

2015 TAX PROFORMA/ORGANIZER

This Tax Proforma/Organizer package was designed to assist you in collecting the information we need for the preparation of your 2015 income tax return. The following pages contain many of the common income tax items expenses, deductions and credits. You will also be asked to answer certain questions which will help us determine the best way to handle certain items of income or deduction.

Where appropriate, amounts reported on your 2014 income tax return are listed in the shaded right-hand column. Please take time to completely fill out the pages that apply to you and furnish us with any supporting documentation as required. This will enable us to prepare a complete and accurate income tax return., If you need more space, please attach additional schedules. If you need to include any information not covered by this organizer please provide it on the additional information sheets at the end.

We will also need the following information:

- Copy of your prior year income tax return (if not in our possession).
- Original Form(s) W-2 and 1099-R received from all employers.
- Copies of other compensation, moving expense reimbursement, or pension documentation.
- Form(s) 1099 or other statements reporting interest and dividend income received.
- Form(s) 1099B and any other closing documentation regarding the sale or purchase of assets.
- Schedule K-1 showing your share of income and deductions from partnerships, S corporations, estates and trusts.
- Form(s) 1098, copies of real estate bills, property tax bills, mortgage statements, etc.
- IRS mailing label on which your name, address and social security number have been preprinted.
- Any other information or statements that you received or that you may have questions about.
- CP Notice 28 - Taxable IRA from Roth Rollover.

We hope this Tax Proforma/Organizer will help make your task easier. It will certainly help us evaluate your income tax situation thoroughly and concentrate our efforts in preparing a complete and accurate income tax return.



QUESTIONNAIRE

- Did your marital status change during 2015? Yes No
- Will the address on your 2015 Federal return be different from the one shown on your 2014 return? Yes No
If YES, enter the New Address:
- Street: _____
- City: _____ State: _____ Zip Code: _____
- Did you receive an Advance Child Tax Credit Rebate in 2015? Yes No
- If so, please enter amount: \$ _____
- Were you notified by the Internal Revenue Service or any other taxing authority of changes to a prior year tax return? (if YES, please enclose report notifying you of the change(s).) Yes No
- Are you aware of any changes to your income, deductions and credits reported on a prior year return? Yes No
- Did you sell and/or purchase a principal residence in 2015? Yes No
- Did you receive any insurance or other reimbursement from a prior year medical, casualty, or theft loss deduction? Yes No
- Do you have any dependent children under 14 who received unearned income (interest, dividends, investment income) of over \$1,400? Yes No
- If YES, and if your child qualifies, do you elect to report your child's interest and dividends in your income tax return? Yes No
- Did you or your spouse receive stock from an employers stock bonus plan (do not include amounts reported on Form W-2)? Yes No
- Did you buy or sell any bonds during the year? (if YES, please provide a copy of the brokers report.)
- Did you start a new business during 2015? Yes No
- Did you receive payments from a pension or profit-sharing plan? Yes No
- Did you sell business or personal property(ies) on the installment method, OR did you receive payments, from an installment sale? (if YES, please provide details) Yes No
- Did you surrender any U.S. Savings Bonds during 2015? Yes No
- Did you use the proceeds from Series EE U.S. Savings Bonds purchased after 1989 to pay for higher education expenses? Yes No
- Did you receive tip income NOT reported to your employer? Yes No
- Did you receive any tax-exempt interest? Yes No
- Did you obtain a loan and use the proceeds for an investment? Yes No

QUESTIONNAIRE

- If employed, are you covered under a pension, profit-sharing, stock bonus or other retirement plan? Yes No
- Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? Yes No
- Did you rollover any amount from a Traditional IRA to a Roth IRA during 2009, 2014, or 2015? Yes No
- Did you receive any disability payments this year? Yes No
- If either you or your spouse are self-employed, are either of you covered under an employer's health plan at another job? Yes No
- Did you have foreign income or pay any foreign taxes in 2015? Yes No
- Did you sell property or equipment on installment in 2015? Yes No
- Did you have any business related educational expenses?..... Yes No
- Did you make gifts of more than \$11,000 to any individual? Yes No
- Did you make gifts to a trust? Yes No
- Did you suffer an uninsured casualty of theft loss on a non-business property? Yes No
- Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are paid to beneficiaries named by you? Yes No
- Did you receive any income not included in the Tax Organizer? Yes No
- Did you pay any qualifying education expenses for yourself or any dependents? Yes No

NOTES: _____

Please make certain to report all income received in 2015. If you received income that is not included in this proforma organizer, attach a schedule listing the income received. Also, describe the nature of the income received (type of income, how received, etc.

