has been prepared for your use in gathering the information needed for your 2015 tax return.**

**To save you time, selected information from your 2014 tax return has been entered in this organizer. Please line through any information that does not apply to your 2015 tax return.**

**In some cases, 2014 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

**(310) 515-7254**

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

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### Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ".

TSJ Codes - Enter "T" for taxpayer, "S" for spouse or "J" for joint.

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

**Personal Information:**

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

**Dependents:**

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

**Healthcare:**

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

**Healthcare (continued):**

	Yes	No
Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you eligible for employer-sponsored healthcare coverage? .....	<input type="checkbox"/>	<input type="checkbox"/>
If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any transactions pertaining to a health savings account (HSA)? .....	<input type="checkbox"/>	<input type="checkbox"/>
If you received a distribution from an HSA include all Forms 1099-SA.		
Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? .....	<input type="checkbox"/>	<input type="checkbox"/>
If you received a distribution from an MSA include all Forms 1099-SA.		
Did you or your spouse receive any distributions from long-term care insurance contracts? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1099-LTC.		
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many months were you covered? .....		
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many months were you covered? .....		
Did you or your spouse lose your job because of foreign competition and pay for your own health insurance? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Education:**

Did you or your spouse pay any student loan interest? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1099-Q.		
Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Deductions and Credits:**

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the appraisal of property contributed.		
An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.		
Did you or your spouse incur any casualty or theft losses? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any large purchases, such as motor vehicles and boats? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes .....		
	Gallons	Fuel Type
	<input type="text"/>	<input type="text"/>
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse install any energy efficiency improvements, or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Investments:**

	Yes	No
Did you or your spouse have any debts canceled, forgiven or refinanced? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell, exchange, or purchase any real estate? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include closing statements.		
Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any put or call transactions? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the transaction details.		
Did you or your spouse close any open short sales? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell any securities not reported on Form 1099-B? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Retirement or Severance:**

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse turn age 70 1/2 and have money in an IRA or other retirement account without taking any distribution? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse retire or change jobs? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse receive deferred, retirement or severance compensation? .....	<input type="checkbox"/>	<input type="checkbox"/>		
If Yes, enter the date received (Mo/Da/Yr).	<table border="1" style="width: 100px; height: 20px;"> <tr> <th style="text-align: center;">Date</th> </tr> <tr> <td style="height: 20px;"> </td> </tr> </table>	Date		
Date				

**Personal Residence:**

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

**Sale of Your Home:**

	Yes	No
Did you sell your home? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years? .....	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

**Gifts:**

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$14,000 to any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse forgive any indebtedness to any individual, trust or entity? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Foreign Matters:**

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse create or transfer money or property to a foreign trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own any foreign financial assets? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Miscellaneous:**

	<b>Yes</b>	<b>No</b>
Did you or your spouse pay in excess of \$1,000 in any quarter, or \$1,900 during the year for domestic services performed in or around your home to individuals who could be considered household employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive unreported tip income of \$20 or more in any month? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any bartering transactions? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? .....	<input type="checkbox"/>	<input type="checkbox"/>
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? .....	<input type="checkbox"/>	<input type="checkbox"/>

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

# Personal Information

**Taxpayer:**

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

**Spouse:**

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

**Contact Information:**

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

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

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

Yes	No

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

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

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

Taxpayer		Spouse	
Yes	No	Yes	No

**Tax Organizer Legend:**

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



## Dependents and Wages

**Dependent Information:**

Did dependent have income over \$4,000?



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

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

---

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

---

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

---

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

**Wages and Salaries:**

**Include all copies of your current year Forms W-2**

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

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER1	Medicare	State	Local

**Electronic Filing:**

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return .....

Do not electronically file the state return(s) .....

**Note: The IRS and some states that require returns to be electronically filed also impose fee and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.**

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?	<input type="checkbox"/>	<input type="checkbox"/>
Taxpayer .....	<input type="checkbox"/>	<input type="checkbox"/>
Spouse .....	<input type="checkbox"/>	<input type="checkbox"/>

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_

## Dependents

**Dependent Information:**

Did dependent have income over \$4,000?



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

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

---

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

---

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

---

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

**Electronic Filing:**

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically. If you prefer not to electronically file your return, please refer to and sign the opt-out statement below. Because some states have official opt-out forms, additional signatures may be necessary before your return can be filed.

**Opt-Out Statement:**

STATE WIDE ACCOUNTING & TAXES has informed me (us) that my (our) 2015 Individual Income Tax return may be required to be electronically filed if the firm files the return on my (our) behalf. I (We) understand that electronic filing may provide a number of benefits to taxpayers, including an acknowledgment that the IRS received the return, a reduced chance of errors in processing, and faster refunds. I (we) do not want to file my (our) return electronically and will personally file the paper return. My (our) signature(s) below represent(s) my (our) agreement that I (we) was (were) not influenced by my (our) preparer or any other member of the firm to sign this statement.

Taxpayer signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Spouse signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.**

Would you like to use a randomly generated PIN?  
Taxpayer ..... 

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

  
Spouse ..... 

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If No, enter a 5-digit self-selected PIN:  
Taxpayer PIN ..... \_\_\_\_\_  
Spouse PIN ..... \_\_\_\_\_

Direct Deposit and Electronic Funds Withdrawal Account Information:

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

Form section 1: Includes questions about direct deposit and electronic withdrawal for federal and state returns, account information (bank name, RTN, account number), and account type (Checking, Archer MSA, Traditional Savings, Coverdell Ed. Savings, IRA, HSA, MyRA).

Form section 2: Identical to section 1, containing questions about direct deposit and electronic withdrawal, account information, and account type.

# U.S. Series I Savings Bonds Purchase

Up to \$5,000 of your refund may be used to purchase U.S. Series I Savings Bonds for yourself, your spouse, and up to two other individuals, in \$50 increments.

Do you want to use any of your refund to purchase any U.S. Series I Savings Bonds? .....

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

If Yes, provide the information requested for each type of bond you want to purchase using your refund.

If the purchase is for someone other than the taxpayer or spouse, or if the bond should have a co-owner or beneficiary, provide the name of the person receiving the bond (if not the taxpayer or spouse), the name of the person being designated as the co-owner of the bond, if applicable, the name of the person designated as the beneficiary of the bond, if applicable, and the amount of the bond to be purchased.

Joint:

Co-owner name .....

Beneficiary name .....

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds .....

Note: If filing a married filing joint return, bonds purchased will be jointly owned by the taxpayer and spouse. In this case, the spouse's name does not need to be entered as a co-owner. If the bonds will not be jointly owned by the taxpayer and spouse, the savings bond information should be entered in the taxpayer, spouse, or other owner areas below.

Taxpayer:

Co-owner name .....

Beneficiary name .....

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds .....

Spouse:

Co-owner name .....

Beneficiary name .....

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds .....

Bond purchases for someone other than the taxpayer or spouse:

Taxpayer name .....

Co-owner name .....

Beneficiary name .....

Amount of purchase .....

Taxpayer name .....

Co-owner name .....

Beneficiary name .....

Amount of purchase .....

