

CLIENT Tax Organizer for Tax Year 2015

**Compliments of:
Accounting, Tax & Financial
Services of Sedona
Michelle Kane Griefenberg, E.A.
Phone: (928) 284-2057
Toll-free Fax: (844) 272-6841**

Name:
 Taxpayer _____ SS No. _____ Birthdate/Age _____
 Spouse _____ SS No. _____ Birthdate/Age _____
 Address: _____ Telephone (Home) (____) _____
 _____ Telephone (Work) (____) _____
Cell Phone: Taxpayer _____ Spouse _____
Email Address: Taxpayer _____ Spouse _____
Occupation: Taxpayer _____ Spouse _____
Check One: Single Married Filing Joint Surviving Widow/Widower
 Married Filing Separately (enter spouse's name/SS No. Above) Unmarried Head of Household

Dependents

Name	Birthdate/ Age	Social Security Number*	Relationship	No. of Months lived in your home in 2015	No. of Months of Qualifying Healthcare Coverage

***A personal exemption is disallowed for any dependent unless the Social Security number is provided on the tax return.**
 Members of your family attending college may make you eligible for an American Opportunity Credit, Lifetime Learning Credit, or Tuition and Fees Deduction. # Students _____
Taxpayer: 65 or over Blind/Disabled **Spouse:** 65 or over Blind/Disabled

The checklist below could lead to helpful deductions. Please answer and provide supporting information. **All questions below pertain to the year 2015.**

- YES NO**
- Did you receive any employer-provided educational assistance? \$ _____
 - Did you incur any educational expenses on behalf of yourself, your spouse, or a dependent?
 - Did you contribute to a Qualified State Tuition Plan?
 - If you are an educator, did you have unreimbursed work-related expenses? Amount: \$ _____
 - Do you or your spouse have any kind of pension, profit-sharing, 401K, Retirement, Keogh, IRA, Roth or tax sheltered annuity plan? If yes, please circle above which ones.
 - If yes, were you or your spouse at least 70 ½ years of age on Dec. 31st?
 - Did you withdraw IRA or Keogh funds during the year? If so, please indicate the amount of funds:
 Withdrawn: \$ _____ Date: _____ Re-deposited: \$ _____ Date: _____
 Were any funds withheld? Yes No Amount: \$ _____
 Were the withdrawn funds used to pay medical expenses? Yes No
 - Were you called to active duty before you withdrew the amounts?
 - If you are self-employed, did you pay health insurance premiums for yourself and your family?
 Amount: \$ _____
 - Did you pay alimony? If yes, paid to: _____
 SS no.: _____ Amount Paid: \$ _____
 - Did you receive alimony, if so how much? \$ _____

YES NO

- Did you have any adoption expenses? \$ _____
- Did you receive gifts in excess of \$15,601 from a foreign entity?
- Did you receive gifts in excess of \$100,000 from a foreign person?
- Did your college student receive educational benefits under a prepaid tuition program?
- Do you wish to designate \$3 of your taxes to the Presidential Campaign Fund?
- Did you receive an advance child tax credit payment? If yes, how much? \$ _____
- Have you ever qualified for the Earned Income Tax Credit?
- Did you purchase an alternative fuel motor vehicle?
- Did you have a casualty of theft loss? If so, attach itemized list (including original cost and the value on date of loss), insurance information regarding coverage, reimbursement and police report.
- Did you make qualified energy improvements, such as energy efficient windows, doors, or metal roofs?
- Did you purchase alternative energy sources for your personal residence, such as solar water heaters, solar electric equipment, geothermal heat pumps or wind turbines and fuel cell plants?
- Did you have a property foreclosed on, have a short sale, or relinquish a property in lieu of foreclosure?
- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of 2015 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

If you or any member of your family did **NOT** have coverage all year, indicate the # of months of coverage for each person in the dependent section at the beginning of this organizer.
- Did anyone in your family qualify for an exemption from the health care coverage mandate?
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received.

Estimated Tax Payments

	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter		TOTAL
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	
Federal									
State									
City									

Wage Income

Employer's Name	T or S	Wages	Federal W/H	FICA	Medicare	State W/H	City W/H

Retirement Benefits Received (Enclose all 1099R Forms)

Payer	T or S	Amount	Plan Type

Payer	T or S	Amount	Plan Type

Interest Income (Enclose all 1099-INT Forms)

Payer	T or S	Amount		Seller Financed Mortgage		Early Withdrawal Penalty		Tax Exempt (Y or N)

Total Municipal Bond Interest Earned in 2015: \$ _____

For seller financed mortgage: Buyer's name, Social Security number and addresses: _____

Dividend Income (Enclose all 1099-DIV Forms)

Payer	T or S	Total Amount		Qualified Dividends		Capital Gain Dist.		Non-Taxable	

Do you have funds in a foreign account? Yes No

Did you have any stock sales in 2015? If yes, submit all 1099B forms. Yes No

Installment Sale Payments Received: Interest \$ _____ Principal \$ _____

Buyer's name: _____ SS # _____ Address: _____

Other Benefits/Income Received (Enclose all 1099, SSA-1099, K-1s and other Misc. Forms)

	Social Security	Unemployment	Alimony	State Refund	Other
Taxpayer					
Spouse					

Capital Assets Sold (Securities, Real Estate, etc.) Attach Forms 1099B and 1099S

Description of Property	Date		Sale Price	Depreciation Taken (if applicable)	Cost or Basis	
	Acquired	Sold				

*To qualify for long term capital gain rates, assets sold must have been held for more than one year.