1099/Misc INCOME

Miscellaneous Income

Box	Description	Payer 1	Payer 2	Payer 3	Payer 4
	Taxpayer Spouse				
	Payers Name				
1	Rents				
2	Royalties				
3	Other Income				
4	Federal Income Tax Withheld				
7	NonEmployee Compensation				
8	Substitute Payments				
11	State Income Tax Withheld				

Box	Description	Payer 5	Payer 6	Payer 7	Payer 8
	Taxpayer Spouse				
	Payers Name				
1	Rents				
2	Royalties				
3	Other Income				
4	Federal Income Tax Withheld				
7	NonEmployee Compensation				
8	Substitute Payments				
11	State Income Tax Withheld				

Number of 1099/Misc Attached: _____

NOTES : _____

PENSIONS, IRAs, LUMP-SUM DISTRIBUTIONS, GAMBLING

Please Enclose Copies of ALL 2015 - 1099R and W2G Forms.

Taxpayer Spouse Name of Payer	2014 Total	2015 Total	Taxable Amount	Federal Withheld	State	State Taxable	State Withheld	I = IRA D = Disabled P = Pension O = Other

ESTIMATED TAX PAYMENTS

Taxpayer Spouse Joint	2014 Refund Applied to 2015	1st Payment		2nd Payment		3rd Payment		4th Payment	
		Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Federal									
State									
Other									

OTHER INCOME	TAXPAYER		SPOUSE	
	2014	2015	2014	2015

State Refund				
Unemployment Received				
Federal Withheld				
State Withheld				
Railroad Unemployment Received				
Railroad Retirement Tier 1 Received				
Social Security Received on SSA-1099 Box 5				
Medicare Premiums Withheld				
Alimony Received				
Other Income				

ADJUSTMENT TO INCOME

IRA Contribution				
Self-Employed Health Insurance				
Keogh/SEP Contribution				
Early Withdrawal Penalty (Interest Forfeiture)				
Alimony Paid				
Student Loan Interest				
Moving Expense				
Other Adjustments to Income				

PROFIT or (LOSS) from BUSINESS or PROFESSION

If you operated more than one business, or if you and your spouse had separate businesses, please complete a separate schedule for each business.

Business Name and Address: _____

Principal Business or Profession: _____ Business Number: _____

Primary Owner of Business: _____ Taxpayer Spouse

Was the Business Acquired after 10/22/86? _____ Yes No

Business Code: _____ Employer Tax ID Number: _____

Methods Used to Value Closing Inventory: Cost Lower of Cost or Market Other (specify): _____ N/A

Accounting Method Used: Cash Accrual Other (specify): _____

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

If yes, please explain: _____

Are you deducting expenses for the business use of your home? _____ Yes No

Did you materially participate in the operation of the business in 2015? _____ Yes No

Are you claiming any deduction, loss, credit, other tax benefit, or income interest purchased or otherwise acquired in a tax shelter required to be registered? _____ Yes No

Is this the first schedule registered for this business? _____ Yes No

Check the box that best describes your investment in this business activity: _____ All Investment is at Risk. Some Investment is at Risk.

INCOME	2015	2014
Gross Receipts or Sales		
Sales Returns and Allowances		
Other Income		
COST of GOODS SOLD	2015	2014
Inventory at the Beginning of the Year		
Purchases (less cost of items withdrawn for personal use)		
Cost of Labor (exclude salary paid to yourself)		
Materials and Supplies		
Other Costs		
Inventory at the End of the Year		
DEDUCTIONS	2015	2014
Advertising		
Bad Debts from Sales and Services		
Car and Truck Expenses		
Commissions and Fees		
Depletion		
Depreciation and Sec 179 Deduction (not included in the cost of goods sold)		
Employee Benefit Programs		
Freight (not included in the cost of goods sold)		
Insurance (other than health)		
Mortgage Interest (paid to banks, etc.)		
Other Interest		
Legal and Professional Services		
Office Expenses		
Pension and Profit-Sharing Plans		
Rent on Machinery and Equipment		
Rent on other Business Property		
Repairs and Maintenance		
Supplies (not included in the cost of goods)		
Taxes and Licenses		
Travel		
Meals and Entertainment		
Utilities and Telephone		
Wages Less Jobs Credit (exclude salary paid to yourself)		
Other Expenses (list type and amount)		