## Interest Income

**Interest Information:**

**Include copies of all Forms 1099-INT or other documents for interest received**

Tax-Exempt Interest Code:   1 - 1099-INT    2 - Private Activity Bond    3 - Both

TSJ	Name of Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2014 Interest Amount
<b>Total</b>				<input type="checkbox"/>		

**Seller-Financed Mortgage Interest Information:**

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2015 Interest Amount	2014 Interest Amount

Address of Individual from Whom Mortgage Interest Was Received

**Enter Any Additional Information:**

**Note: List all items sold during the year on Form 7.**

**Dividend Information:**

**Include copies of all Forms 1099-DIV or other documents for dividends received**

T/SJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
<b>Total</b>					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Code	Tax-Exempt Interest	2014 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
<b>Total</b>		

**Enter Any Additional Information:**


**Note: List all items sold during the year on Form 7.**



# Interest Income and Foreign Information

**Include all Forms 1099-INT or other documents for interest received**

(List all items sold during the year on Form 7.)

**Interest Income:**

Special Interest Code:	2 - Seller Financed	3 - Early Withdrawal Penalty	5 - Accrued Interest	7 - Amortizable Bond
1 - Qualified Educational Series EE Bonds	Mortgage Interest	4 - Nominee Interest	6 - Original Issue Discount Adjustment	Premium Adjustment

TSJ	Source	Interest Income	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Tax-Exempt Interest Code: 1 - 1099-INT    2 - Private Activity Bond    3 - Both

Social Security No. of Home Buyer	Address of Individual to Whom Mortgage Interest Was Received	Code	Tax-Exempt Interest
A			
B			
C			
D			
E			

Federal Withholding	State Withholding	Investment Expenses	Tax Exempt Paid CUSIP No.	2014 Interest Amount
A				
B				
C				
D				
E				

**Foreign Taxes Paid or Accrued:**

Source	Code	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
B						
C						
D						
E						

**Additional State Information:**

Payer ID	New Hampshire or Illinois Reason Interest is Nontaxable
A	
B	
C	
D	
E	

**Foreign Bank Accounts and Trusts:**

At any time during 2015, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?  Yes     No

If Yes, enter name of foreign country \_\_\_\_\_

Were you the grantor of, or transferor to, a foreign trust that existed during 2015, whether or not you had any beneficial interest in it?

# Dividend Income and Foreign Information

**Include all Forms 1099-DIV or other documents for dividends received**  
(List all items sold during the year on Form 7.)

**Dividend Income:**

TSJ	Source	Form 1099-DIV				
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code	Tax-Exempt Interest
A						
B						
C						
D						
E						

Form 1099-DIV					
Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Sec. 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	2014 Gross Dividends Amount
A					
B					
C					
D					
E					

↑ Tax-Exempt Interest Code  
1 - 1099-DIV  
2 - Private Activity Bonds  
3 - Both

Form 1099-DIV		
Box 4 Federal Withholding	Box 5 Investment Expenses	State Withholding
A		
B		
C		
D		
E		

**Foreign Taxes Paid or Accrued:**

Source	Code	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
B						
C						
D						
E						

**Additional State Information:**

Payer ID	New Hampshire Reason Dividend is Nontaxable
A	
B	
C	
D	
E	

**Foreign Bank Accounts and Trusts:**

At any time during 2015, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? .....  Yes  No

If Yes, enter name of foreign country .....

Were you the grantor of, or transferor to, a foreign trust that existed during 2015, whether or not you had any beneficial interest in it? .....  Yes  No

**Note:** If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

**General Information:**

TSJ .....  
 Title of filer .....  
 Enter all countries where you have foreign bank accounts .....

**Foreign Identification:**

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

Passport .....  
 Foreign TIN .....  
 If not passport or TIN, enter description .....  
 Number .....  
 Country of issue .....

**Information on Foreign Financial Accounts:**

1 - Bank Account    2 - Securities Account    3 - Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name
A				
B				

Street Address	City
A	
B	

State	ZIP/Postal Code	Country
A		
B		

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code:    A - Employer Identification No. (EIN)    B - SSN or TIN    C - Foreign

Last Name or Organization Name	First Name	Middle Initial	Suffix	Taxpayer ID Number
A				
B				

# of Joint Owners	Street Address	City
A		
B		

1 - No financial interest    2A - Joint - spouse is joint owner    2B - Joint - other joint owner    3 - Consolidated

State	ZIP/Postal Code	Country	Owner-ship Code	Filer's Title
A				
B				

1 - Deposit    2 - Custodial

Type	Foreign Currency	Exchange Rate	Source of Exchange	Acct Open	Acct Closed	Joint	No Tax Items Reported
A							
B							

**Asset Information:**

Description	Identifying Number	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Jointly Owned	No Tax Items Reported

Value	Foreign Currency	Exchange Rate	Source of Exchange Rate

**If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity**

1 - Partnership 2 - Corporation 3 - Trust 4 - Estate

Name of Foreign Entity	Type of Foreign Entity	Mailing Address of Foreign Entity		

City or Town of Foreign Entity	Province, County or State of Foreign Entity	Country of Foreign Entity	Postal Code of Foreign Entity

**If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity**

1 - Issuer 2 - Counterparty

1 - U.S. person  
2 - Foreign person

Name of Issuer	Issuer Code	Type of Issuer	Residence of Issuer

1 - Individual 2 - Partnership 3 - Corporation 4 - Trust 5 - Estate

Mailing Address of Issuer	City or Town of Issuer

Province, County or State of Issuer	Country of Issuer	Postal Code of Issuer

Yes No

Foreign assets were acquired or sold during the tax year .....

**Foreign Bank Accounts and Trusts:**

At any time during 2015, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? .....

If Yes, enter name of foreign country .....

Were you the grantor of, or transferor to, a foreign trust that existed during 2015, whether or not you had any beneficial interest in it? .....

**Brokerage Statement Details**

TSJ	Payer Name	Account No.	Information Included (X or ✓)
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			
P			
Q			
R			
S			
T			

Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
P							
Q							
R							
S							
T							



Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.

<b>Brokerage Name</b>	<b>TSJ</b>	<b>Account Number</b>

<b>Brokerage Address</b>

**Interest Income and Foreign Information**

**Interest Income:** (List all items sold during the year on Form 5G.)

Special Interest Code:	2 - Early Withdrawal Penalty	4 - Accrued Interest	6 - Amortizable Bond
1 - Qualified Educational Series EE Bonds	3 - Nominee Interest	5 - Original Issue Discount Adjustment	Premium Adjustment

	Source	Interest Income	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Tax-Exempt Interest Code: 1 - 1099-INT    2 - Private Activity Bond    3 - Both

	Code	Tax-Exempt Interest	Investment Expenses	Federal Withholding	State Withholding	Tax Exempt Bond CUSIP No.	2014 Interest Amount
A							
B							
C							
D							
E							

**Foreign Taxes Paid or Accrued:**

	Source	Code	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A							
B							
C							
D							
E							

**Additional State Information:**

<b>Payer ID</b>	<b>New Hampshire or Illinois Reason Interest is Nontaxable</b>
A	
B	
C	
D	
E	

## Consolidated Brokerage Statement Dividend Income and Foreign Information

List all items sold during the year on Form 5G.

