

Cunningham, Malone & Morton
710 E Street, Suite 100
Eureka, CA 95501
707-441-1111

Dear :

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2015 personal income tax return. To help you complete the organizer with minimal time and effort, when available, you will find certain information from your 2014 personal income tax return.

In your Tax Organizer, all social security numbers and bank account numbers have been replaced with asterisks (***_**_****) and (****1234) to protect your privacy and personal information. If you need to change or update a social security number or bank account information, please contact this office. Do not indicate the social security number or bank account change on your Tax Organizer. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. Report any discrepancies to this office immediately.

Enter 2015 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

It is not necessary that you input information from forms that you are providing to us with the organizer. These would be forms that you received in the mail or in the email marked "Important Tax Documents". They are normally Forms 1099, W-2, 1095, etc.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

One of those questions is about receiving your finished tax return electronically. Agreeing to accept your return electronically online will save time and paper. If you choose to agree to receive it that way we will notify you by email when the return is complete. You will be able to log in to our secure portal and access the return at any time. Instructions for signing and paying Estimated Tax Coupons will be included. The return will be available to you 24/7 for at least 5 years. After that, we would still be able to print it out on paper at your request, if necessary.

If your income tax return is straight forward, you can forgo a tax appointment interview. You can fill in your organizer and drop it off at our office with your tax documents. You also may be able to send us your tax documents electronically. Preparing a less involved tax return without a tax appointment can make the process more efficient. We will still contact you if there is missing data or if we have questions. You can write your questions or concerns on the organizer.

A Topical Index is included with this Organizer. It shows all of the potential organizer forms that are available to you. If an item applies to you and it isn't part of the organizer, please contact us. We will provide it.

By law all charitable contributions claimed as a deduction on your tax return must be substantiated by keeping a written record of the contribution. Acceptable written records used to

substantiate each contribution include a cancelled check or bank record that supports the donation, or a written receipt or similar statement that includes (1) the name of the donee organization and (2) the date and amount of the contribution and (3) if any goods or services were received in exchange for the contribution. Contributions of \$250 or more require a statement from the charitable organization. ***You are required to have the substantiation in your hands before you file your return.*** If the resulting returns are examined by the IRS, requests may be made for the written record of the contribution. It is recommended that for any charitable contributions claimed, you retain the written records for at least seven years.

The IRS matches information returns/forms with amounts reported on tax returns. A negligence penalty may be assessed when income is underreported or when deductions are overstated. Accordingly, all information returns reflecting amounts reported to the IRS also are mailed or delivered to the taxpayers in an envelope clearly marked "**Important Tax Documents Enclosed**" and should be submitted with this organizer. These forms include the following:

- Forms W-2 for wages, salaries and tips.
- Forms W-2G for Gambling Income
- All Forms 1099 for interest, dividends, retirement, rents, miscellaneous income, Social Security, state or local refunds, prizes and awards, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Forms 1098 or 1098-C).
- Statements supporting health savings account activity (including Forms 1099-SA).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

Also enclosed is an engagement letter which explains the services we will provide to you. Please sign the engagement letter and return the signed copy to us. We need to receive this from you before we can start work.

The filing deadline for your income tax return is April 18, 2016. In order to meet this filing deadline, your completed tax organizer needs to be received no later than March 1, 2016. Any information received after that date may require that an extension of time be filed for this return.

If an extension of time is required, any tax due must be paid with that extension. Any taxes not paid by the filing deadline may be subject to late payment penalties and interest.

We look forward to providing services to you. Should you have questions regarding any items, please contact us.

Thank you for the opportunity to serve you.

Sincerely,

Cunningham, Malone & Morton

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Are you willing to receive your return electronically? It will be available to you 24/7 on our secure portal.	<input type="checkbox"/>	<input type="checkbox"/>
Are there any tax returns other than your personal income tax returns (Federal Form 1040 and your applicable state return) that you expect us to prepare? For example, returns regarding bank accounts in foreign countries. If yes, please indicate on the Engagement Agreement letter enclosed.	<input type="checkbox"/>	<input type="checkbox"/>
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
If filing "Married Filing Seperate", is your spouse itemizing deductions?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire an interest in an LLC, partnership or S corporation during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, gift, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your home equity line loan balances exceed \$100,000 during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Has the original home loan <u>ever</u> been refinanced?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home <i>this</i> year?	<input type="checkbox"/>	<input type="checkbox"/>
Did the total of all of your home loan balances exceed \$1,100,000 during this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage,		

student loan(s), or credit card debt?	p	p
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	p	p

Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	p	p
Did you receive any income from property sold prior to this year?	p	p
Did you receive any unemployment benefits during the year?	p	p
Did you receive any disability income during the year?	p	p
Did you receive tip income not reported to your employer this year?	p	p
Did any of your life insurance policies mature, or did you surrender any policies?	p	p
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	p	p
Were you the beneficiary of an inheritance? If so, please verify with the executor or the trustee that you will or will not be receiving a Schedule K-1.	p	p
Do you expect a large fluctuation in income, deductions, or withholding next year?	p	p

Retirement Information

Are you an active participant in a pension or retirement plan?	p	p
Did you receive any Social Security benefits during the year?	p	p
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	p	p
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	p	p
Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	p	p

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	p	p
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?	p	p
Did anyone in your family receive a scholarship of any kind during the year?	p	p
Did you make any withdrawals from an education savings or 529 Plan account?	p	p
Did you pay any student loan interest this year?	p	p
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	p	p
Did you make any contributions to an education savings or 529 Plan account?	p	p

Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your entire family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.	p	p
If you had qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family, was everyone covered for every month of 2015? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.	p	p
Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption.	p	p
Did you enroll for lower cost Marketplace Coverage through healthcare.gov or a similar healthcare exchange or marketplace under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.	p	p
Did you enroll for lower cost Marketplace Coverage through healthcare.gov or a	p	p

similar healthcare exchange or marketplace under the Affordable Care Act and share a policy with anyone who is not included in your family or is not included as a dependent on your return?	p	p
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	p	p
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	p	p
Did you pay long-term care premiums for yourself or your family?	p	p
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.	p	p
Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.	p	p
If you are a business owner, did you pay health insurance premiums for your employees this year?	p	p

Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?	p	p
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	p	p
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.	p	p
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization.	p	p
Did you have an expense account or allowance during the year?	p	p
Did you use your car on the job, for other than commuting?	p	p
Did you work out of town for part of the year?	p	p
Did you have any expenses related to seeking a new job during the year?	p	p
Did you make any major purchases during the year (cars, boats, etc.)?	p	p
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	p	p

Miscellaneous Information

Did you make or receive gifts of more than \$14,000 to or from any individual?	p	p
Did you utilize an area of your home for business purposes?	p	p
Did you engage in any bartering transactions?	p	p
Did you retire or change jobs this year?	p	p
Did you incur moving costs because of a job change?	p	p
Did you pay any individual as a household employee during the year?	p	p
Did you make energy efficient improvements to your main home this year?	p	p
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	p	p
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	p	p
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	p	p
Have you ever been denied the Earned Income Credit by the IRS?	p	p
If "yes", have you been re-certified by the IRS?	p	p
Did you receive correspondence from the State or the IRS?	p	p
If yes, explain: _____		
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	p	p
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	p	p
Do you want us to provide any other professional services to you other than the preparation of this year's personal income tax return? If yes, please indicate on the engagement letter.	p	p

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.

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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.

Form ID: 1040 Personal Information 1

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____[1]
 Mark if you were married but living apart all year _____[2]
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____[3]

	Taxpayer	Spouse
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	_____ [18]
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ Y [34]	

Present Mailing Address

Address _____ [38]
 Apartment number _____ [39]
 City, state postal code, zip code _____ [40] _____ [41] _____ [42]
 Foreign country name _____ [44]
 In care of addressee _____ [47]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name ^[48]	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	***Dep Codes * **	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Name of child who lived with you but is not your dependent _____ [49]
 Social security number of qualifying person _____ [50]

Dependent Codes

*Basic 1 = Child who lived with you 2 = Child who did not live with you 3 = Other dependent 5 = Qualifying child for Earned Income Credit only 6 = Children who lived with you, but do not qualify for Earned Income Credit 7 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit	**Other 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled
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***Months 77 = Reported on odd year return
 88 = Reported on even year return
 99 = Not reported on return

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 Dollar _____ [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 Dollar _____ [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) ____[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:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification) _____ [1]
Identification number _____ [2]
Issue date _____ [3]
Expiration date _____ [4]
Location of issuance _____ [5]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification) _____ [6]
Identification number _____ [7]
Issue date _____ [8]
Expiration date _____ [9]
Location of issuance _____ [10]

NOTES/QUESTIONS:

Form ID: Est	Estimated Taxes	6
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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]	_____ _____ _____ _____
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]
2nd quarter payment	_____ [39]	+	_____ [40]		2nd quarter payment	_____ [61]	_____ [62]
3rd quarter payment	_____ [41]	+	_____ [42]		3rd quarter payment	_____ [63]	_____ [64]
4th quarter payment	_____ [43]	+	_____ [44]		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]
2nd quarter payment	_____ [83]	+	_____ [84]		2nd quarter payment	_____ [105]	_____ [106]
3rd quarter payment	_____ [85]	+	_____ [86]		3rd quarter payment	_____ [107]	_____ [108]
4th quarter payment	_____ [87]	+	_____ [88]		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	_____

Interest Income

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	[2] 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

Seller Financed Mortgage Interest Income

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

2015 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2015 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2015 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2015 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2015 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2015 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2015 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2015 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2015 + _____ [1]

Control Totals +

Income

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

Prior Year Information

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

Prior Year Information

NOTES/QUESTIONS:

Form ID: 1099C	Cancellation of Debt, Abandonment #1	17
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Please provide all Forms 1099-C and 1099-A

		Preparer use only
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Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications: _____ [51]

Taxpayer/Spouse/Joint (T, S, J) _____ [5]

State postal code _____ [6]

Name of creditor/lender _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____ [10]

Amount of debt discharged (Box 2) + _____ [11]

Interest if included in box 2 (Box 3) + _____ [12]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) _____ [14]

Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]

Balance of principal outstanding (Box 2) + _____ [17]

Fair market value of property (Box 4) + _____ [18]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [19]

	Control Totals +		
--	-------------------------	--	--

Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

		Preparer use only
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Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications: _____ [51]

Taxpayer/Spouse/Joint (T, S, J) _____ [5]

State postal code _____ [6]

Name of creditor _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____ [10]

Amount of debt discharged (Box 2) + _____ [11]

Interest if included in box 2 (Box 3) + _____ [12]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) _____ [14]

Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]

Balance of principal outstanding (Box 2) + _____ [17]

Fair market value of property (Box 4) + _____ [18]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [19]

	Control Totals +		
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NOTES/QUESTIONS:

Form ID: 1099R	Pension, Annuity, and IRA Distributions #1	22
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Please provide all Forms 1099-R.

	2015 Information	Prior Year Information	
Taxpayer/Spouse (T, S) _____	__ [1]	<div style="border: 1px solid black; height: 100%;"></div>	
Name of payer _____	[3]		
State postal code _____	__ [5]		
Gross distributions received (Box 1) _____	+ _____ [7]		
Taxable amount received (Box 2a) _____	+ _____ [9]		
Federal withholding (Box 4) _____	+ _____ [11]		
Distribution code (Box 7) _____	__ [14]		
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____	__ [16]		
State withholding (Box 12) _____	+ _____ [17]		
Local withholding (Box 15) _____	+ _____ [19]		
Amount of rollover _____	+ _____ [21]		
Mark if distribution was due to a pre-retirement age disability _____	__ [23]		
Control Totals +			

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

	2015 Information	Prior Year Information	
Taxpayer/Spouse (T, S) _____	__ [1]	<div style="border: 1px solid black; height: 100%;"></div>	
Name of payer _____	[3]		
State postal code _____	__ [5]		
Gross distributions received (Box 1) _____	+ _____ [7]		
Taxable amount received (Box 2a) _____	+ _____ [9]		
Federal withholding (Box 4) _____	+ _____ [11]		
Distribution code (Box 7) _____	__ [14]		
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____	__ [16]		
State withholding (Box 12) _____	+ _____ [17]		
Local withholding (Box 15) _____	+ _____ [19]		
Amount of rollover _____	+ _____ [21]		
Mark if distribution was due to a pre-retirement age disability _____	__ [23]		
Control Totals +			

