

Prepared By:

Watson CPA Group
9475 Briar Village Pt Ste 325
Colorado Springs, CO 80920-7907

Prepared For:

2015 Client Organizer

From:

To:

Watson CPA Group
9475 Briar Village Pt Ste 325
Colorado Springs, CO 80920-7907
|||||

2015 Client Organizer

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature _____ Date _____

Spouse signature _____ Date _____

Thanks for contacting us- we value your continued trust and loyalty. Everyone at the **Watson CPA Group** is excited to be working with you again.

Even as a returning client, we encourage you to read this cover letter in its entirety- we know it is long and arduous, but we feel like everything detailed here is important. Might be easier just to click Print :)

Client Engagement Agreement

In the past we've not been as stringent on engagement agreements. However, the IRS, American Institute of Certified Public Accountants (AICPA), ethical guidelines and our professional liability insurance now require client engagement agreements. They can be demanding that way. Please click on the link below to electronically review and sign this agreement.

www.watsoncpagroup.com/engagement

It is easy and painless, and typically needs to be submitted prior to the preparation of your tax returns.

Documents Organizer, Tax Questionnaire, Checklist

Your pre-filled tax organizer follows this cover letter. You DO NOT have to complete nor return this tax organizer. Use it as a tool- either as a memory jog or a checklist.

In the meantime, we have online submit forms where you can enter things like dependents, charity, small biz expenses, etc. through our website. This information is securely sent to us and will eventually be loaded into your client portal. Please review our checklists, online submit forms and tax questionnaire at-

www.watsoncpagroup.com/taxes

We created these checklists, forms and questionnaire to ensure your tax returns are efficiently and comprehensively prepared. Please don't overlook the tax questionnaire- this is a great way to ensure we are preparing the best possible tax return for you.

Client Portal

If you are familiar with our client portal system, you may use it again to upload your tax documents. You can also get a new temporary password sent to you by using the <reset password> option, or you can have us reset it as well (and we'll resend the login instructions). The client portal may be reached at-

www.watsoncpagroup.sharefile.com

If you decide to fax your tax documents, our tax team fax number is 719-453-0256. You can also use our toll-free main fax number of 855-345-9700. All faxes will be saved in your client portal as well.

If scanning or faxing is not going to work for you, our mailing address is-

The Watson CPA Group
9475 Briar Village Point Suite 325
Colorado Springs CO 80920

Copies, Please

The ability to maintain our competitive fees relies on receiving soft copies (faxes, scans, emails) or hard copies of your originals. If you send us original documents, and do not want them returned to you we will maintain them in our office for seven years. If you want originals sent back to you, we must charge a \$25 fee for the costs of copying and mailing. We do not have a lot of resources during tax season- we can only return originals in May.

All tax documents and work papers that you provide as hard copies will be scanned and uploaded to your client portal.

Use Our Forms, Please

Similar to our kind request for copies, we also encourage the use of our online submit forms to detail your medical expenses, charitable contributions, job related expenses, rental property expenses, small business, etc.

You will find our forms very short and concise, and in general they will help ensure that your tax returns are comprehensive.

Our past experience has shown that errors and misunderstandings come from scribbled notes and the like. While you are telling us about your favorite food, we hear green is your favorite color. So, everyone wins if we can efficiently and accurately process your tax information during the preparation of your tax returns.

Having said that, if you want us to tally or summarize notes and receipts into our forms, we must charge \$65 per hour for this preparation.

Contact Info

The tax team consists of four managers, including several seasoned tax professionals and admins. Here is the contact information for your Tax Pod-

Pod A is managed by Tina Watson, and primarily focuses on partnership and corporate tax returns, including complicated individual tax returns.

Tina Watson, CPA, MBA

Senior Partner

719-428-3257 direct

tina@watsoncpagroup.com

Pod A's Distro- poda@watsoncpagroup.com

Pod B is seasonally managed by Jason Watson, and primarily focuses on flight crew and small business owners.

Jason Watson, EA, MBA

Small Biz Consultant

719-428-3261 direct

jason@watsonbizconsulting.com

Pod B's Distro- podb@watsoncpagroup.com

Financial Advisor Conflict: Jason is also a Financial Advisor for Waddell & Reed. Due to pesky regulatory rules and interpretations, he had to resign as Managing Partner for Watson CPA Group. He remains collaborative with the Watson CPA Group team and supporting staff, including other financial advisors, attorneys and tax professionals. During tax season, Jason provides tax preparation and consultation for Pod B.