**Dividend Income:**

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

	Source	Form 1099-DIV			
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code
A					
B					
C					
D					
E					

Form 1099-DIV					
Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Sec. 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	2014 Gross Dividends Amount
A					
B					
C					
D					
E					

Form 1099-DIV		
Box 4 Federal Withholding	Box 5 Investment Expenses	State Withholding
A		
B		
C		
D		
E		

**Foreign Taxes Paid or Accrued:**

Source	Code	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
B						
C						
D						
E						

**Additional State Information:**

Payer ID	New Hampshire Reason Dividend is Nontaxable
A	
B	
C	
D	
E	

# Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

**Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:**

**Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year**

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions .....	<input type="checkbox"/>	<input type="checkbox"/>
Exchange of any securities or investments for something other than cash .....	<input type="checkbox"/>	<input type="checkbox"/>
Sales of inherited property .....	<input type="checkbox"/>	<input type="checkbox"/>
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale .....	<input type="checkbox"/>	<input type="checkbox"/>
Commodity sales, short sales or straddles .....	<input type="checkbox"/>	<input type="checkbox"/>
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest .....	<input type="checkbox"/>	<input type="checkbox"/>
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock .....	<input type="checkbox"/>	<input type="checkbox"/>
Securities which became worthless .....	<input type="checkbox"/>	<input type="checkbox"/>

	Kind of Property and Description	Gross Sales Price (Less Commissions)	Cost or Other Basis
A			
B			
C			
D			

	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				

**Other Income:**

Nature and Source	2015 Amount	2014 Amount

**Other Adjustments to Income:**

Nature and Source	2015 Amount	2014 Amount

**Investment Interest Expense:**

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

Paid To	2015 Amount	2014 Amount

**Foreign Bank Accounts and Trusts:**

At any time during 2015, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?  Yes  No

If Yes, enter name of foreign country .....

Were you the grantor of, or transferor to, a foreign trust that existed during 2015, whether or not you had any beneficial interest in it?



**Name of Business:** .....

**Principal Business or Profession:** .....

TSJ .....  
 Employer ID number .....  
 Street address .....  
 City, state, ZIP or postal code and country .....  
 Method of inventory .....  
 Method of accounting .....

**Business Questions for 2015:**

	Yes	No
Did you dispose of this business? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date? ..... (Mo/Da/Yr) _____		
Was there a change in determining quantities, costs or valuations between opening and closing inventory? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? .....	<input type="checkbox"/>	<input type="checkbox"/>

	2015 Amount	2014 Amount
Health insurance premiums paid for yourself and your dependents .....		

**Income:**

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

Description	2015 Amount	2014 Amount

Miscellaneous Income:  Include all Forms 1099-MISC


Other Income:

Other gross receipts or sales .....		
Less returns and allowances .....		

**Cost of Goods Sold:**

	2015 Amount	2014 Amount
Beginning inventory .....		
Purchases less cost of items withdrawn for personal use .....		
Cost of labor (do not include amounts paid to yourself) .....		
Materials and supplies .....		

Other Costs of Cost of Goods Sold:

Description	2015 Amount	2014 Amount
Ending inventory .....		

Name of Business: .....

Principal Business or Profession: .....

**Expenses:**

	2015 Amount	2014 Amount
Advertising .....		
Car and truck expenses .....		
Parking fees and tolls .....		
Commissions and fees .....		
Contract labor .....		
Employee benefit programs and health insurance (other than pension and profit-sharing plans) .....		
Insurance (other than health) .....		
Interest - mortgage (paid to banks, etc.) .....		
Interest - other .....		
Legal and professional fees .....		
Office expense .....		
Pension and profit-sharing plans .....		
Rent or lease - vehicles, machinery and equipment .....		
Rent or lease - other business property .....		
Repairs and maintenance .....		
Supplies (not included in Cost of Goods Sold) .....		
Taxes and licenses .....		
Travel .....		
Meals and entertainment .....		
Utilities .....		
Wages .....		
Dependent care benefits .....		

**Other Expenses:**

Description	2015 Amount	2014 Amount

**Property and Equipment:** Include a list if more space is needed

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

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

Name of Business: .....

Principal Business or Profession: .....

**Listed Property Questions for 2015:**

Do you have evidence to support your deduction? .....	Yes	No
If Yes, is the evidence written? .....		
Do you have evidence to support the business use percentage claimed on listed property? .....		
If Yes, is the evidence written? .....		

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

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	Yes	No
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .....		
Do you treat all use of vehicles by employees as personal use? .....		
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....		
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....		

**Vehicle:**

Description of vehicle .....

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

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

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

**Mileage:**

Total miles .....

Total business miles .....

Total commuting miles for the year .....

**Actual Expenses:**

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

Interest .....

Taxes .....

Fair market value of leased vehicle .....

Vehicle rentals/leases .....

	Vehicle 1		Vehicle 2	

## Detail Depreciation

Business or Activity: \_\_\_\_\_

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed In Service (Mo/Da/Yr)	If the Asset Was Sold, Please Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price

Name of Business: .....

Principal Business or Profession: .....

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

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business .... %

	2015 Amount	2014 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		

Other Business Expenses:

Description	2015 Amount	2014 Amount

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

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

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

**Vehicle:**

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business ..... %

Description of vehicle .....

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

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

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

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

Other Vehicle Expenses:

Description	2015 Amount	2014 Amount

Detail Depreciation

Business or Activity: \_\_\_\_\_

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed In Service (Mo/Da/Yr)	If the Asset Was Sold, Please Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price

Name of Business: .....

Principal Business or Profession: .....

**Partial Use of Your Home for Business:**

	2015	2014
Square footage of home used exclusively for business .....		
Total square footage of home .....		
Total hours home was used for day care during the year .....		

Was your home used for day care purposes for the entire year? .....  Yes  No

Were improvements made to the home and/or home office since the time you began using the home for business? .....  Yes  No

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2015 Amount	2014 Amount	2015 Amount	2014 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2015 Amount	2014 Amount	2015 Amount	2014 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Street Address	City	State	ZIP

Foreign Country Code	Foreign Province/State/County

### Detail Depreciation

Business or Activity: \_\_\_\_\_

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed In Service (Mo/Da/Yr)	If the Asset Was Sold, Please Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price



**Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:**

**Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year**

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions .....		
Exchange of any securities or investments for something other than cash .....		
Sales of inherited property .....		
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale .....		
Commodity sales, short sales or straddles .....		
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest .....		
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock .....		
Debts that became uncollectible .....		
Securities that became worthless .....		
Sale of any property where you will receive payments in future years .....		

TSJ	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Gross Sales Price (Less Commissions)
A				
B				
C				
D				
E				
F				
G				
H				

	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A			
B			
C			
D			
E			
F			
G			
H			

**Installment Sales:** Do not include interest received in principal amount

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2015 Principal Received	2014 Principal Received

**Sale or Exchange of Your Home:**

**Include the closing statements from the purchase and sale of your former and new homes**

**Former Home Information:**

TSJ ..... \_\_\_\_\_  
 Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_  
 Date sold ..... (Mo/Da/Yr) \_\_\_\_\_

Selling price .....

**Original Cost and Cost of Improvements:**

Description	Amount

**Sale Expenses:**

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? .....  Yes  No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? .....  Yes  No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated \_\_\_\_\_

**Moving Expenses:**

TSJ ..... \_\_\_\_\_

Were the moving expenses reimbursed by your employer? .....  Yes  No

Enter reimbursements not included in wages on your Form W-2 .....

**Mileage:**

	Miles
Number of miles from old home to new workplace .....	
Number of miles from old home to old workplace .....	
Number of automobile miles in move .....	

**Transportation Expenses:**

	Amount
Costs of transportation of household goods and personal effects .....	
Costs of travel and lodging (do not include meals or automobile expenses) .....	
Automobile expenses (gasoline, oil, etc.) .....	
Meals (Pennsylvania only) .....	