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

	2015 Information	Prior Year Information	
Taxpayer/Spouse (T, S) _____	__ [1]	<div style="border: 1px solid black; height: 100%;"></div>	
Name of payer _____	[3]		
State postal code _____	__ [5]		
Gross distributions received (Box 1) _____	+ _____ [7]		
Taxable amount received (Box 2a) _____	+ _____ [9]		
Federal withholding (Box 4) _____	+ _____ [11]		
Distribution code (Box 7) _____	__ [14]		
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____	__ [16]		
State withholding (Box 12) _____	+ _____ [17]		
Local withholding (Box 15) _____	+ _____ [19]		
Amount of rollover _____	+ _____ [21]		
Mark if distribution was due to a pre-retirement age disability _____	__ [23]		
Control Totals +			

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]	<table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">_____</td></tr> <tr><td style="height: 20px;">_____</td></tr> <tr><td style="height: 20px;">_____</td></tr> </table>	_____	_____	_____

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:		<table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">_____</td></tr> <tr><td style="height: 20px;">_____</td></tr> </table>	_____	_____

Portion of Tier 1 Paid in 2015 (Box 5)	+ _____ [22]			
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:

C	1	Preparer use only
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Business activity or profession name _____ [3]
 Taxpayer/Spouse (T, S) _____ [4]
 State postal code **CA** [5]
 Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]
 Enter the total amount of contributions made to a Keogh plan in 2015 + _____ [8]
 Enter the total amount of contributions made to a Solo 401(k) plan in 2015 + _____ [9]
 Enter the total amount of contributions made to a SEP plan in 2015 + _____ [10]
 Enter the total amount of contributions made to a SARSEP plan in 2015 + _____ [11]
 Enter the total amount of contributions made to a defined benefit plan in 2015 + _____ [12]
 Enter the total amount of contributions made to a profit-sharing plan in 2015 + _____ [13]
 Enter the total amount of contributions made to a money purchase plan in 2015 + _____ [14]
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2015 + _____ [15]
 Enter the total amount of contributions to a SIMPLE IRA plan in 2015 + _____ [16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2015 + _____ [17]
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2015 + _____ [18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2015 + _____ [19]
 Enter the amount of elective deferrals designated as Roth contributions in 2015 + _____ [20]

NOTES/QUESTIONS:

1 Preparer use only

2015 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J)	_____	[2]	
Employer identification number	_____	[3]	
Business name	_____	[5]	
Principal business/profession	_____	[6]	
Business code	_____	[11]	
Business address, if different from home address on Organizer Form ID: 1040			
Address	_____	[14]	
City/State/Zip	_____ [15] _____ [16] _____	[17]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____	[18]	
If other:	_____	[20]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____	[21]	
If other enter explanation:	_____	[23]	

Enter an explanation if there was a change in determining your inventory:	_____	[24]	

Did you "materially participate" in this business? (Y, N)	_____	[25]	
If not, number of hours you did significantly participate	_____	[27]	
Mark if you began or acquired this business in 2015	_____	[29]	
Did you make any payments in 2015 that require you to file Form(s) 1099? (Y, N)	_____	[30]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____	[32]	
Mark if this business is considered related to qualified services as a minister or religious worker	_____	[34]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____	[36]	
Medical insurance premiums paid by this activity	+ _____	[40]	
Long-term care premiums paid by this activity	+ _____	[44]	
Amount of wages received as a statutory employee	+ _____	[47]	

Business Income

2015 Information

Prior Year Information

Gross receipts and sales	_____	+ _____	[52]	
	_____	+ _____		
	_____	+ _____		
	_____	+ _____		
Returns and allowances		+ _____	[55]	
Other income:		+ _____	[57]	
	_____	+ _____		
	_____	+ _____		
	_____	+ _____		

Cost of Goods Sold

2015 Information

Prior Year Information

Beginning inventory		+ _____	[59]	
Purchases		+ _____	[61]	
Labor:		+ _____	[63]	
	_____	+ _____		
Materials		+ _____	[65]	
Other costs:		+ _____	[67]	
	_____	+ _____		
	_____	+ _____		
	_____	+ _____		
Ending inventory		+ _____	[69]	

Control Totals +

Business

Form ID: C-2	Schedule C - Expenses	27
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Preparer use only

Principal business or profession _____

2015 Information

Prior Year Information

Advertising	+ _____ [6]
Car and truck expenses	+ _____ [8]
Commissions and fees	+ _____ [10]
Contract labor	+ _____ [12]
Depletion	+ _____ [14]
Depreciation	+ _____ [16]
Employee benefit programs (Include Small Employer Health Ins Premiums credit):	
_____	+ _____ [18]
_____	+
Insurance (Other than health):	
_____	+ _____ [20]
_____	+
Interest:	
Mortgage (Paid to banks, etc.)	
_____	+ _____ [22]
_____	+
_____	+
Other:	
_____	+ _____ [24]
_____	+
Legal and professional services	+ _____ [26]
Office expense	+ _____ [29]
Pension and profit sharing:	
_____	+ _____ [31]
_____	+
Rent or lease:	
Vehicles, machinery, and equipment	+ _____ [33]
Other business property	+ _____ [35]
Repairs and maintenance	+ _____ [37]
Supplies	+ _____ [39]
Taxes and licenses:	
_____	+ _____ [41]
_____	+
_____	+
_____	+
_____	+
Travel, meals, and entertainment:	
Travel	+ _____ [43]
Meals and entertainment	+ _____ [45]
Meals (Enter 100% subject to DOT 80% limit)	+ _____ [47]
Utilities	+ _____ [51]
Wages (Less employment credit):	
_____	+ _____ [53]
_____	+
Other expenses:	
_____	+ _____ [55]
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+

1 Preparer use only

	2015 Information	Prior Year Information	
Description _____	[2]	<div style="border: 1px solid black; height: 100%;"></div>	
Taxpayer/Spouse/Joint (T, S, J) ___[3]	State postal code _____		[4]
Physical address: Street _____	[5]		
City, state, zip code _____ [6] ___ [7] _____	[8]		
Foreign country _____	[10]		
Foreign province/county _____	[11]		
Foreign postal code _____	[12]		
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) ___	[13]		
Description of other type (Type code #8) _____	[14]		
Did you make any payments in 2015 that require you to file Form(s) 1099? (Y,N) _____	[16]		—
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]		—
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]		
Percentage of ownership if not 100% _____	[22]		
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]		

Rent and Royalty Income

	2015 Information	Prior Year Information
Rents and royalties _____	[33]	<div style="border: 1px solid black; height: 100%;"></div>