Pod C is our super Pod. It is co-managed by Sally Rhoades and Mayzie Brown, both full-time CPAs for the Watson CPA Group. They focus on small business owners, rental property owners, expats (expatriates) and all kinds of individual tax returns.

Sally Rhoades, CPA

Tax Manager

719-428-3269 direct

sally@watsoncpagroup.com

Mayzie Brown, CPA

Tax Manager

719-219-0830 direct

mayzie@watsoncpagroup.com

Pod C's Distro- podc@watsoncpagroup.com

Tax Pods

We work in teams (or as we say, pods) and each person above is a pod leader. Each pod might have two to three tax professionals plus a dedicated admin. This pod arrangement provides better ownership of each tax client's unique situation and allows us to learn as much as we can about you so that we can comprehensively prepare your tax returns.

Rest assured that anytime you feel your needs are not being met, please contact Tina Watson. We'll make it right, right away.

Communication is critical. We are developing a Client File Management System (CFMS) where you can access your tax file and track its progress. Our CFMS system will also email you with a list of missing information or questions. While it is not a substitute for good ol' fashioned

telephone calls, it certainly adds to the communication.

Text Messaging

We have a new system that will now text you with various alerts- such as when we start preparing your tax returns, or if we have questions, or when your tax returns are completed. Of course you can always opt-out, but this will be one more tool in the toolbox for communicating with you.

If you have any questions, please feel free to call us at 719-387-9800 or email at [**support@watsoncpagroup.com**](mailto:support@watsoncpagroup.com)

Thanks again for your time- We look forward to working with you!!

Warm Regards,

The Watson CPA Group

9475 Briar Village Point Suite 325
Colorado Springs CO 80920

719-387-9800 office
855-345-9700 main fax
719-453-0256 tax team fax

[**www.watsoncpagroup.com**](http://www.watsoncpagroup.com)

Client Organizer Topical Index

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

Topic	Page	Topic	Page
ABLE account distributions	71	Gambling winnings	8, 16, 18
Adoption expenses	82	Gambling losses	55
Affordable Care Act Health Coverage	67, 68	Health savings account (HSA)	69, 70
Alaska Permanent Fund dividends	16, 75	Household employee taxes	76
Alimony paid	47	Identity authentication	5
Alimony received	16	Installment sales	39, 40
Annuity payments received	8, 22	Interest income, including foreign	9, 11
Automobile information -		Interest paid	54
Business or profession	66	Investment expenses	55
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Farm, Farm Rental	66	IRA contributions	24
Rent and royalty	66	IRA distributions	8, 22
Bank account information	3	Like-kind exchange of property	41
Business income and expenses	26, 27, 28	Long-term care services and contracts (LTC)	70
Business use of home	65	Medical and dental expenses	53
Cancellation of debt	17	Medical savings account (MSA)	69, 70
Casualty and theft losses, business	61, 63	Minister earnings and expenses	10, 26, 57, 73
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Child and dependent care expenses	78	Miscellaneous adjustments	47
Children's interest and dividend	74, 75	Miscellaneous itemized deductions	55
Charitable contributions	55, 59, 60	Mortgage interest expense	54, 56
Contracts and straddles	20	Moving expenses	46
Dependent care benefits received	10	Partnership income	8, 36
Dependent information	1, 5	Payments from Qualified Education Programs (1099-Q)	8, 51
Depreciable asset acquisitions and dispositions -		Pension distributions	8, 22
Business or profession	91, 92	Personal property taxes paid	53
Employee business expense	91, 92	Railroad retirement benefits	23
Farm, Farm Rental	91, 92	Real estate taxes	53
Rent and royalty	91, 92	REMIC's	14
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Early withdrawal penalty	11	S corporation income	8, 19, 36
Education Credits and tuition and fees deduction	50	Sale of business property	39, 40
Education Savings Account & Qualified Tuition Programs	51	Sale of personal residence	38
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Email address	2	Self-employed health insurance premiums	26, 31, 67
Employee business expenses	57	Self-employed Keogh, SEP and SIMPLE plan contributions	25
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Federal estimate payments	6	State & local withholding	10, 18, 22
Federal student aid application information (FAFSA)	52	Statutory employee	10, 26
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First-time homebuyer credit repayment	77	Taxes paid	53
Foreign bank accounts & financial assets	42, 43	Trust income	37
Foreign earned income & housing deduction	44, 45	Unemployment compensation	16
Foreign employer compensation	21	Unreported tip or unreported wage income	72
Foreign taxes paid	81	U.S. savings bonds educational exclusion	48
Fuel tax credit	83, 84, 85	Wages and salaries	8, 10