**Individual Retirement Account (IRA):**

TS .....

**IRA Questions for 2015:**

- Are you covered by an employer's retirement plan? .....
- If no, is your spouse covered by an employer's retirement plan? .....
- Do you want to limit your IRA contribution to the maximum amount deductible on your tax return? .....
- If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction? .....
- Did you use your IRA as security for a loan this year? .....
- Did you have any transactions with your IRA during the year? .....
- If Yes, please explain. \_\_\_\_\_

Yes	No

**IRA Values, Rollovers, and Distributions:**

**Include copies of all Forms 1099-R**

Total value of all traditional IRAs on December 31, 2015 .....	
Outstanding rollovers on December 31, 2015 .....	
Total distributions converted to Roth IRAs .....	
Total retirement plans converted to Roth IRAs .....	

**Contributions:**

**Include copies of all Forms 5498**

IRA:

Contributions in 2015 for the 2015 tax return .....	
Contributions in 2016 for the 2015 tax return .....	
Amount for 2015 you choose to be treated as nondeductible .....	

Roth IRA:

Contributions made for the 2015 tax year .....	
--	--

**Distributions:**

**Include all Forms 1099-R and any nontaxable distribution details**

Name of Payer	2015 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2014 Gross Distributions

**Pension and Annuities:**

**Include all Forms 1099-R and any nontaxable distribution details**

TSJ	Name of Payer	2015 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2014 Gross Distributions

**Self-Employed Retirement Plan:**

**Include copies of all Forms 1099-R**

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....

Do you wish to contribute the maximum amount allowed? .....

Taxpayer		Spouse	
Yes	No	Yes	No

**Contributions to:**

Simplified employee pension plan .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

2015 Amount	2015 Amount

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

TSJ ..... \_\_\_\_\_

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

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

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

	2015	2014
Ownership percentage if not 100% .....	%	

**Income:**

	2015 Amount	2014 Amount
Rental received .....		
Royalty received .....		

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

Description	2015 Amount	2014 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2015 Amount	2014 Amount

Other income:

Description	2015 Amount	2014 Amount

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

**Expenses:**

	2015 Amount	2014 Amount
Advertising .....		
Auto and travel .....		
Cleaning and maintenance .....		
Commissions .....		
Insurance .....		
Legal and other professional fees .....		
Management fees .....		
Mortgage interest paid to banks, etc. ....		
Mortgage interest paid to individuals .....		
Other interest .....		
Repairs .....		
Supplies .....		
Taxes .....		
Utilities .....		
Dependent care benefits .....		
Employee benefits .....		
Other Expenses:		

Description	2015 Amount	2014 Amount

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

**Rental of Vacation Home:**

	2015	2014
How many days was this property rented at fair market value? .....		
How many days was this property used personally (including use by family members)? .....		
How many days was this property owned during year if not 365? .....		
Qualified vacation home mortgage interest .....		
Vacation home real estate taxes .....		

**Mortgage interest paid to individuals:**

ID number ..... \_\_\_\_\_  
 Name ..... \_\_\_\_\_  
 Address ..... \_\_\_\_\_  
 City ..... \_\_\_\_\_  
 State ..... \_\_\_\_\_  
 ZIP code ..... \_\_\_\_\_

## Rental and Royalty Property and Equipment & Depletion

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

Property and Equipment: Include a list if more space is needed

**Acquisitions:**

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

**Dispositions:**

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

**Percentage Depletion Information:**

Production Type	Royalty Income	
	2015 Amount	2014 Amount



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

**Listed Property Questions for 2015:**

	<b>Yes</b>	<b>No</b>
Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

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

	<b>Yes</b>	<b>No</b>
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Vehicle:**

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

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

**Mileage:**

Total miles .....  
 Total business miles .....  
 Total commuting miles for the year .....

**Actual Expenses:**

Gasoline, oil, repairs, insurance, etc .....  
 Interest .....  
 Taxes .....  
 Fair market value of leased vehicle .....  
 Vehicle rentals/leases .....

	Vehicle 1		Vehicle 2	
Description of vehicle .....				
Date placed in service .....(Mo/Da/Yr) _____				
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Mileage:</b>				
Total miles .....	<b>2015 Miles</b>	<b>2014 Miles</b>	<b>2015 Miles</b>	<b>2014 Miles</b>
Total business miles .....				
Total commuting miles for the year .....				
<b>Actual Expenses:</b>				
Gasoline, oil, repairs, insurance, etc .....	<b>2015 Amount</b>	<b>2014 Amount</b>	<b>2015 Amount</b>	<b>2014 Amount</b>
Interest .....				
Taxes .....				
Fair market value of leased vehicle .....				
Vehicle rentals/leases .....				

Detail Depreciation

Business or Activity: \_\_\_\_\_

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed In Service (Mo/Da/Yr)	If the Asset Was Sold, Please Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price

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

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

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business .... \_\_\_\_\_ %

	2015 Amount	2014 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		

Other Business Expenses:

Description	2015 Amount	2014 Amount

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

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

**Vehicle:**

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business ..... \_\_\_\_\_ %

Description of vehicle .....

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

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

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

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

Other Vehicle Expenses:

Description	2015 Amount	2014 Amount

Business or Activity: \_\_\_\_\_

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed In Service (Mo/Da/Yr)	If the Asset Was Sold, Please Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price

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

**Partial Use of Your Home for Business:**

<b>2015</b>

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....  Yes  No

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2015 Amount	2014 Amount	2015 Amount	2014 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2015 Amount	2014 Amount	2015 Amount	2014 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Street Address	City	State	ZIP

Foreign Country Code	Foreign Province/State/County

# Detail Depreciation

**Business or Activity:** \_\_\_\_\_

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed In Service (Mo/Da/Yr)	If the Asset Was Sold, Please Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price

## Partnership, S Corporation, Estate, Trust and REMIC Income

Partnership Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income: Include all Schedules Q

TSJ	Entity Name	Employer ID Number

# Detail Depreciation

Business or Activity: \_\_\_\_\_

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed In Service (Mo/Da/Yr)	If the Asset Was Sold, Please Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price



**Activity Name:** .....

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

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business .... %

	2015 Amount	2014 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		

Other Business Expenses:

Description	2015 Amount	2014 Amount

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

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

**Vehicle:**

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business ..... %

Description of vehicle .....

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

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

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

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

Other Vehicle Expenses:

Description	2015 Amount	2014 Amount

**Detail Depreciation**

**Business or Activity:** \_\_\_\_\_

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed In Service (Mo/Da/Yr)	If the Asset Was Sold, Please Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price

**Activity Name:** .....

**Partial Use of Your Home for Business:**

<b>2015</b>

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....  Yes  No

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2015 Amount	2014 Amount	2015 Amount	2014 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2015 Amount	2014 Amount	2015 Amount	2014 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Street Address	City	State	ZIP

Foreign Country Code	Foreign Province/State/County

# Detail Depreciation

**Business or Activity:** \_\_\_\_\_

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed In Service (Mo/Da/Yr)	If the Asset Was Sold, Please Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price

# Farm Income (Page 1 of 2)

**Proprietor's Name:** .....

**Principal Crop or Activity:** ...

TSJ .....  
 Employer identification number .....  
 Method of accounting .....

**Farm Questions for 2015:**

Did you dispose of this farm? .....  **Yes**  **No**  
 If Yes, what was the disposition date? ..... (Mo/Da/Yr) .....  
 Have you prepared or will you prepare all required Forms 1099? .....