Rent and Royalty Expenses

	2015 Information	Percent if not 100%	Prior Year Information
Advertising _____	+	[35] _____ [36]	<div style="border: 1px solid black; height: 100%;"></div>
Auto _____	+	[38] _____ [39]	
Travel _____	+	[41] _____ [42]	
Cleaning and maintenance _____	+	[44] _____ [45]	
Commissions: _____	+	[47] _____ [49]	
_____	+	_____	
Insurance: _____	+	[50] _____ [52]	
_____	+	_____	
Legal and professional fees _____	+	[54] _____ [55]	
Management fees: _____	+	[57] _____ [59]	
_____	+	_____	
Mortgage interest paid to banks, etc (Form 1098) _____	+	[60] _____ [62]	
_____	+	_____	
Other mortgage interest _____	+	[63] _____ [65]	
Qualified mortgage insurance premiums _____	+	[66] _____ [67]	
Other interest: _____	+	[69] _____ [71]	
_____	+	_____	
Repairs _____	+	[72] _____ [73]	
Supplies _____	+	[75] _____ [76]	
Taxes: _____	+	[78] _____ [80]	
_____	+	_____	
Utilities _____	+	[81] _____ [82]	
Depreciation _____	+	[84] _____ [85]	
Depletion _____	+	[87] _____ [88]	
Other expenses: _____	+	[90] _____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	

1 Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

2015 Information

Prior Year Information

Refinancing points paid -
 Recipient's/Lender's name _____ [92]
 Date of refinance _____
 Total # Payments _____
 Reported on 1098 in 2015 _____
 Total points paid _____
 Points deemed as paid in current year (Preparer use only) _____

Refinancing points paid -
 Recipient's/Lender's name _____
 Date of refinance _____
 Total # Payments _____
 Reported on 1098 in 2015 _____
 Total points paid _____
 Points deemed as paid in current year (Preparer use only) _____

Refinancing points paid -
 Recipient's/Lender's name _____
 Date of refinance _____
 Total # Payments _____
 Reported on 1098 in 2015 _____
 Total points paid _____
 Points deemed as paid in current year (Preparer use only) _____

Vacation Home Information

2015 Information

Prior Year Information

Number of days home was used personally _____ [6]
 Number of days home was rented _____ [8]
 Number of day home owned, if not 365 _____ [10]
 Carryover of disallowed operating expenses into 2015 + _____ [20]
 Carryover of disallowed depreciation expenses into 2015 + _____ **1** [21]

Passive and Other Information

Preparer use only Carryovers	Regular	AMT
Operating	+ [29]	+ [30]
Short-term capital	+ [31]	+ [32]
Long-term capital	+ [33]	+ [34]
28% rate capital	+ [35]	+ [36]
Section 1231 loss	+ [37]	+ [38]
Ordinary business gain/loss	+ [39]	+ [40]
Comm revitalization	+ [41]	+ [42]
Section 179	+ [43]	+ [44]

Form ID: Home	Sale of Principal Residence	38
---------------	-----------------------------	----

Description _____ [1]
 Taxpayer/Spouse/Joint (T, S, J) **J** [5]
 State postal code _____ [6]
 Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) _____ [7]
 Date former residence was acquired _____ [9]
 Date former residence was sold _____ [10]
 Selling price of former residence + _____ [11]
 Expenses related to the sale of your old home + _____ [12]
 Original cost of home sold including capital improvements + _____ [13]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) _____ [19]

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [21]	_____ [22]
Number of days each person owned property used as main home	_____ [23]	_____ [24]
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [28]
 Total current year payments received + _____ [29]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [30]
 Address _____ [31]
 City, State and Zip _____ [32] _____ [33] _____ [34]
 Identifying number of related party _____ [35]
 Was the property sold as a marketable security? (Y, N) _____ [36]
 Enter date of second sale if more than 2 years after the first sale _____ [37]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [38]
 Selling price of property sold by a related party + _____ [40]

NOTES/QUESTIONS:

Preparer use only

2015 Information

Prior Year Information

Description	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)		J [7]
State postal code	_____	[8]
Date acquired	_____	[19]
Date sold	_____	[20]
Gross sales price of property sold	+ _____	[21]
Mortgage and other debts the buyer assumed	+ _____	[23]
Cost or other basis	+ _____	[25]
Commissions and other expenses of the sale	+ _____	[27]
Gross profit percentage	_____	[29]
Total current year principal payments received	+ _____	[35]
Prior year principal payments received	+ _____	[37]
Total ordinary income to recapture	+ _____	[39]
Total ordinary income previously recaptured	+ _____	[41]

	Control Totals +	Personal Sale	
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Prior Year Installment Sale

Preparer use only

2015 Information

Prior Year Information

Description	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)		__[7]
State postal code	_____	[8]
Date acquired	_____	[19]
Date sold	_____	[20]
Gross sales price of property sold	+ _____	[21]
Mortgage and other debts the buyer assumed	+ _____	[23]
Cost or other basis	+ _____	[25]
Commissions and other expenses of the sale	+ _____	[27]
Gross profit percentage	_____	[29]
Total current year principal payments received	+ _____	[35]
Prior year principal payments received	+ _____	[37]
Total ordinary income to recapture	+ _____	[39]
Total ordinary income previously recaptured	+ _____	[41]

	Control Totals +		
--	------------------	--	--

NOTES/QUESTIONS:

		Preparer use only
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Description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) **J** [9]
 State postal code _____ [10]
 Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1 _____ [15]
 Mark if disposition is due to casualty or theft _____ [19]
 Mark if disposition was to a related party _____ [21]

Sale Information

Date acquired _____ [23]
 Date sold _____ [24]
 Gross sales price or insurance proceeds received + _____ [25]
 Cost or other basis + _____ [26]
 Commissions and other expenses of sale + _____ [27]
 Depreciation allowed or allowable + _____ [28]

Form 4797, Part III - Recapture

Additional depreciation after 1975 (Section 1250) + _____ [30]
 Applicable percentage (if not 100%) (Section 1250) _____ [31]
 Additional depreciation after 1969 (Section 1250) + _____ [32]
 Soil, water and land clearing expenses (Section 1252) + _____ [33]
 Applicable percentage (if not 100%) (Section 1252) _____ [34]
 Intangible drilling and development costs (Section 1254) + _____ [35]
 Applicable payments excluded from income under sec. 126 (Section 1255) + _____ [36]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [37]
 Total current year payments received + **0** [38]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [39]
 Address _____ [40]
 State, City and Zip _____ [41] _____ [42] _____ [43]
 Identifying number of related party _____ [44]
 Was the property sold as a marketable security? (Y, N) _____ [45]
 Enter date of second sale _____ [46]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [47]
 Selling price of property sold by a related party + _____ [49]