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

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____

Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

Taxpayer **Spouse**

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) 2

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y, N) Y

General: 1040, Contact **Present Mailing Address**

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040 **Dependent Information**

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

Credits: 2441 **Child and Dependent Care Expenses**

Provider information:

Business name _____

First and Last name _____

Street address _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____

Amount paid to care provider in 2015 _____

Taxpayer **Spouse**

Employer-provided dependent care benefits that were forfeited _____

General: Info **Direct Deposit/Electronic Funds Withdrawal Information**

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

Financial institution: Routing transit number _____ Name _____

Your account number _____ Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

If you would like to use a refund to purchase U.S. Series I Savings bonds (in increments of \$50), enter a maximum amount (up to \$5,000).** _____

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

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

INTEREST/DIVIDENDS/CAPITAL GAINS/OTHER INCOME

Income: B1 Interest Income

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

Table with 4 columns: T/S/J, Payer Name, Interest Income, Prior Year Information

Income: B3 Seller Financed Mortgage Interest

T, S, J Payer's name Payer's social security number
Payer's address, city, state, zip code
Amount received in 2015 Amount received in 2014

Income: B2 Dividend Income

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

Table with 5 columns: T/S/J, Payer Name, Ordinary Dividends, Qualified Dividends, Prior Year Information

Income: D Sales of Stocks, Securities, and Other Investment Property

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

Table with 6 columns: T/S/J, Description of Property, Date Acquired, Date Sold, Gross Sales Price, Cost or Other Basis

Income: Income Other Income

Please provide copies of all supporting documentation.

Table with 4 columns: Description, 2015 Information (Taxpayer, Spouse), Prior Year Information

Table with 4 columns: T/S/J, Other Income, 2015 Information, Prior Year Information

1040 Adj: IRA **Adjustments to Income - IRA Contributions**

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

Traditional IRA Contributions for 2015 -

If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2015

Roth IRA Contributions for 2015 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2015

Educate: Educate2 **Higher Education Deductions and/or Credits**

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

Table with 4 columns: T/S, Qualified student loan interest paid, 2015 Information, Prior Year Information

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

Table with 7 columns: T/S, Ed Exp Code*, Student's SSN, Student's First Name, Student's Last Name, Qualified Expenses, Prior Year Information

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

1040 Adj: 3903 **Job Related Moving Expenses**

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

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

1040 Adj: OtherAdj **Other Adjustments to Income**

Alimony Paid:
Table with 5 columns: T/S, Recipient name, Recipient SSN, 2015 Information, Prior Year Information
Street address
City, State and Zip code
Table with 4 columns: Taxpayer, Spouse, Prior Year Information
Educator expenses:
Other adjustments:

ITEMIZED DEDUCTIONS

Itemized: A1 **Medical and Dental Expenses**

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

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

Itemized: A1 **Tax Expenses**

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

Itemized: A2 **Interest Expenses**

T/S/J		2015 Information	Prior Year Information
—	Home mortgage interest From Form 1098	_____	_____
T/S/J	Other home mortgage interest paid to individuals:		
	Payee's Name	2015 Information	Prior Year Information
—	_____	_____	_____
	SSN or EIN		
—	_____	_____	_____
	Address	City	State Zip Code
—	_____	_____	_____

T/S/J		2015 Information	Prior Year Information
—	Investment interest expense, other than on Sch K-1s:	_____	_____
	Refinance #1		Refinance #2
	Refinancing Information:		
T/S/J	Recipient/Lender name	_____	_____
	Total points paid at time of refinance	_____	_____
	Date of refinance	_____	_____
	Term of new loan (in months)	_____	_____
	Reported on Form 1098 in 2015	_____	_____