EXPENSES for BUSINESS USE of HOME

Area used exclusively for business:

Total area of home:

Number of hours per day that Day Care facility was used:

Number of days that Day Care facility was used:

EXPENSES	2015	2014
Casualty Losses - Direct		
Deductible Mortgage Interest - Direct		
Real Estate Taxes - Direct		
Excess Mortgage Interest - Direct		
Utilities - Direct		
Maintenance and Repair - Direct		
Rent - Direct		
Insurance - Direct		
Other Expenses - Direct		
Casualty Losses - Indirect		
Deductible Mortgage Interest - Indirect		
Real Estate Taxes - Indirect		
Excess Mortgage Interest - Indirect		
Utilities - Indirect		
Maintenance and Repair - Indirect		
Rent - Indirect		
Insurance - Indirect		
Other Expenses - Indirect		
Prior Year Operating Expense Carryover		
Prior Year Excess Casualty & Depreciation Carryover		

DEPRECIATION of YOUR HOME

Date Home First Used for Business: / /

Smaller of Homes Adjusted Basis of FMV:

Value of Land included in amount above:

RENT and ROYALTY INCOME

Property Number:

Description and Location: _____

Primary Owner of Property: Taxpayer Spouse Joint

Is this a rental property? Yes No

If "Yes", was the property used for personal purposes during the tax year? Yes No

If "Yes", please complete the information below:

Number of days the property was occupied by you, a member of the family, or any individual not paying rent at the fair market value + _____

Number of days the property was actually rented at the fair market value + _____

Number of days the property was not occupied + _____

TOTAL days of the tax year = 365

Did you actively participate in the operation of the rental property during 2015? Yes No

If "Yes", did you materially participate? Yes No

Was the property acquired before 10/22/86? Yes No

INCOME	2015	2014
Rent Received		
Royalties Received		
COST of GOODS SOLD	2015	2014
Advertising		
Auto and Travel		
Cleaning and Maintenance		
Commissions		
Insurance		
Legal and Other Professional Fees		
Mortgage Interest Paid to Banks		
Other Interest		
Repairs		
Supplies		
Taxes		
Utilities		
Management Fees		
Depreciation or Depletion Expenses		
Other Expenses		

FARM INCOME and EXPENSES (Cash or Accrual)

Primary Owner of Property: Taxpayer Spouse Joint Principal Product: _____

Employer ID Number: _____ Agricultural Activity Code: _____ Accounting Method: Cash Accrual

Did you materially participate in the Farm Operation in 2015? Yes No

Check the box that best describes your investment in this business activity: All Investment is at Risk. Some Investment is at Risk.

FARM INCOME (Cash Method)	2015	2014
Sales of Livestock and Other Items bought for resale		
Cost of Other Basis of Livestock and other products raised		
Sales of Livestock, Produce, Grains, and other products raised		
Total Cooperative Distributions received (from Form(s) 1099-PATR)		
Taxable Amount		
Total Agricultural Program Payments		
Taxable Amount		
Commodity Credit Corporation (CCC) Loans reported under election		
CCC Loans Forfeited or Repaid with Certificates		
Taxable Amount		
Crop Insurance Proceeds and Certain Disaster Payments received in 2015		
Taxable Amount		
Custom Hire (machine work) Income		
Other Income (including Federal and State Gasoline or Fuel Tax Credit or Refund)		
FARM INCOME (Accrual Method)	2015	2014
Sales of Livestock, Produce, Grains, and other products during 2015		
Total Cooperative Distributions received (from Form(s) 1099-PATR)		
Taxable Amount		
Total Agricultural Program Payments		
Taxable Amount		
Commodity Credit Corporation (CCC) Loans reported under election		
CCC Loans Forfeited or Repaid with Certificates		
Taxable Amount		
Crop Insurance Proceeds		
Custom Hire (machine work) Income		
Other Income (including Federal and State Gasoline or Fuel Tax Credit or Refund)		
Cost of Goods Sold:		
Beginning Inventory of Livestock, Produce, Grains, and other products		
Cost of Livestock, Produce, Grains, and other products purchased during 2015		
Ending Inventory of Livestock, Produce, Grains, and other products		

FARM INCOME and EXPENSES (Cash and Accrual)

Primary Owner of Property: Taxpayer Spouse Joint Principal Product: _____

Employer ID Number: _____ Agricultural Activity Code: _____ Accounting Method: Cash Accrual

Did you materially participate in the Farm Operation in 2015? Yes No

Check the box that best describes your investment in this business activity: All Investment is at Risk. Some Investment is at Risk.