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

2015 Information

Prior Year Information

Taxpayer/Spouse (T, S)	_	[1]	
Name of Trustee _____	_	[4]	
State postal code _____	_	[2]	
Indicate type of health or medical savings account:			
HSA	_	[6]	
Archer MSA	_	[7]	
MA (Medicare Advantage) MSA	_	[9]	
Total HSA/MSA contributions made			
for 2015 (Enter all amounts contributed, including through employer cafeteria plans)	+	_	[10]
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)		_	[12]
Number of months in qualified high deductible health plan in 2015		_	[13]
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount			
		_	[14]
Total HSA/MSA contribution to be made for 2015	+	_	[15]
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+	_	[16]
Excess contributions for 2014 taken as constructive contributions for 2015	+	_	[19]
Rollover contribution (Form 5498-SA, Box 4)	+	_	[21]

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+	_	[24]
Enter compensation from employer maintaining high deductible health plan	+	_	[27]
If self-employed, enter earned income from business under which plan was established	+	_	[31]

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2015? (Y, N) _____ [33]

NOTES/QUESTIONS:

Please provide all Forms 1099-SA.

	2015 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	
Name of Trustee _____	[4]	
State postal code _____	[2]	
Gross distributions received (Box 1)	+ _____ [7]	
Earnings on excess contributions (Box 2)	+ _____ [9]	
Distribution code (Box 3)	__ [11]	
Fair Market Value on date of death (Box 4)	+ _____ [12]	
Box 5 -		
HSA	__ [13]	
Archer MSA	__ [14]	
MA MSA	__ [15]	
All distributions were used to pay unreimbursed qualified medical expenses	__ [17]	
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2015	+ _____ [19]	
Withdrawal of excess contributions by the due date of the return	+ _____ [21]	
Amount of distribution rolled over for 2015	+ _____ [23]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____ [26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/14	+ _____ [27]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2014 and in effect for the month of December 2014? (Y, N)	__ [29]	
Was the high deductible health plan coverage ended before 12/31/15? (Y, N)	__ [30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2015 Information	Prior Year Information
Name of the insured chronically ill individual _____	[39]	
Social security number of insured _____	[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+ _____ [42]	
Accelerated death benefits paid (Box 2)	+ _____ [44]	
Check one (Box 3)		
Per diem	__ [46]	
Reimbursed amount	__ [47]	
Qualified contract (Box 4)	__ [48]	
Check, if applicable (Box 5)		
Chronically ill	__ [49]	
Terminally ill	__ [50]	
Are there other individuals who received LTC payments during 2015? (Y, N)	__ [52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	__ [53]	
Number of days during the long-term care period _____	[54]	
Cost incurred for qualified long-term care services during the long-term care period	+ _____ [55]	

NOTES/QUESTIONS:

Form ID: 1099QA	ABLE Account Information #1	71
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Please provide all Forms 1099-QA and 5498-QA

		2015 Information
Taxpayer/Spouse (T, S)	_____	___[1]
Payer name	_____	___[3]
State postal code	_____	___[4]
Recipient's Social Security Number	_____	___[7]
Recipient's Name	_____ [8]	___[9]
Gross distribution (Form 1099-QA Box 1)	_____	+ _____ [10]
Earnings (Form 1099-QA Box 2)	_____	+ _____ 0 [12]
Basis (Form 1099-QA Box 3)	_____	+ _____ 0 [14]
Program-to-program transfer (Form 1099-QA Box 4)	_____	___[16]
Check if ABLE account terminated in 2015 (Form 1099-QA Box 5)	_____	___[17]
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)	_____	___[18]
Qualified disability expenses	_____	+ _____ [19]
Amount of rollover	_____	+ _____ [21]
Amount contributed in 2015 (Form 5498-QA Box 1)	_____	+ _____ [23]
Value of account on 12/31/15 (Form 5498-QA Box 4)	_____	+ _____ 0 [25]
Control Totals +		

ABLE Account Information #2

Please provide all Forms 1099-QA and 5498-QA

		2015 Information
Taxpayer/Spouse (T, S)	_____	___[1]
Payer name	_____	___[3]
State postal code	_____	___[4]
Recipient's Social Security Number	_____	___[7]
Recipient's Name	_____ [8]	___[9]
Gross distribution (Form 1099-QA Box 1)	_____	+ _____ [10]
Earnings (Form 1099-QA Box 2)	_____	+ _____ 0 [12]
Basis (Form 1099-QA Box 3)	_____	+ _____ 0 [14]
Program-to-program transfer (Form 1099-QA Box 4)	_____	___[16]
Check if ABLE account terminated in 2015 (Form 1099-QA Box 5)	_____	___[17]
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)	_____	___[18]
Qualified disability expenses	_____	+ _____ [19]
Amount of rollover	_____	+ _____ [21]
Amount contributed in 2015 (Form 5498-QA Box 1)	_____	+ _____ [23]
Value of account on 12/31/15 (Form 5498-QA Box 4)	_____	+ _____ 0 [25]
Control Totals +		

NOTES/QUESTIONS:

Preparer use only

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)		_[3]
Mark if the move was due to service in the armed forces		_[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions		_[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Miles driven to new home	_____	[13]
Total amount reimbursed for moving expenses	+ _____	[15]

NOTES/QUESTIONS:

Alimony Paid:

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

	2015 Information			Prior Year Information
	Taxpayer	Spouse		
Educator expenses:				
	+	+	+	
	+	+	+	
Other adjustments:				
	+	+	+	

NOTES/QUESTIONS:

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. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2015. The amounts reported by the lender may differ from the amounts you actually paid.

	Qualified loan interest recipient/lender		2015 Interest Paid		Prior Year Information
TS	_____	+	_____	[1]	_____ _____ _____
—	_____	+	_____		
—	_____	+	_____		
—	_____	+	_____		

NOTES/QUESTIONS:

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) [8]
 Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deduction) —
 Student's social security number _____
 Student's first name _____
 Student's last name _____

Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number _____ [8]
 Institution's name _____
 Institution's street address _____
 Institution's city, state, zip code _____

Tuition Paid and Related Information

Amounts reported in Box 1 or Box 2 may not reflect the actual amount paid for the student during 2015.
 Enter the amount actually paid during 2015.