	2015 Amount	2014 Amount
Health insurance premiums paid for yourself and your dependents .....		

**Sales of Livestock and Other Items Bought for Resale (Cash Method Only):**

Description	2015		2014	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

**Income (Accrual Method):**

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

**Income:**

	2015 Amount	2014 Amount
Sales of livestock, produce, grains, etc. you raised .....		
Total cooperative distributions (Forms 1099-PATR) .....		
Taxable cooperative distributions .....		
Total agricultural program payments .....		
Taxable agriculture program payments .....		
Total Commodity Credit Corporation (CCC) Loans .....		
Total crop insurance proceeds and certain disaster payments received in 2015 .....		
Taxable crop insurance proceeds received .....		
Crop insurance proceeds deferred from prior year .....		
Custom hire (machine work) income .....		
Federal gasoline tax or fuel tax credit or refund .....		
State gasoline tax or fuel tax credit or refund .....		

# Farm Income (Page 2 of 2)

Proprietor's Name: ..... \_\_\_\_\_

Principal Crop or Activity: ... \_\_\_\_\_

**Income:**

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

Description	2015 Amount	2014 Amount

Government payments: Include all Forms 1099-G

Description	2015 Amount	2014 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2015 Amount	2014 Amount

Other income:

Description	2015 Amount	2014 Amount

**Proprietor's Name:** .....

**Principal Crop or Activity:** ...

**Expenses:**

	2015 Amount	2014 Amount
Business meals and entertainment .....		
Car and truck expenses .....		
Chemicals .....		
Conservation expenses .....		
Custom hire (machine work) .....		
Employee benefit programs and health insurance (other than pension and profit sharing plans) .....		
Feed purchased .....		
Fertilizers and lime .....		
Freight and trucking .....		
Gasoline, fuel and oil .....		
Insurance (other than health) .....		
Interest - mortgage (paid to banks, etc.) .....		
Interest - other .....		
Labor hired .....		
Pension and profit-sharing plans .....		
Rent or lease - vehicles, machinery and equipment .....		
Rent or lease - other (land, animals, etc.) .....		
Repairs and maintenance .....		
Seeds and plants purchased .....		
Storage and warehousing .....		
Supplies purchased .....		
Taxes .....		
Utilities .....		
Veterinary, breeding and medicine .....		
Capitalized preproductive period expenses .....		
Dependent care benefits .....		

**Other Expenses:**

Description	2015 Amount	2014 Amount

**Property and Equipment:** Include a list if more space is needed

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

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

Name of Business: .....

Principal Crop or Activity: .....

**Listed Property Questions for 2015:**

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

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

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

**Vehicle:**

Description of vehicle .....

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

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

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

**Mileage:**

Total miles .....

Total business miles .....

Total commuting miles for the year .....

**Actual Expenses:**

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

Interest .....

Taxes .....

Fair market value of leased vehicle .....

Vehicle rentals/leases .....

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

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



## Detail Depreciation

**Business or Activity:** \_\_\_\_\_

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed In Service (Mo/Da/Yr)	If the Asset Was Sold, Please Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price

**Proprietor's Name:** .....

**Principal Crop or Activity:** ...

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

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business .... %

	2015 Amount	2014 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		
Other Business Expenses:		
<b>Description</b>	<b>2015 Amount</b>	<b>2014 Amount</b>

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

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

**Vehicle:**

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business ..... %

Description of vehicle .....

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

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

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

Other Vehicle Expenses:

Description	2015 Amount	2014 Amount

Detail Depreciation

Business or Activity: \_\_\_\_\_

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed In Service (Mo/Da/Yr)	If the Asset Was Sold, Please Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price

**Proprietor's Name:** .....

**Principal Crop or Activity:** ...

**Partial Use of Your Home for Business:**

2015

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....  Yes  No

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2015 Amount	2014 Amount	2015 Amount	2014 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2015 Amount	2014 Amount	2015 Amount	2014 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Street Address	City	State	ZIP

Foreign Country Code	Foreign Province/State/County

## Detail Depreciation

Business or Activity: \_\_\_\_\_

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed In Service (Mo/Da/Yr)	If the Asset Was Sold, Please Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price

Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-G and 1098-E

Miscellaneous Income and Adjustments:

	TSJ ____		TSJ ____	
	2015 Amount	2014 Amount	2015 Amount	2014 Amount
Taxable pensions and annuities received .....				
Nontaxable pensions and annuities received .....				
Federal withholding on pensions and annuities .....				
State withholding on pensions and annuities .....				
Unemployment compensation received .....				
Unemployment compensation repaid in 2015 .....				
Social security benefits received .....				
Social security benefits repaid in 2015 .....				
Medicare premiums withheld .....				
Tier 1 railroad retirement benefits received .....				
Tier 1 railroad retirement benefits repaid in 2015 .....				
Taxable IRA distributions .....				
Nontaxable IRA distributions .....				
Total lump sum social security received .....				
Lump sum taxable social security .....				
Other federal withholding .....				
Other state withholding .....				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2015 Amount	2014 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2015 Amount	2014 Amount

**Educator Expenses:** Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2015 Amount	2014 Amount

**Health Savings Accounts (HSAs)**

TS	Description	2015 Amount	2014 Amount
	Contributions made for 2015		
	Distributions received from all HSAs in 2015		

What type of coverage applies to your high deductible health plan?     Self Only     Family

Were any HSA contributions listed above also shown on your Form W-2? .....  Yes     No

Were all distributions from your HSA for unreimbursed medical expenses? .....  Yes     No

Did you or your spouse enroll in Medicare? .....  Yes     No

    If yes, what month did you enroll? ..... \_\_\_\_\_

    What month did your spouse enroll? ..... \_\_\_\_\_

**Other Adjustments to Income:** Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2015 Amount	2014 Amount

TS .....

Do you have any expenses associated with a business as a minister? .....  **Yes**  **No**

If Yes, enter the name of the business: \_\_\_\_\_

Do you have any expenses associated with your wages received as a minister? .....

If Yes, enter the occupation: \_\_\_\_\_

**Parsonage:**

Fair rental value of parsonage provided by church .....  
 Utility allowance of parsonage .....  
 Actual expenses for utilities of parsonage .....

2015 Amount	2014 Amount

**Rental or Parsonage Allowance:**

Parsonage or rental allowance .....  
 Utility allowance .....  
 Actual expenses for parsonage .....  
 Actual expenses for utilities .....  
 Fair rental value of home, plus the cost of utilities .....

2015 Amount	2014 Amount



**Medical and Dental Expenses:**

	TSJ	2015 Amount	2014 Amount
Prescription medicines and drugs .....			
Total medical insurance premiums paid * .....			
Long-term care expenses .....			
Total insurance reimbursement .....			
Number of miles traveled for medical care .....			
Lodging .....			
Doctors, dentists, etc. ....			
Hospitals .....			
Lab fees .....			
Eyeglasses and contacts .....			
Cobra assistance premiums in 2015 .....			

	2015 Amount	2014 Amount
Taxpayer long-term care insurance premiums paid .....		
Spouse long-term care insurance premiums paid .....		

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

**Other Medical Expenses:**

TSJ	Description	2015 Amount	2014 Amount

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

	TSJ	2015 Amount	2014 Amount
Personal property taxes paid (include vehicle taxes) .....			
General sales taxes paid on specified items .....			