Rental Income (Attach 1099 Forms)

Property Description																		
Gross Income																		
Expenses																		
Advertising																		
Auto & Travel																		
Cleaning & Maintenance																		
Commissions																		
Insurance																		
Professional Fees																		
Mortgage Interest																		
Other Interest																		
Repairs																		
Supplies																		
Taxes																		
Utilities																		
Wages/Schedule																		
% Occupancy by Taxpayer																		

Depreciable Asset Additions

For Schedule C, E, F, 2106	Description	Date Purchased	Cost	Trade-In (if any)

Improvements to Personal Residence Note: If you refinanced your home this year, please bring a copy of your closing statement.

For Schedule C, E, F, 2106	Description	Date Purchased	Cost

Business Income (Attach 1099-MISC Forms)

Business Name _____
Federal ID No. _____
Principal Business Activity _____
Principal Product _____
Method Used to Value Inventory _____
Accounting Method: Cash Accrual

Gross Income **Amount**

Gross Income..... _____
Less Returns/Allowances..... _____

Cost of Sales

Beginning Inventory..... _____
Purchases..... _____
Cost of Labor..... _____
Materials and Supplies..... _____
Freight In..... _____
Other..... _____
Ending Inventory..... _____

Deductions

Advertising..... _____
Auto-Truck Expense..... _____
Bad Debts..... _____
Collection Expense..... _____
Commissions..... _____
Professional Dues & Subscriptions.. _____
Employee Benefit Program..... _____
Freight & Express..... _____
Utilities..... _____
Insurance..... _____
Interest—Mortgage..... _____
Interest—Other..... _____
Janitorial & Cleaning..... _____
Laundry..... _____
Legal & Accounting Fees..... _____
Office Expense..... _____
Postage..... _____
Rent..... _____
Repairs..... _____
Salaries..... _____
Supplies..... _____
Telephone..... _____
Travel..... _____
Total Meals & Entertainment..... _____
..... _____
..... _____

Farm Income (Attach 1099 Forms)

Farm Name _____
Principal Activity _____
Accounting Method: Cash Accrual

Income

Sales of Items Bought for Resale..... _____
Cost of Items Bought for Resale..... _____

Sales of Livestock & Produce Raised Except for Breeding Stock

Feeders & Calves..... _____
Pigs & Sheep..... _____
Poultry & Eggs..... _____
Dairy Products..... _____
Corn, Peas, etc..... _____
Wheat, Oats, Hay & Straw..... _____
Fruit..... _____
Patronage Dividends..... _____
Agricultural Program Payments..... _____
Commodity Credit Loans Neglected... _____
CCC Loans: Forfeited..... _____
 Repaid with Certificates..... _____
Crop Insurance Proceeds..... _____
Federal Gasoline Tax Credit..... _____
Other..... _____

Deductions

Breeding Fees..... _____
Chemicals..... _____
Conservation Expenses..... _____
Custom Hire (Machine Work)..... _____
Employee Benefits Programs..... _____
Feed Purchased..... _____
Fertilizers & Lime..... _____
Freight & Trucking..... _____
Gasoline, Fuel, Oil..... _____
Insurance..... _____
Interest—Mortgage..... _____
Interest—Other..... _____
Labor Hired..... _____
Pension & Profit Sharing Plans..... _____
Rent of Farm, Pasture..... _____
Repairs, Maintenance..... _____
Seeds, Plants Purchased..... _____
Storage, Warehousing..... _____
Supplies Purchased..... _____
Taxes..... _____
Utilities..... _____
Veterinary Fees, Medicine..... _____
..... _____
..... _____

Did you have business start-up costs in 2015? Yes No
If so, was the business running by the end of 2015? Yes No
Did you have income (or loss) on K-1 from Partnership, LLC, S Corp., Estate or Trust in 2015? Provide all copies of K-1.

Business Use of Home

Total Area of Home: _____ sq. ft. Total area Used for Business: _____ sq. ft.
Nature of Business Activity Performed in Home: _____
Was Another Office Available to You Outside the Home? Yes No

Non-Exclusive Use by Day Care Providers Only:

Hours/Day Used for Day Care: _____ Days/Year Used for Day Care: _____

Retirement Contributions for 2015 Do you want to make any nondeductible IRA contributions? Yes No

	Taxpayer	Spouse
IRA or Roth, Specify		
SEP		
Keogh		
Other:		

Personal Itemized Deductions

Medical	Amount
Prescription Drugs.....	
Medical Insurance Premiums.....	
Long Term Care Ins. Premiums.....	
Medicare Premiums.....	
Doctors/Dentists.....	
Clinic/Lab Tests.....	
Hospitals.....	
Eyeglasses/Hearing Aids.....	
Orthopedic Shoes/Braces.....	
Medical Long Distance Phone.....	
Other.....	
_____ Miles.....	
Fares: Taxi, Bus, etc.....	
Do you have a medical savings acct.?	