	2015 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ _____ [8]	_____
Tuition billed (Enter only the amount actually paid) (Box 2)	_____	
Educational institution changed its reporting method for 2015 (Box 3)	—	
Adjustments made for a prior year (Box 4)	_____	
Scholarships or grants (Box 5)	_____	
Adjustments to scholarships or grants for a prior year (Box 6)	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2016 (Box 7)	—	
At least half-time student (Box 8)	—	
Graduate student (Box 9) (1=Yes, 2=No)	—	
Insurance contract reimbursement/refund (Box 10)	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	—	
1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2015		

NOTES/QUESTIONS:

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [3]
 State postal code _____ [4]
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____ [6]
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____ [7]
 Final distribution _____ [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____ [11]
 First name _____ [12]
 Last name _____ [13]

	2015 Information	Prior Year Information
Amount contributed in current year	+ _____ [14]	_____
Basis of this account at 12/31/14	+ _____ [17]	_____
Value of this account at 12/31/15	+ _____ [19]	_____
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____ [24]	

Payments from Qualified Education Programs

	2015 Information	Prior Year Information
Gross distribution (Box 1)	+ _____ [30]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Earnings (Box 2)	+ _____ [32]	
Basis (Box 3)	+ _____ [34]	
Trustee-to-trustee rollover (Box 4)	_____ [36]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]	
Box 5 -		
Private QTP	_____ [39]	
State QTP	_____ [40]	
Coverdell ESA	_____ [41]	
Check if the recipient is not the designated beneficiary (Box 6)	_____ [42]	
Qualified education expenses	+ _____ [43]	
Elementary and secondary education expenses	+ _____ [45]	

NOTES/QUESTIONS:

Form ID: A-1 Schedule A - Medical and Dental Expenses 53

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	Home mortgage interest: From Form 1098	2015 Interest Paid ^[2]	2015 Points Paid	Type*	2015 Mortgage Ins. Premiums Paid	Prior Year Information
[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 Other, such as: Home mortgage interest paid to individuals	SSN or EIN	2015 Information	Prior Year Information
[4]	_____	_____	+ _____	[5]
Address _____				
City, state and zip code _____				
_____			+	
Address _____				
City, state and zip code _____				
_____			+	
Address _____				
City, state and zip code _____				
_____			+	
Address _____				

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

T/S/J		2015 Information	Prior Year Information															
	Contributions made by cash or check (including out-of-pocket expenses)																	
__ [2]	_____	+ _____ [3]	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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__ [5]	Volunteer miles driven	_____ [6]																
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods																	
__ [8]	_____	+ _____ [9]																
—	_____	+																
—	_____	+																
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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]	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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__ [14]	Union dues:	+ _____ [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]																
—	_____	+																
—	_____	+																
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__ [30]	Other expenses, not subject to the 2% AGI limit:	+ _____ [31]																
—	_____	+																
—	_____	+																
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—	_____	+																
—	_____	+																
—	_____	+																
—	_____	+																
__ [33]	Gambling losses: (Enter only if you have gambling income)	+ _____ [34]																
—	_____	+																

1 Preparer use only

2015 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [2]

Occupation in which expenses were incurred _____ [3]

State postal code **CA** [5]

If the employee expenses were from an occupation listed below, enter the applicable code _____ [6]

1 = Qualified performing artist, 2 = Impairment-related work expenses, 3 = Fee-basis official

Mark if these employee expenses are related to qualified services as a minister or religious worker _____ [10]

Parking fees and tolls + _____ [17]

Local transportation + _____ [19]

Travel expenses + _____ [22]

Other business expenses: + _____ [25]

	+		[25]
	+		
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	+		
	+		

Nonvehicle depreciation + _____ [28]

Meals and entertainment + _____ [31]

Meals for individuals subject to DOT hours of service limitation + _____ [33]

Employer Reimbursements

Enter Reimbursements not entered on Screen W2, Box 12, Code L

2015 Information

Prior Year Information

Reimbursements for other expenses not included on Form W-2 + _____ [60]

Reimbursements for meals and entertainment not included on Form W-2 + _____ [62]

Reimbursements for meals for DOT service limitation not included on Form W-2 + _____ [64]

1 Preparer use only
 Taxpayer/Spouse (T, S) _____ [2]
 Occupation in which expenses were incurred _____ [3]
 State postal code CA [4]

Vehicle Questions

If you used your automobile for work purposes, please answer the following questions:

	2015 Information	Prior Year Information
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	___ [5]	___
Was another vehicle available for personal use? (Y, N)	___ [7]	___
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	___ [9]	___

Vehicle Information

Vehicle 1 -	Date placed in service	<u>01/01/15</u> [11]
	Description	_____ [12]
	Comments	_____
Vehicle 2 -	Date placed in service	_____ [62]
	Description	_____ [63]
	Comments	_____
Vehicle 3 -	Date placed in service	_____ [109]
	Description	_____ [110]
	Comments	_____
Vehicle 4 -	Date placed in service	_____ [156]
	Description	_____ [157]
	Comments	_____