Itemized: A3 **Charitable Contributions**

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

Itemized: A3 **Miscellaneous Deductions**

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

Preparer - Enter on Screen Contact

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

Taxpayer email address _____ [9]

Spouse email address _____ [10]

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

NOTES/QUESTIONS:

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

Primary account:

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

Secondary account #1:

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

Secondary account #2:

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

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

Refund - U.S. Series I Savings Bond Purchases

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

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

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

NOTES/QUESTIONS:

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

Refunded _____ [52]

Applied to 2016 estimated tax liability _____ [53]

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

If yes, please explain any differences:

_____ [55]

_____ [56]

_____ [57]

_____ [58]

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

If yes, please explain any differences:

_____ [60]

_____ [61]

_____ [62]

_____ [63]

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

If yes, please explain any differences:

_____ [65]

_____ [66]

_____ [67]

_____ [68]

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

If yes, please explain any differences:

_____ [70]

_____ [71]

_____ [72]

_____ [73]

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

2015 Federal Estimated Tax Payments

2014 overpayment applied to 2015 estimates + _____ [1]

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

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

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

***Method of payment indicated in prior year**
EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System
Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Form ID: St Pmt **2015 State Estimated Tax Payments** 7

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
State postal code _____ [2]

Amount paid with 2014 return + _____ [3]
2014 overpayment applied to '15 estimates + _____ [4]
Treat calculated amounts as paid _____ [8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____ [9]	+ _____ [10]	<div style="border: 1px solid black; padding: 5px;"> _____ _____ _____ _____ </div>
2nd quarter payment _____ [11]	+ _____ [12]	
3rd quarter payment _____ [13]	+ _____ [14]	
4th quarter payment _____ [15]	+ _____ [16]	
Additional payment _____ [17]	+ _____ [18]	

2015 City Estimated Tax Payments

City #1		City #2	
City name _____ [28]		City name _____ [50]	
Amount paid with 2014 return + _____ [31]		Amount paid with 2014 return + _____ [53]	
2014 overpayment applied to '15 estimates- _____ [32]		2014 overpayment applied to '15 estimates- _____ [54]	
Treat calculated amounts as paid _____ [36]		Treat calculated amounts as paid _____ [58]	

Date Paid		Amount Paid		Date Paid		Amount Paid	
1st quarter payment _____ [37]	+ _____ [38]	1st quarter payment _____ [59]	+ _____ [60]	1st quarter payment _____ [59]	+ _____ [60]	2nd quarter payment _____ [61]	+ _____ [62]
2nd quarter payment _____ [39]	+ _____ [40]	2nd quarter payment _____ [61]	+ _____ [62]	2nd quarter payment _____ [61]	+ _____ [62]	3rd quarter payment _____ [63]	+ _____ [64]
3rd quarter payment _____ [41]	+ _____ [42]	3rd quarter payment _____ [63]	+ _____ [64]	3rd quarter payment _____ [63]	+ _____ [64]	4th quarter payment _____ [65]	+ _____ [66]
4th quarter payment _____ [43]	+ _____ [44]	4th quarter payment _____ [65]	+ _____ [66]	4th quarter payment _____ [65]	+ _____ [66]		

Calculated Amount

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

Calculated Amount

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

City #3		City #4	
City name _____ [72]		City name _____ [94]	
Amount paid with 2014 return + _____ [75]		Amount paid with 2014 return + _____ [97]	
2014 overpayment applied to '15 estimates- _____ [76]		2014 overpayment applied to '15 estimates- _____ [98]	
Treat calculated amounts as paid _____ [80]		Treat calculated amounts as paid _____ [102]	

Date Paid		Amount Paid		Date Paid		Amount Paid	
1st quarter payment _____ [81]	+ _____ [82]	1st quarter payment _____ [103]	+ _____ [104]	1st quarter payment _____ [103]	+ _____ [104]	2nd quarter payment _____ [105]	+ _____ [106]
2nd quarter payment _____ [83]	+ _____ [84]	2nd quarter payment _____ [105]	+ _____ [106]	2nd quarter payment _____ [105]	+ _____ [106]	3rd quarter payment _____ [107]	+ _____ [108]
3rd quarter payment _____ [85]	+ _____ [86]	3rd quarter payment _____ [107]	+ _____ [108]	3rd quarter payment _____ [107]	+ _____ [108]	4th quarter payment _____ [109]	+ _____ [110]
4th quarter payment _____ [87]	+ _____ [88]	4th quarter payment _____ [109]	+ _____ [110]	4th quarter payment _____ [109]	+ _____ [110]		