FARM DEDUCTIONS (Cash and Accrual Methods)	2015	2014
Car and Truck		
Chemicals		
Conservations Expenses (Form 8645)		
Custom Hire (machine work)		
Depreciation and Section 179 Expense Deduction not claimed elsewhere		
Employee Benefit Programs (exclude Pension and Profit-Sharing Plans)		
Feed Purchased		
Fertilizers and Lime		
Freight and Trucking		
Gasoline, Fuel, Oil		
Insurance (other than health)		
Interest (describe)		
Labor Hired (less job credit)		
Employee Pension and Profit-Sharing Plans		
Machinery and Equipment Rent or Lease		
Other Rent and Lease (Land, Animals, etc.)		
Repairs and Maintenance		
Seeds and Plants Purchased		
Storage and Warehousing		
Supplies Purchased		
Taxes		
Utilities		
Veterinary Fees and Medication		
Other Expenses		

Schedule A - ITEMIZED DEDUCTIONS

MEDICAL EXPENSES	2014	2015	GIFTS TO CHARITY	2014	2015
Medical Insurance			Cash Contributions		
Doctors/Dentist					
Prescriptions			Cash Contributions from K-1		
X-rays, Lab Work, etc.			NonCash Contributions over \$500		
Nursing Help					
Hospital Care					
Alcohol/Drug Rehab					
Glasses, Hearing Aids			NonCash less than \$500		
Other Medical			Charitable Miles		
			CASUALTY & THEFTS		
			MISCELLANEOUS		
			Tax Prep		
Number of Miles for Medical			Safe Deposit Box		
TAXES	2014	2015	Investment Fees		
State Tax Withheld			Other Miscellaneous		
Prior year State Taxes Paid 2015					
State Estimates Paid in 2015					
Real Estate Taxes			BUSINESS EXPENSES		
Person Property Taxes			Union Dues		
Other Taxes			Job Search Expenses		
			Uniforms		
			Small Tools		
INTEREST	2014	2015	Job Supplies		
Home Mortgage Interest on F1098			Other Business (see next page)		
Mortgage Interest not on F1098					
Name			Federal Estate Tax for Decedent		
Address			Gambling Loss to Extent		
ID#			Gambling Winnings		
Points not on F1098			Other		
Investment Interest					

EMPLOYEE BUSINESS EXPENSES

Complete this form only if you are claiming job expenses for travel, transportation, meals, and entertainment. If both you and your spouse are reporting expenses attributable to your jobs, complete a separate schedule for yourself and your spouse.

If you are claiming job expenses that are not for travel, meals, and entertainment, and you were not reimbursed for these expenses by your employer, list the expenses under Miscellaneous Deductions. Examples of these expenses are:

educational, expenses, uniforms, union dues, home office.

Employee business expenses for Taxpayer (=T) or Spouse (=S) ? _____

Occupation in which expenses were incurred: _____

Tax laws allow for a deduction for expenses for travel, meals, lodging, entertainment and certain business gift.

These expenses must be related to your trade or business and must be supported by adequate records. Your records must include the following information:

(1) Amount; (2) Time and place of travel; (3) Date and description of gift; (4) Business purpose; (5) Business relationship to the person being entertained or receiving the gift.