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2015 Amount	2014 Amount

**Other Taxes Paid:**

TSJ	Description	2015 Amount	2014 Amount

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

**Mortgage Questions for 2015:**

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

**Home Mortgage Interest Paid To Financial Institutions:**

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

**Other Home Mortgage Interest Paid:**

TSJ	Paid To		ID Number	2015 Amount	2014 Amount
	Name	Address			

**Deductible Points:**

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

**Mortgage Insurance Premiums:**

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2015 Amount	2014 Amount

**Investment Interest Expense:**

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

TSJ	Paid To	2015 Amount	2014 Amount

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

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

TSJ	Organization or Description of Contribution	2015 Amount	2014 Amount

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

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

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

TSJ	Description of Donated Property	2015 Amount	2014 Amount

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

TSJ .....

Description of the donated property .....

Donee organization name .....

Donee organization address .....

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

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

Cost or basis of the donated property .....

Fair market value of the donated property .....

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

Appraisal     
  Thrift shop value     
  Catalog     
  Comparable sale

Other - please explain .....

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

Purchase     
  Gift     
  Inheritance     
  Exchange

**Miscellaneous Itemized Deductions:**

	TSJ	2015 Amount	2014 Amount
Union and professional dues .....			
Tax preparation fee .....			
Professional subscriptions .....			
Hobby expense (To extent of income) .....			
Safe deposit box .....			
Uniforms and protective clothing .....			
Work tools .....			
Gambling losses .....			
Estate Taxes .....			

**Other Itemized Deductions:**

Examples:

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

TSJ	Description	2015 Amount	2014 Amount

**Casualty or Theft Loss:**

TSJ ..... \_\_\_\_\_  
 Property description ..... \_\_\_\_\_

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

- Personal use     
  Business use     
  Income producing     
  Employee Use     
  Personal use due to Hurricane Katrina
- Personal use attributable to a federally declared disaster between 2007 and 2009     
  Personal use attributable to a Midwestern disaster area     
  Personal use attributable to Kansas disaster area

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

Personal use attributable to insolvent or bankrupt financial institution losses on deposits

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

### Detail Depreciation

Business or Activity: Schedule A Depreciation

SCH A

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed In Service (Mo/Da/Yr)	If the Asset Was Sold, Please Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price

**Partial Use of Your Home for Business:**

	2015	2014
Square footage of home used exclusively for business .....		
Total square footage of home .....		
Total hours home was used for day care during the year .....		

	Yes	No
Was your home used for day care purposes for the entire year? .....		
Were improvements made to the home and/or home office since the time you began using the home for business? .....		

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2015 Amount	2014 Amount	2015 Amount	2014 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2015 Amount	2014 Amount	2015 Amount	2014 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Street Address	City	State	ZIP

Foreign Country Code	Foreign Province/State/County

## Detail Depreciation

Business or Activity: \_\_\_\_\_

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed In Service (Mo/Da/Yr)	If the Asset Was Sold, Please Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price

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

**Business Expenses:**

**Enter all expenses at 100 percent**

**Include all documentation**

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

	2015 Amount	2014 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		

**Other Business Expenses:**

Description	2015 Amount	2014 Amount

**Reimbursements:**

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

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

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

**Vehicle:**

**Include all documentation**

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

Description of vehicle .....

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

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

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

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

**Other Vehicle Expenses:**

Description	2015 Amount	2014 Amount



Detail Depreciation

Business or Activity: \_\_\_\_\_

Asset #	Description of Asset	Cost	Date Asset Was Placed In Service (Mo/Da/Yr)	If the Asset Was Sold, Please Indicate the Following	
				Date (Mo/Da/Yr)	Sales Price

## Employee Business Expenses- Business Use of Home

**Partial Use of Your Home for Business:**

	2015	2014
Square footage of home used exclusively for business .....		
Total square footage of home .....		
Total hours home was used for day care during the year .....		

	Yes	No
Was your home used for day care purposes for the entire year? .....		
Were improvements made to the home and/or home office since the time you began using the home for business? .....		

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2015 Amount	2014 Amount	2015 Amount	2014 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2015 Amount	2014 Amount	2015 Amount	2014 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Street Address	City	State	ZIP

Foreign Country Code	Foreign Province/State/County

Business or Activity: \_\_\_\_\_

Asset #	Description of Asset	Cost	Date Asset Was Placed In Service (Mo/Da/Yr)	If the Asset Was Sold, Please Indicate the Following	
				Date (Mo/Da/Yr)	Sales Price

# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled? .....  Yes  No

Did you pay an individual for services performed in your home? .....  Yes  No

Expenses incurred in 2014 but paid in 2015 .....

Employer-provided dependent care benefits that were forfeited in 2015 .....

2014 carryover used in grace period .....

### Child/Dependent Care Providers:

**Provider 1:**

Name .....

Last name .....

Street address .....

City, state, ZIP or postal code, and country .....

Social security number OR .....

Employer identification number .....

Telephone number (California only) .....

	2015 Amount	2014 Amount
Expenses incurred and paid in 2015 .....		
Expenses incurred and not paid in 2015 .....		

**Provider 2:**

Name .....

Last name .....

Street address .....

City, state, ZIP or postal code, and country .....

Social security number OR .....

Employer identification number .....

Telephone number (California only) .....

	2015 Amount	2014 Amount
Expenses incurred and paid in 2015 .....		
Expenses incurred and not paid in 2015 .....		

### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2015 Expenses Incurred	2014 Expenses Incurred

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

**Include copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	2015 Qualified Expenses

**General Information:**

TSJ .....

Employer identification number .....

Did you pay any one household employee cash wages of \$1,900 or more in 2015? .....	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
Did you withhold any federal income tax from wages paid to any household employee? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2014 or 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Social Security, Medicare and Income Taxes:**

	2015 Amount	2014 Amount
Cash wages subject to social security taxes .....		
Cash wages subject to Medicare taxes (if different than cash wages subject to social security) .....		
Cash wages subject to additional Medicare tax withholding .....		
Federal income tax withheld .....		
State disability plan payments subject to social security taxes .....		
State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) .....		

**Federal Unemployment (FUTA) Tax:**

Did you pay unemployment contributions to more than one state? .....	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
Were all of the wages subject to FUTA tax subject to the state's unemployment tax? .....	<input type="checkbox"/>	<input type="checkbox"/>

State	Total Cash Wages Subject to FUTA	2014 Amount
MI		
IN		
SC		

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2016

Name of State	Total Taxable Wages	Contribution Paid to Unemployment Fund	X	2014 Amount

**Refund Application:**

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

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

**Federal Estimated Tax Payments:**

2015 1st Quarter Estimate .....(Due 04-15-2015)  
 2015 2nd Quarter Estimate .....(Due 06-16-2015)  
 2015 3rd Quarter Estimate .....(Due 09-15-2015)  
 2015 4th Quarter Estimate .....(Due 01-15-2016)

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

2014 overpayment applied to 2015 estimate .....

**Tax Planning Information for Tax Year 2016:**

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

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

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


**State and City Estimated Tax Payments:**

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2015 1st Quarter Estimate .....		
2015 2nd Quarter Estimate .....		
2015 3rd Quarter Estimate .....		
2015 4th Quarter Estimate .....		

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

2014 overpayment applied to 2015 estimate .....

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

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

**State and City Estimated Tax Payments:**

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2015 1st Quarter Estimate .....		
2015 2nd Quarter Estimate .....		
2015 3rd Quarter Estimate .....		
2015 4th Quarter Estimate .....		