Calculated Amount

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

Calculated Amount

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

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

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

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

Dividend Income

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

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

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

**Dividend Codes	
Blank = Other	3 = Nominee

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

T/S/J	Self-Employment Income? (Y, N)	Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	2015 Information	Prior Year Information
—	—	_____	+ _____ [14]	[Shaded area for prior year information]
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
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—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	

NOTES/QUESTIONS:

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

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

Social Security Benefits

	2015 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2015 (Box 3 minus Box 4) (Box 5)	+ _____ [8]	<div style="border: 1px solid black; padding: 5px;"> _____ _____ _____ </div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

Tier 1 Railroad Benefits

	2015 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2015 (Box 5)	+ _____ [22]	<div style="border: 1px solid black; padding: 5px;"> _____ _____ </div>
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

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

- _____ [40]
- _____ [41]
- _____ [42]
- _____ [43]
- _____ [44]

NOTES/QUESTIONS:

Form ID: IRA	Traditional IRA	24
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	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2015	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2015	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2016 for use in 2015	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2015:		
_____	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

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

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

NOTES/QUESTIONS:

Alimony Paid:

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

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

NOTES/QUESTIONS:

T/S/J	2015 Information	Prior Year Information	
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received			
[1] _____	+ _____ [2]		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
Medical insurance premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.)			
[4] _____	+ _____ [5]		
_____	+ _____		
_____	+ _____		
_____	+ _____		
Long-term care premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.))			
[7] _____	+ _____ [8]		
_____	+ _____		
Prescription medicines and drugs:			
[10] _____	+ _____ [11]		
_____	+ _____		
_____	+ _____		
[13] Miles driven for medical items	_____ [14]		

Schedule A - Tax Expenses

T/S/J	2015 Information	Prior Year Information	
State/local income taxes paid:			
[18] _____	+ _____ [19]		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
2014 state and local income taxes paid in 2015:			
[21] _____	+ _____ [22]		
_____	+ _____		
_____	+ _____		
Real estate taxes paid:			
[24] _____	+ _____ [25]		
_____	+ _____		
_____	+ _____		
Personal property taxes:			
[27] _____	+ _____ [28]		
_____	+ _____		
Other taxes, such as: foreign taxes and State disability taxes			
[30] _____	+ _____ [31]		
_____	+ _____		
_____	+ _____		
Sales tax paid on major purchases:			
[36] _____	+ _____ [37]		
_____	+ _____		
Sales tax paid on actual expenses:			
[39] _____	+ _____ [40]		
_____	+ _____		
_____	+ _____		

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

***Mortgage Types**

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

T/S/J	Payee's Name	SSN or EIN	2015 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[4]			+	[5]
	Address			
	City, state and zip code			
			+	
	Address			
	City, state and zip code			

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

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

Refinancing Points paid in 2015 -

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

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

T/S/J

2015 Information

Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

[2]	_____	+	_____ [3]	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
[5]	Volunteer miles driven _____		_____ [6]	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods			
[8]	_____	+	_____ [9]	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

Miscellaneous Deductions

T/S/J

2015 Information

Prior Year Information

Unreimbursed expenses, such as: Uniforms, Professional dues,
Business publications, Job seeking expenses, Educational expenses

[11]	_____	+	_____ [12]	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
	Union dues:			
[14]	_____	+	_____ [15]	
—	_____	+	_____	
[17]	Tax preparation fees _____	+	_____ [18]	
	Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees			
[20]	_____	+	_____ [21]	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
[23]	Safe deposit box rental _____	+	_____ [24]	
	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:			
[26]	_____	+	_____ [27]	
—	_____	+	_____	
—	_____	+	_____	
	Other expenses, not subject to the 2% AGI limit:			
[30]	_____	+	_____ [31]	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
	Gambling losses: (Enter only if you have gambling income)			
[33]	_____	+	_____ [34]	
—	_____	+	_____	