Interest

Deductible Home Mortgage Interest Paid to Financial Institutions.....	
Home Equity Interest.....	
Deductible Home Mortgage Interest Paid to Individuals:*	
Name Address:*	
Social Security No.:*	
*Failure to provide is subject to a \$50 penalty.	
Deductible Points (Include Amortization Points from Prior Years).....	
Investment Interest (list).....	
.....	
.....	
.....	

Taxes

Real Estate.....	
Personal Property.....	
State & Local Income Tax.....	
State & Local General Sales Tax.*.....	
.....	

*Not yet extended

Charitable Contributions

Cash Contributions*.....	
.....	
.....	
.....	
Other Than Cash Contributions.....	
.....	
.....	
_____ Miles for Charity.....	

*Contributions of \$250 or more require written substantiation from the organizations.

Miscellaneous Deductions Subject to 2% AGI

Unreimbursed Employee Business Expense.....	
Union & Professional Dues.....	
Safe Deposit Box Rental.....	
Tax Return Preparation Fee.....	
Business Publications.....	
Business Telephone Calls.....	
Tools, Supplies, Equipment.....	
Employment-Related Education.....	
Investment Expenses.....	
Other.....	

Miscellaneous Deductions Not Subject to 2% AGI

Gambling Losses (limited to winnings)..	
.....	
.....	

Household Employee Information

Household Employer EIN: _____
 Did you pay any one household employee \$1,900 or more in 2015? Yes No
 Did you withhold Federal income tax during 2015 at the request of any household employee? Yes No
 Did you pay total cash wages of \$1,000 in any calendar quarter of 2015 to household employees? Yes No
 Was the employee under age 18? Yes No Student? Yes No
 Do you have a Form I-9 on file for your household employee? Yes No
 Household Employee Name: _____ Social Security Number: _____
 Address: _____

Gross Wages	FITW	SS Withheld	Employer Share FICA	Advance EIC	FUTA	State Unemployment

Moving Expenses

Enter No. of miles from your old home to your *new* workplace _____
 Enter No. of miles from your old home to your *old* workplace _____
 Date of Move _____ Arrival at New Location _____

Amount	Amount
Cost to Ship and Pack Household Goods...	Reimbursements (on W-2)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cost to Travel to New Home.....	Other: _____
Cost of Lodging during Move.....	

Employee Business Expense

Travel Expense	Amount
Air Fares.....	
Auto Rentals.....	
Entertainment.....	
Garage.....	
Hotel/Motel.....	
Meals.....	
Parking.....	
Postage.....	

	Amount
Road Tolls.....	
Taxi, Subway.....	
Telephone, Telegraph.....	
Tips.....	
Other.....	

Automobile Expense

Total Miles Driven	Car 1	Car 2
Total Mileage		
Business Mileage		
Business Use %		
Average Daily Commuting		
Written Records Available	Y/N	Y/N
Is another vehicle available for personal use?	Y/N	Y/N
Is an employer-provided vehicle available for personal use?	Y/N	Y/N

	Car 1	Car 2
Actual Automobile Expenses		
Gas & Oil		
Insurance		
Licenses		
Lubrication		
Repairs		
Tires, Tire Repair		
Wash		
Other:		

Child Care Deductions (Number of Dependents Qualifying: _____)

Provider's Name & Address (Include Individual's Name and/or Org. Name)	SS No. or Federal ID	Amount

Did you receive employer-provided dependent care assistance benefits? Yes No Amount: \$ _____

Sale of Personal Residence (Attach copy of closing/settlement statement)

Date Old Residence Acquired	<i>Cost or Basis of Old Residence</i>
Cost of Improvements (landscaping, driveway, roof, etc.)	
Date Old Residence Sold	<i>Selling Price</i>
Expenses of Sale (commissions, legal fees, points, deed stamps, etc.)	
Was any part of residence rented or used for business?	
Was it your principal place of residence for 2 of the last 5 years, ending on date of sale?	
Date New Residence Acquired (or construction began)	
Date you occupied new residence	<i>Cost of New Residence</i>
If married do you and/or your spouse meet the ownership and residence requirements?	

Do you wish to designate your tax preparer or someone else to be contacted by the IRS in case any questions arise regarding your tax return? If yes, name the person. Yes No _____

To the best of my knowledge the enclosed information is correct and includes all income deductions and other information necessary for the preparation of this year's income tax returns for which I have adequate contemporaneous records.

Signature

Date