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

2014 overpayment applied to 2015 estimate .....

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

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

**State and City Estimated Tax Payments:**

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2015 1st Quarter Estimate .....		
2015 2nd Quarter Estimate .....		
2015 3rd Quarter Estimate .....		
2015 4th Quarter Estimate .....		

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

2014 overpayment applied to 2015 estimate .....

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

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

**Include all of your current year Forms W-2G**

TS	Name of Payer	Gross Winnings	Tax Withheld	
			Federal	State



## Foreign Employment Information (Page 1 of 3)

**General Information:**

TS ..... \_\_\_\_\_

Foreign address

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

City ..... \_\_\_\_\_

State or province ..... \_\_\_\_\_

ZIP code ..... \_\_\_\_\_

Foreign country code ..... \_\_\_\_\_

Name of employer ..... \_\_\_\_\_

Employer's U.S. address

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

City ..... \_\_\_\_\_

State ..... \_\_\_\_\_

ZIP code ..... \_\_\_\_\_

Employer's foreign address

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

City ..... \_\_\_\_\_

State or province ..... \_\_\_\_\_

ZIP code ..... \_\_\_\_\_

Foreign country code ..... \_\_\_\_\_

Employer type: Foreign entity, U.S. company,  
Foreign affiliate of a U.S. company, Self ..... \_\_\_\_\_

Enter the last year that Form 2555 was  
filed to claim either of the exclusions ..... \_\_\_\_\_

Type of exclusions revoked in prior years ..... \_\_\_\_\_

Year exclusion revoked ..... \_\_\_\_\_

If a separate foreign residence was maintained for your  
family due to adverse living conditions, please provide  
the city, country, and number of days maintained ..... \_\_\_\_\_

List tax home(s) during tax year and dates established ..... \_\_\_\_\_

Country of citizenry or nationality ..... \_\_\_\_\_

Qualified housing expenses for the tax year .....

Adjustment to employer provided amounts for qualified  
housing expense .....

**Tax Home History:**

	Principal City and Country of Employment	Start Date (Mo/Da/Yr)	End Date (Mo/Da/Yr)
Most recent tax home .....			
First previous tax home .....			
Second previous tax home .....			
Third previous tax home .....			

## Foreign Employment Information (Page 2 of 3)

**Bona Fide Residence Test Information:**

Beginning date for foreign residence ..... (Mo/Da/Yr) \_\_\_\_\_

Ending date for foreign residence ..... (Mo/Da/Yr) \_\_\_\_\_

Kind of foreign living quarters:

Purchased house, Rented house or apartment, Rented room,

Quarters furnished by employer ..... \_\_\_\_\_

If any family members lived abroad with you during any part of the tax year, enter their names. Include the dates when the family members lived with you

Relationship	First Name	MI	Last Name	Date Arrived	Date Left	X if Entire Period

Was a statement made to foreign country authorities declaring you were not a resident of their country? .....

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

Were you required to pay income tax in that country? .....

Does the foreign country have an income tax? .....

State any contractual terms or other conditions relating to the length of employment abroad .....

What type of visa was used to enter the foreign country? .....

Explain any limitations of the visa as to length of stay or employment in a foreign country .....

If a home was maintained in U.S. while residing abroad, show address, whether rented, names and relationships of occupants

Address

Street address .....

City .....

State .....

ZIP Code .....

X if rented .....

Occupants			
First Name	MI	Last Name	Relationship

# Foreign Employment Information (Page 3 of 3)

Travel Abroad for 12 Month Period:

Name of Country (Including U.S.)	Date Arrived (Mo/Da/Yr)	Date Left (Mo/Da/Yr)	Full Days in Country	Number of Days Present in U.S. on Business

Indicate below (for yourself, spouse and dependents living with you) the amount of housing expenses incurred (whether paid by you or your employer) in the foreign country. If expenses are listed in foreign currency, indicate dates of payment to the left of the amount boxes and enter type of currency.

	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses
Type of currency .....			
Rent .....			
Fair market value of employer-owned housing furnished to you (Without reduction for U.S. equivalent housing charge) .....			
Foreign real estate, occupancy taxes or television taxes (not included on Medical Expenses and Taxes form, detail by country on continuation sheet) .....			
Utilities (but not telephone charges) .....			
Real and personal property insurance .....			
"Key money" or other similar nonrefundable deposits paid to secure a lease .....			
Repairs and maintenance .....			
Furniture rental .....			
Lodging portion of temporary living expenses (Do not include on Moving Expenses page) .....			

Other Expenses:

Description	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses

Total expenses .....			
----------------------	--	--	--

Indicate if meals and/or lodging were provided by or on behalf of your employer on his business premises:

(If you resided in a camp, you are considered to be on the business premises of your employer.)

	<b>Yes</b>	<b>No</b>
To you .....	<input type="checkbox"/>	<input type="checkbox"/>
To your family members .....	<input type="checkbox"/>	<input type="checkbox"/>

Complete for every month even if this may have been your first or last year in the U.S.

Travel To/From the U.S.				Days in Month	Days Worked In and Outside U.S.			
Dates(Mo/Da/Yr)		Dates (Mo/Da/Yr)			Days Not Worked*		Days Worked**	
Left Foreign Country	Arrived U.S.	Left U.S.	Arrived Foreign Country		U.S.	Foreign	U.S.	Foreign
				January 31				
				February 28				
				March 31				
				April 30				
				May 31				
				June 30				
				July 31				
				August 31				
				September 30				
				October 31				
				November 30				
				December 31				
				<b>Total</b> 365				

\* Weekends, holidays, vacation, sick, etc.

\*\* Include weekends and holidays if you worked on these days.

During 2015, in which state(s)/city(ies) did you work?

**List the dates**

State/City	From (Mo/Da/Yr)	To (Mo/Da/Yr)	Days Worked

Total (must agree with U.S. days worked shown above)

Days in U.S. for any reason in ..... 2014 \_\_\_\_\_ 2013 \_\_\_\_\_

# Foreign Wages and Other Income (Page 1 of 2)

**Foreign Questions for 2015:**

	Yes	No
If you will be outside the U.S., do you want an automatic extension if you qualify? .....	<input type="checkbox"/>	<input type="checkbox"/>
Will any tax due be paid with the extension? .....	<input type="checkbox"/>	<input type="checkbox"/>
If you were working outside the U.S., did you terminate your foreign employment in 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you have foreign income derived from sources within designated "Boycott Activities"? .....	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please provide all information pertaining to the boycott activities.

**Include all copies of your current year Forms W-2 or other wage statements**

**Foreign Source Wages and Salaries:**

TS \_\_\_\_\_ Employer name .....

Employer address .....

Employer city .....

Employer state .....

Employer ZIP .....

Employer foreign country .....

	2015 Amount	2014 Amount
Base wages .....		
Federal tax withheld .....		
FICA withheld .....		
Medicare tax withheld .....		
Days in foreign country before foreign assignment .....		
Days in foreign country after foreign assignment .....		
Days in U.S. while on foreign assignment .....		