Vehicles Actual Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	_____ [20]		_____ [69]		_____ [116]		_____ [163]	
Business mileage	_____ [24]		_____ [71]		_____ [118]		_____ [165]	
Average daily round trip commuting mileage	_____ [26]		_____ [73]		_____ [120]		_____ [167]	
Total commuting mileage	_____ [28]		_____ [75]		_____ [122]		_____ [169]	
Gasoline	+ _____ [30]		+ _____ [77]		+ _____ [124]		+ _____ [171]	
Oil	+ _____ [32]		+ _____ [79]		+ _____ [126]		+ _____ [173]	
Repairs	+ _____ [34]		+ _____ [81]		+ _____ [128]		+ _____ [175]	
Maintenance	+ _____ [36]		+ _____ [83]		+ _____ [130]		+ _____ [177]	
Tires	+ _____ [38]		+ _____ [85]		+ _____ [132]		+ _____ [179]	
Car washes	+ _____ [40]		+ _____ [87]		+ _____ [134]		+ _____ [181]	
Insurance	+ _____ [42]		+ _____ [89]		+ _____ [136]		+ _____ [183]	
Interest	+ _____ [44]		+ _____ [91]		+ _____ [138]		+ _____ [185]	
Registration	+ _____ [46]		+ _____ [93]		+ _____ [140]		+ _____ [187]	
Licenses	+ _____ [48]		+ _____ [95]		+ _____ [142]		+ _____ [189]	
Property taxes (Plates, tags, etc)	_____ [50]		+ _____ [97]		+ _____ [144]		+ _____ [191]	
Vehicle rentals	+ _____ [52]		+ _____ [99]		+ _____ [146]		+ _____ [193]	
Inclusion amt (Preparer only)	_____ [54]		+ _____ [101]		+ _____ [148]		+ _____ [195]	
Other vehicle expenses	+ _____ [56]		+ _____ [103]		+ _____ [150]		+ _____ [197]	
Value of employer provided vehicle	+ _____ [58]		+ _____ [105]		+ _____ [152]		+ _____ [199]	
Depreciation	+ _____ [60]		+ _____ [107]		+ _____ [154]		+ _____ [201]	

Form ID: 8283	Noncash Contributions Exceeding \$500	59
---------------	--	----

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)		__ [1]
Donated property description	_____	[4]
Name of donee organization	_____	[5]
Address of donee organization	_____	[6]
City	_____	[7]
State postal code	_____	[8]
Zip code	_____	[9]
Date contributed	_____	[10]
Date acquired by donor	_____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)		__ [12]
Donor's cost or basis	+ _____	[13]
Fair market value	+ _____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)		__ [15]
If other:	_____	[16]

	Control Totals +		
--	------------------	--	--

Noncash Contributions Exceeding \$500
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For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)		__ [1]
Donated property description	_____	[4]
Name of donee organization	_____	[5]
Address of donee organization	_____	[6]
City	_____	[7]
State postal code	_____	[8]
Zip code	_____	[9]
Date contributed	_____	[10]
Date acquired by donor	_____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)		__ [12]
Donor's cost or basis	+ _____	[13]
Fair market value	+ _____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)		__ [15]
If other:	_____	[16]

	Control Totals +		
--	------------------	--	--

Noncash Contributions Exceeding \$500
--

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)		__ [1]
Donated property description	_____	[4]
Name of donee organization	_____	[5]
Address of donee organization	_____	[6]
City	_____	[7]
State postal code	_____	[8]
Zip code	_____	[9]
Date contributed	_____	[10]
Date acquired by donor	_____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)		__ [12]
Donor's cost or basis	+ _____	[13]
Fair market value	+ _____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)		__ [15]
If other:	_____	[16]

	Control Totals +		
--	------------------	--	--

C **1** Preparer use only

Principal business or profession
 Taxpayer/Spouse/Joint (T, S, J)
 State postal code

Schedule C, Part 2 [3]
[4]
CA [5]

Business Use of Home

	2015 Information	Prior Year Information
Total area of home	_____ [14]	_____
Area used exclusively for business	_____ [16]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [18]	_____
Total hours used this year, if less than 8760	_____ [20]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [22]	_____
Area used partly for day-care business	_____ [24]	_____

List as direct expenses any expenses which are attributable only to the business part of your home.
 List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2015 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	+ _____ [29]	+ _____ [31]	_____
Mortgage insurance premiums	+ _____ [34]	+ _____ [35]	_____
Real estate taxes:	+ _____ [37]	+ _____ [39]	_____
Excess mortgage interest and insurance premiums	+ _____ [42]	+ _____ [43]	_____
Insurance	+ _____ [45]	+ _____ [47]	_____
Rent	+ _____ [51]	+ _____ [52]	_____
Repairs & maintenance	+ _____ [54]	+ _____ [55]	_____
Utilities	+ _____ [57]	+ _____ [58]	_____
Other expenses, such as: Supplies & Security system	+ _____ [60]	+ _____ [61]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [63]	_____
Carryovers:			_____
Operating expenses		+ _____ [64]	_____
Casualty losses		+ _____ [65]	_____
Depreciation		+ _____ [67]	_____
Business expenses not from business use of home, such as:			_____
Travel, Supplies, Business telephone expenses		+ _____ [68]	_____
Depreciation		+ _____ [72]	_____

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

C **1** Preparer use only

Description of business or profession **Schedule C, Part 2** [3]

Vehicles

Vehicle 1 -	Date placed in service	<u>01/01/15</u> [4]
	Description	_____ [5]
	Comments	_____
Vehicle 2 -	Date placed in service	_____ [9]
	Description	_____ [10]
	Comments	_____
Vehicle 3 -	Date placed in service	_____ [14]
	Description	_____ [15]
	Comments	_____
Vehicle 4 -	Date placed in service	_____ [19]
	Description	_____ [20]
	Comments	_____

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	<u> </u> [60]	<u> </u>	<u> </u> [62]	<u> </u>	<u> </u> [64]	<u> </u>	<u> </u> [66]	<u> </u>
Was another vehicle available for personal use? (Y, N)	<u> </u> [68]	<u> </u>	<u> </u> [70]	<u> </u>	<u> </u> [72]	<u> </u>	<u> </u> [74]	<u> </u>
Do you have evidence to support your deduction? (Y, N)	<u> </u> [76]	<u> </u>	<u> </u> [78]	<u> </u>	<u> </u> [80]	<u> </u>	<u> </u> [82]	<u> </u>
Is this evidence written? (Y, N)	<u> </u> [84]	<u> </u>	<u> </u> [86]	<u> </u>	<u> </u> [88]	<u> </u>	<u> </u> [90]	<u> </u>