Do you have records as described above for business expenses to be deducted ? Yes No

BUSINESS EXPENSES	Vehicle 1	Vehicle 2
Travel Expenses that did not involve overnight travel:		
Parking Fees, Tolls, Local Transportation (bus, taxi, train, etc.)		
Travel Expenses while away from home (exclude meals and entertainment)		
Meals and Entertainment Expenses		
Other Business Expenses:		
Reimbursements by your employer on your W-2 (Box 13, Code L):		
for other than Meals and Entertainment		
for Meals and Entertainment		
Reimbursements by your employer NOT reported on your W-2:		
for other than Meals and Entertainment		
for Meals and Entertainment		

Did you dispose of a vehicle used for business during 2015? Yes No

Did you or your spouse have another vehicle available for personal purposes? Yes No

If your employer provided you with a vehicle, is your personal use during off duty hours permitted? N/A Yes No

Do you have evidence to support your vehicle expenses? Yes No

If "Yes", is this evidence in writing? Yes No

DESCRIPTION	Vehicle 1	Vehicle 2
GENERAL INFORMATION:		
Date you first started using your car		
Total miles driven during 2015		
Total miles driven for business (exclude commuting miles)		
Average daily round trip commuting distance		
Total commuting miles to and from work during 2015		
VEHICLE EXPENSES:		
Gasoline, Oil, Repairs, Insurance, etc.		
Vehicle Rentals		
Value of Employer Provided Vehicle (if included on W-2)		
Depreciation: Cost or Other Basis		
Depreciation Method		
Depreciation Deduction		
Section 179 Deduction		

CHILD and DEPENDENT CARE EXPENSES

Complete this form only if:

- You paid someone to care for a child under 13 or a disabled spouse or dependent so that you are able to go to or look for work, and/or
- You received dependent care benefits from an employer-paid dependent care assistance program.

Did you pay \$1400 or more in a calendar year to an individual for dependent care services performed in your home? Yes No

If "YES", please provide a copy of Form W-2.

Did you receive a reimbursement for dependent care expenses from your employers dependent care assistance program? Yes No

If "YES", enter the amount:

- a) Received from your employer: _____
- b) Received from your spouses employer: _____

PERSONS or ORGANIZATIONS Who Provided Care

Name	Address	ID Number SSN or EIN	Amount Paid

CHILD and DEPENDENT CARE EXPENSES	2015	2014
Number of Qualifying Persons Cared for		
Child and Dependent Care Expenses Incurred and actually paid in 2014		
Child and Dependent Care Expenses for 2014, but paid for in 2015		

EDUCATION TAX CREDIT and EDUCATION IRAs

Complete this form only if:

- You paid qualified tuition and related expenses and fees required for enrollment or attendance at an eligible education institution.

Did you receive a reimbursement for educational expenses from your employers? Yes No

If "YES", enter the amount:

- a) Received from your employer: _____
- b) Received from your spouses employer: _____

Name of Student	Social Security Number	Prepaid Expenses	Amount Paid

SALES and EXCHANGES

Did you exchange any securities for other securities or any investment property for property of a like kind? Yes No

Have you acquired stock or securities substantially identical to stock or securities sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale?..... Yes No

Did you engage in any transactions involving traded options?..... Yes No

Did you engage in transactions involving commodity future contracts and straddle positions?..... Yes No

Please attach all Forms 1099-B and 1099-S or equivalent statements reporting the sales of stocks, bonds, etc. during 2015.

ASSETS HELD for LESS THAN ONE YEAR

Property Description	Date Acquired	Date Sold	Sales Price	Cost or Basis
List Sales of Stocks, Bonds, and Other Securities (Form 1099-B Transactions)				

List Other Transaction (include Real Estate Transactions from Form 1099-S)

ASSETS HELD for MORE THAN ONE YEAR

Property Description	Date Acquired	Date Sold	Sales Price	Cost or Basis
List Sales of Stocks, Bonds, and Other Securities (Form 1099-B Transactions)				

List Other Transaction (include Real Estate Transactions from Form 1099-S)

INSTALLMENT SALE INCOME

Property Description: _____

Date Acquired: _____

Date Sold: _____

Gross Sales Price: _____

Cost or Other Basis: _____

Depreciation Allowed or Allowable: _____

Commission and Expenses of Sale: _____

Gross Profit Percentage (from prior year sale only): _____

Payments Received in 2015:

Principal: Received before May 5, 2015: _____ Received after May 5, 2015: _____

Interest: _____

Total: _____

Was property sold to a related party? Yes No

Property Description: _____

Date Acquired: _____

Date Sold: _____

Gross Sales Price: _____

Cost or Other Basis: _____

Depreciation Allowed or Allowable: _____

Commission and Expenses of Sale: _____

Gross Profit Percentage (from prior year sale only): _____

Payments Received in 2015:

Principal: Received before May 5, 2015: _____ Received after May 5, 2015: _____

Interest: _____

Total: _____

Was property sold to a related party? Yes No