**Allowances and Reimbursements:**

	2015 Amount	2014 Amount
Cost of living and overseas differential .....		
Moving expense reimbursement .....		
Family .....		
Education .....		
Home leave .....		
Quarters .....		
Bonus .....		
Stock option - current year .....		
Foreign tax reimbursement .....		
Survivor's insurance .....		
Automobile .....		
Hardship premium .....		
Home gross salary .....		
Tax adjustment - current year .....		
Gross up .....		
Mobility premium .....		
Relocation allocation .....		
Wire transfer allowance .....		
Home housing allowance .....		
Home gross entitlement .....		
Home net entitlement .....		
Variable pay rewards .....		
Miscellaneous .....		
Imputed tax preparation fees .....		
Home country pension cost .....		
401 (k) reductions .....		

Foreign Wages and Other Income
(Page 2 of 2)

Allowances and Reimbursements (Continued):

Other Allowances and Reimbursements:

Table with 3 columns: Description, 2015 Amount, 2014 Amount

State and Local Information:

Table with 8 columns: State, Employer's State I.D. No., State Wages, Tips, State Income Tax, Local Wages, Tips, Local Income Tax, City, Locality Name

Other Income and Noncash Income:

Table with 4 columns: TSJ, Nature and Source, 2015 Amount, 2014 Amount

Other Adjustments:

Table with 4 columns: TSJ, Nature and Source, 2015 Amount, 2014 Amount

Miscellaneous Income:

Table with 4 columns: TSJ, 2015 Amount, 2014 Amount (repeated for two categories)

Enter Any Additional Information:

Large empty table for additional information.

**You may skip this page if company statements for this information are provided.**

**NOTE:** If you received income in 2015 for services performed in prior years, (bonus, separation payments, etc.) provide us with a copy of your tax return for these years unless we have them in our possession. If expenses are listed in foreign currency, indicate dates of payment and type of currency to the left of the amount boxes.

**Compensation:** **You must Provide the originals of Form W-2**

Employer:	Taxpayer	Spouse
Gross base salary .....		
Tax deferred savings (401K) .....		
Bonus - 2015 .....		
Bonus - other years .....		
Indicate year(s) _____		
Cost of living allowance .....		
Education .....		
Dependent travel .....		
Housing .....		
Group life insurance .....		
Tax equalization .....		
Foreign taxes reimbursed - 2015 .....		
- 2014 and prior years .....		
Moving .....		

Other Allowances - Description	Taxpayer	Spouse

Non-cash Remuneration:	Taxpayer	Spouse
Home (lodging) .....		
Meals .....		
Car .....		

**For additional employers, provide details on a continuation sheet.**



Country of residence: \_\_\_\_\_

**Foreign Taxes Paid or Accrued:**

TS	Country Name	Income Type (Dividends, Rents, Etc.)	Is Tax Accrued?	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (In Foreign Currency)	Tax Amount (In U.S. Dollars)

**Prior Year Foreign Taxes Paid in the Current Year:**

Year	Date Paid (Mo/Da/Yr)	Amount

**Enter Any Additional Foreign Tax Information:**




**NOTE: Only complete Forms 34 and/or 35 if in 2015:**

- You made gifts of cash or marketable securities to an individual that exceeded \$14,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, please include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

**Gift 1:**

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....			
Address of person .....			
Your relationship to the person (e.g., son, granddaughter or friend) .....			
Age of the person .....			
Date(s) of gift(s) ..... (Mo/Da/Yr) .....			
Description and amount of assets gifted (e.g., \$14,000 in cash or 500 shares of ABC stock) .....			
Cost basis of assets gifted if other than cash .....			
Value of assets gifted if other than cash .....			

**Gift 2:**

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....			
Address of person .....			
Your relationship to the person (e.g., son, granddaughter or friend) .....			
Age of the person .....			
Date(s) of gift(s) ..... (Mo/Da/Yr) .....			
Description and amount of assets gifted (e.g., \$14,000 in cash or 500 shares of ABC stock) .....			
Cost basis of assets gifted if other than cash .....			
Value of assets gifted if other than cash .....			

**NOTE: Complete this form only if you have made gifts in or to a trust during the year.**

**For each gift made in trust during the year, provide the following information:**

Name of trust receiving the gift .....

Name of the trustee .....

Address of the trustee .....

Trust identification number .....

Name of the beneficiary of the trust .....

Your relationship to the beneficiary  
(e.g., son, granddaughter or friend) .....

Age of the beneficiary .....

Date(s) of gift(s) ..... (Mo/Da/Yr) .....

Description and amount of assets gifted  
(e.g., \$14,000 in cash or 500 shares of ABC stock) .....

Cost basis of assets gifted if other than cash .....

Value of assets gifted if other than cash .....

For gifts other than cash, include a copy of any appraisal(s) of assets. If no appraisal is available, describe how the value was determined.

**Include a copy of the following:**

**A copy of the trust document(s) unless previously furnished to us.**

**A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.**



# 2015 Tax Return Checklist

Client Name: .....

Prior Year	Current Year
------------	--------------

**Income:**

Wages (IRS W-2) .....	_____	_____
Interest Income (IRS 1099-INT) .....	_____	_____
Dividend Income (IRS 1099-DIV) .....	_____	_____
Brokerage Statements (Form 1099-A,B,S) .....	_____	_____
IRA/Pension/Annuity Income (IRS 1099R) .....	_____	_____
Schedule K-1s (IRS K-1) .....	_____	_____
Miscellaneous Income and Adjustments (IRS-1099-MISC, G) .....	_____	_____
Rent and Royalty Income .....	_____	_____

**Itemized Deductions:**

Medical/Dental Expenses .....	_____	_____
Real Estate Taxes .....	_____	_____
Property Taxes .....	_____	_____
Mortgage Interest (Form 1098) .....	_____	_____
Charitable Contributions .....	_____	_____

**Other:**

Estimated Tax Payments .....	_____	_____
------------------------------	-------	-------

\* Provide any tax related information not listed above, e.g. new brokerage statements, K-1 investment, etc.



















2015

## Itemized Deductions

TSJ	Description	Prior Year Amount	Information Included (X or ✓)
-----	-------------	-------------------	-------------------------------

**Medical/Dental Expenses:**


**Real Estate Taxes:**


**Property Tax:**


**Mortgage Interest:**


**Charitable Contributions:**


# Federal, State, and City Tax Payments

**Refund Applications:**

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

Refunded .....  Yes  No  
 Applied to next year's estimated tax liability .....  Yes  No

**Federal Estimated Tax Payments:**

2015 1st Quarter Estimate ..... (Due 04-15-2015)  
 2015 2nd Quarter Estimate ..... (Due 06-16-2015)  
 2015 3rd Quarter Estimate ..... (Due 09-15-2015)  
 2015 4th Quarter Estimate ..... (Due 01-15-2016)

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

**State and City Estimated Tax Payments:**

2015 1st Quarter Estimate .....  
 2015 2nd Quarter Estimate .....  
 2015 3rd Quarter Estimate .....  
 2015 4th Quarter Estimate .....

TSJ _____ State/City _____		
Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

2015 1st Quarter Estimate .....  
 2015 2nd Quarter Estimate .....  
 2015 3rd Quarter Estimate .....  
 2015 4th Quarter Estimate .....

TSJ _____ State/City _____		
Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

2015 1st Quarter Estimate .....  
 2015 2nd Quarter Estimate .....  
 2015 3rd Quarter Estimate .....  
 2015 4th Quarter Estimate .....

TSJ _____ State/City _____		
Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

2015 1st Quarter Estimate .....  
 2015 2nd Quarter Estimate .....  
 2015 3rd Quarter Estimate .....  
 2015 4th Quarter Estimate .....

TSJ _____ State/City _____		
Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid