ORGANIZER Page 1 **Tax Organizer** US 1040 Please enter all pertinent information. If you have attached a government form for an item, check the box and do not enter a a amount. **WAGES, SALARIES AND TIPS** Employer name: Amount Amount **Attach Forms W-2 INTEREST INCOME** Payer name: Attach Forms 1099-INT **DIVIDEND INCOME** Payer name: Attach Forms 1099-DIV PENSIONS, IRA AND GAMBLING INCOME Payer name: **Attach Forms** 1099-R & W-2G Winnings not reported on W-2G..... OTHER GOVERNMENT FORMS - INCOME Form 1099-B - Sales of stock (also include transaction history). Form 1099-MISC - Miscellaneous income..... Attach Forms 1099 Form 1099-K - Merchant card and third party network payments. . . . Form 1099-S - Sales of real estate (also include closing statements) Attach Forms 1099 Form 1099-G - State tax refunds..... Taxpayer: Form SSA-1099 - Social security benefits..... Attach Forms 1099 Spouse: Form SSA-1099 - Social security benefits..... Attach Forms 1099 **MISCELLANEOUS INCOME** Taxpayer: Alimony received..... Spouse: Alimony received Other:

US **Tax Organizer** 1040 RETIREMENT PLAN CONTRIBUTIONS Amount Amount Taxpayer: Traditional IRA contributions (1=maximum)..... Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)..... Traditional IRA contributions (1=maximum)..... Spouse: Roth IRA contributions (1=maximum)..... Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)..... OTHER GOVERNMENT FORMS - DEDUCTIONS Form 1098-E - Student loan interest **Attach Forms 1098** Form 1098-T - Tuition and related expenses..... AFFORDABLE CARE ACT Form 1095-A - Health Insurance Marketplace Statement..... Attach Forms 1095 Form 1095-C - Employer-Provided Health Insurance Offer and Coverage. ADJUSTMENTS TO INCOME Taxpayer: Self-employed health insurance premiums..... Other adjustments to income: Alimony paid - Recipient name & SSN Spouse: Self-employed health insurance premiums..... Educator expenses..... Other adjustments to income: Alimony paid - Recipient name & SSN MEDICAL AND DENTAL EXPENSES Prescription medicines and drugs..... Doctors, dentists and nurses Hospitals and nursing homes..... Insurance premiums..... Long-term care premiums - taxpayer..... Long-term care premiums - spouse..... Insurance reimbursement Number of medical miles..... Other: TAXES PAID State income taxes - 1/15 payment on 2014 state estimate..... State income taxes - paid with 2014 state extension..... State income taxes - paid with 2014 state return..... State income taxes - paid for prior years and/or to other states. . . .

ORGANIZER Page 3 Tax Organizer US 1040 **TAXES PAID (continued)** Amount Amount City/local income taxes - 1/15 payment on 2014 city/local estimate...... City/local income taxes - paid with 2014 city/local extension..... State and local sales taxes (except autos and special items).....

Use taxes paid on 2015 purchases		
Use taxes paid on 2014 state return		
Sales tax on autos not included above		
Sales taxes paid on boats, aircraft, and other special items		
Real estate taxes - principal residence		
Real estate taxes - property held for investment		
Foreign income taxes		
Personal property taxes (including automobile fees in some states)	Attach Tax Notice	
INTEREST PAID		
Home mortgage interest and points paid:		
	Attach Forms 1098	
	Attach Forms 1030	
Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):		
Points not reported on Form 1098:		·
Mortgage insurance premiums on post 12/31/06 contracts		
Investment interest (interest on margin accounts):		1
The state of the section manging accounts.		
-		
Passive interest		
CASH CONTRIBUTIONS	nor maintains a bank recordate(s), and contribution am	d, or a written communication ount(s).
CASH CONTRIBUTIONS NOTE: No deduction is allowed for cash or check contributions unless the do from the donee, showing the name of the organization, contribution d	nor maintains a bank record ate(s), and contribution am	d, or a written communication ount(s).
CASH CONTRIBUTIONS NOTE: No deduction is allowed for cash or check contributions unless the do from the donee, showing the name of the organization, contribution d	nor maintains a bank recordate(s), and contribution am	d, or a written communication ount(s).
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CASH CONTRIBUTIONS NOTE: No deduction is allowed for cash or check contributions unless the do from the donee, showing the name of the organization, contribution deduction the donee, showing the name of the organization, contribution deduction to the done of the organization, contribution deduction of charitable miles. NONCASH CONTRIBUTIONS NOTE: No deduction is allowed for contributions of clothing and household it a deduction for any item with minimal monetary value may be denied.	ate(s), and contribution ame	ount(s).
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CASH CONTRIBUTIONS NOTE: No deduction is allowed for cash or check contributions unless the do from the donee, showing the name of the organization, contribution devolunteer expenses (out-of-pocket). Number of charitable miles. NONCASH CONTRIBUTIONS NOTE: No deduction is allowed for contributions of clothing and household it a deduction for any item with minimal monetary value may be denied. MISCELLANEOUS DEDUCTIONS Union and professional dues Tax return preparation fee. Safe deposit box rental	ate(s), and contribution ame	ount(s).
CASH CONTRIBUTIONS NOTE: No deduction is allowed for cash or check contributions unless the do from the donee, showing the name of the organization, contribution of the organization of the organizati	ate(s), and contribution ame	ount(s).
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CASH CONTRIBUTIONS NOTE: No deduction is allowed for cash or check contributions unless the do from the donee, showing the name of the organization, contribution of the organization of	ate(s), and contribution ame	ount(s).

ORGANIZER Page **Business Income (Schedule C)** US 1040 No. 16 Please enter all pertinent amounts. Last year's amounts are provided for your reference. **GENERAL INFORMATION** Principal business/profession..... Principal business code..... Business name, if different from Form 1040..... Business address, if different from Form 1040... City, if different from Form 1040..... State, if different from Form 1040..... ZIP code, if different from Form 1040..... Foreign region..... Foreign postal code..... Foreign country..... Employer identification number..... Accounting method: 1=cash, 2=accrual..... Inventory method: 1=cost, 2=lower cost/market, 3=other..... 1=change of inventory method 1=spouse, 2=joint 1=first Schedule C filed for this business..... If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no. . 1=not subject to self-employment tax..... 1=did not "materially participate"..... 1=personal services is not a material income producing factor..... 1=single member limited liability company..... INCOME 2014 Amount 2015 Amount Gross receipts or sales (Form 1099-MISC, box 7)..... Returns and allowances..... Other income: COST OF GOODS SOLD Inventory at beginning of the year Cost of items for personal use..... Cost of labor.....

Cost of items for personal use. Cost of labor. Materials and supplies. Other costs:

Inventory at end of the year.....

1040 US Business Income (Schedule C) (cont.)

No.	

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Please enter all pertinent	amounts. Last year's amounts are provided for your reference.
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EXPENSES	Amount	Amount
Accounting		
Advertising.		
Answering service		
Bad debts from sales or service		
Bank charges		
Car and truck expenses (not entered elsewhere).		
Commissions.		
Contract labor.		
Delivery and freight.		
Dues and subscriptions		
Employee benefit programs		
nsurance (other than health).		
Vortgage interest (paid to banks, etc.).		
Other interest (not entered elsewhere).		
Janitorial.		
aundry and cleaning.		
Legal and professional.		
Miscellaneous		
Office expense		
Outside services.		
Parking and tolls Pension and profit sharing plans - contributions		
Pension and profit sharing plans - admin. and education costs		
Postage.		
Printing.		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other		
Repairs		
Security.		
Supplies		
Faxes - real estate		
Faxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)		
elephone		
「ools		
ravel		
otal meals and entertainment in full (50%)		
Department of Transportation meals in full (80%)		
Jniforms.		
Jtilities		
Vages		
Other expenses:		

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1040 US	Rental & Royalty Income	(Schedule E)	No.	18
Please enter all	pertinent amounts. Last year's an	ounts are provided for	your reference	
GENERAL INFORM	ATION	Amount	Amo	ount
Description of property			Type of Pro	perty
Street address			1 = Single Family R	-
City			2 = Multi-Family Re	esidence
State			3 = Vacation/Short 4 = Commercial	- Ferm Rental
ZIP code			5 = Land	
Type of property (see table).			6 = Royalties 7 = Self-Rental	
Number of days reflect				
Percentage of ownership if not 100% (.xxxx)	1-did n	ot actively participate		
Percentage of tenant occupancy if not 100% (.xxxx).	1=RE prof	ot actively participate		
1=spouse, 2=joint		l other than real estate.		
1=qualified joint venture	1-invoc	tment		
1=nonpassive activity, 2=passive royalty	1=single n	nember limited mpany		
, , , ,	9, did you or will you file all required Form(s) 109	· ·		
	y, and you of this you me an required remitted to			
INCOME		Amount	Amo	ount
Rents or rovalties received				
Advertising	elated only to the rental activity. These include re	ntal agency fees, advertising	, and office supplies	S.
AdvertisingAssociation dues	elated only to the rental activity. These include re	ntal agency fees, advertising	, and office supplies	S.
Advertising	elated only to the rental activity. These include re	ntal agency fees, advertising	, and office supplies	S.
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1040	US	Rental & Royalty Income (Sch. E) (cont.)	No.	18 p2
Please enter a	all pertinent olumn shou	amounts. Last year's amounts ar ld only be used for vacation homes or	re provided for your re less than 100% tenant	ference. The i	ndirect als.
GENERAL II	NFORMAT	TION			
Foreign region					
0					
OIL AND GA	15		Amount	Amo	unt
Production type (p	reparer use or	nly)			
·					
		ount			
		(-1 if none)			
State % depletion	rate or amoun	t, if different (-1 if none)			
VACATION I	HOME				
		al method elected)			
-					
INDIRECT E	XPENSES				
NOTE:Indirect ex	penses are rela	ated to operating or maintaining the dwelling unit surance, and utilities.			
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,		ewhere)			
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• '					
'					
-					
		, etc.)			
		emiums			
		/here)			
Painting and deco	rating				
Plumbing and elec	ctrical				
Repairs					
Supplies					
Taxes - real estate	3				
Taxes - other (not	entered elsew	here)			
Telephone					
Utilities					
-	s				
Other:					1
-					
-					