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	<u> </u> [32]		<u> </u> [34]		<u> </u> [36]		<u> </u> [38]	
Commuting miles	<u> </u> [42]		<u> </u> [44]		<u> </u> [46]		<u> </u> [48]	
Business miles	<u> </u> [52]		<u> </u> [54]		<u> </u> [56]		<u> </u> [58]	
Parking fees	+ <u> </u> [92]		+ <u> </u> [94]		+ <u> </u> [96]		+ <u> </u> [98]	
Tolls	+ <u> </u> [100]		+ <u> </u> [102]		+ <u> </u> [104]		+ <u> </u> [106]	
Gasoline	+ <u> </u> [108]		+ <u> </u> [110]		+ <u> </u> [112]		+ <u> </u> [114]	
Oil	+ <u> </u> [116]		+ <u> </u> [118]		+ <u> </u> [120]		+ <u> </u> [122]	
Repairs	+ <u> </u> [124]		+ <u> </u> [126]		+ <u> </u> [128]		+ <u> </u> [130]	
Maintenance	+ <u> </u> [132]		+ <u> </u> [134]		+ <u> </u> [136]		+ <u> </u> [138]	
Tires	+ <u> </u> [140]		+ <u> </u> [142]		+ <u> </u> [144]		+ <u> </u> [146]	
Car washes	+ <u> </u> [148]		+ <u> </u> [150]		+ <u> </u> [152]		+ <u> </u> [154]	
Insurance	+ <u> </u> [156]		+ <u> </u> [158]		+ <u> </u> [160]		+ <u> </u> [162]	
Interest	+ <u> </u> [164]		+ <u> </u> [166]		+ <u> </u> [168]		+ <u> </u> [170]	
Registration	+ <u> </u> [172]		+ <u> </u> [174]		+ <u> </u> [176]		+ <u> </u> [178]	
Licenses	+ <u> </u> [180]		+ <u> </u> [182]		+ <u> </u> [184]		+ <u> </u> [186]	
Property taxes	+ <u> </u> [188]		+ <u> </u> [190]		+ <u> </u> [192]		+ <u> </u> [194]	
Other vehicle expenses	+ <u> </u> [196]		+ <u> </u> [198]		+ <u> </u> [200]		+ <u> </u> [202]	
Vehicle rentals	+ <u> </u> [204]		+ <u> </u> [206]		+ <u> </u> [208]		+ <u> </u> [210]	
Inclusion amt (Preparer only)	<u> </u> [212]		+ <u> </u> [214]		+ <u> </u> [216]		+ <u> </u> [218]	
Depreciation	+ <u> </u> [220]		+ <u> </u> [222]		+ <u> </u> [224]		+ <u> </u> [226]	

If you used your automobile for business purposes, please complete the following information.

E **1** Preparer use only

Description of business or profession **Schedule E, Rent / Royalty** [3]

Vehicles

Vehicle 1 -	Date placed in service	<u>01/01/15</u>	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	<u> </u> [60]	<u> </u>	<u> </u> [62]	<u> </u>	<u> </u> [64]	<u> </u>	<u> </u> [66]	<u> </u>
Was another vehicle available for personal use? (Y, N)	<u> </u> [68]	<u> </u>	<u> </u> [70]	<u> </u>	<u> </u> [72]	<u> </u>	<u> </u> [74]	<u> </u>
Do you have evidence to support your deduction? (Y, N)	<u> </u> [76]	<u> </u>	<u> </u> [78]	<u> </u>	<u> </u> [80]	<u> </u>	<u> </u> [82]	<u> </u>
Is this evidence written? (Y, N)	<u> </u> [84]	<u> </u>	<u> </u> [86]	<u> </u>	<u> </u> [88]	<u> </u>	<u> </u> [90]	<u> </u>

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	<u> </u> [32]		<u> </u> [34]		<u> </u> [36]		<u> </u> [38]	
Commuting miles	<u> </u> [42]		<u> </u> [44]		<u> </u> [46]		<u> </u> [48]	
Business miles	<u> </u> [52]		<u> </u> [54]		<u> </u> [56]		<u> </u> [58]	
Parking fees	+ <u> </u> [92]		+ <u> </u> [94]		+ <u> </u> [96]		+ <u> </u> [98]	
Tolls	+ <u> </u> [100]		+ <u> </u> [102]		+ <u> </u> [104]		+ <u> </u> [106]	
Gasoline	+ <u> </u> [108]		+ <u> </u> [110]		+ <u> </u> [112]		+ <u> </u> [114]	
Oil	+ <u> </u> [116]		+ <u> </u> [118]		+ <u> </u> [120]		+ <u> </u> [122]	
Repairs	+ <u> </u> [124]		+ <u> </u> [126]		+ <u> </u> [128]		+ <u> </u> [130]	
Maintenance	+ <u> </u> [132]		+ <u> </u> [134]		+ <u> </u> [136]		+ <u> </u> [138]	
Tires	+ <u> </u> [140]		+ <u> </u> [142]		+ <u> </u> [144]		+ <u> </u> [146]	
Car washes	+ <u> </u> [148]		+ <u> </u> [150]		+ <u> </u> [152]		+ <u> </u> [154]	
Insurance	+ <u> </u> [156]		+ <u> </u> [158]		+ <u> </u> [160]		+ <u> </u> [162]	
Interest	+ <u> </u> [164]		+ <u> </u> [166]		+ <u> </u> [168]		+ <u> </u> [170]	
Registration	+ <u> </u> [172]		+ <u> </u> [174]		+ <u> </u> [176]		+ <u> </u> [178]	
Licenses	+ <u> </u> [180]		+ <u> </u> [182]		+ <u> </u> [184]		+ <u> </u> [186]	
Property taxes	+ <u> </u> [188]		+ <u> </u> [190]		+ <u> </u> [192]		+ <u> </u> [194]	
Other vehicle expenses	+ <u> </u> [196]		+ <u> </u> [198]		+ <u> </u> [200]		+ <u> </u> [202]	
Vehicle rentals	+ <u> </u> [204]		+ <u> </u> [206]		+ <u> </u> [208]		+ <u> </u> [210]	
Inclusion amt (Preparer only)	<u> </u> [212]		+ <u> </u> [214]		+ <u> </u> [216]		+ <u> </u> [218]	
Depreciation	+ <u> </u> [220]		+ <u> </u> [222]		+ <u> </u> [224]		+ <u> </u> [226]	

Form ID: OtherTax 72
Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of \$20 or less in a month in 2015.

	2015 Information	Prior Year Information
	Taxpayer	Spouse
Total cash and charge tips under \$20 per month and not reported to employer	+ _____ [3]	+ _____ [4]
		<div style="border: 1px solid black; width: 100px; height: 20px; background-color: #cccccc;"></div>

Complete if you received cash/charge tips of \$20 or more in a month and did not report all of those tips to your employer.

	Employer name	Employer identification number	Total tips received in 2015	Total tips reported in 2015
Taxpayer information [1]				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Spouse information [2]				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Social Security Tax on Unreported Wages

Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.

(**Please refer to Reason Codes located at the bottom)

	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC received	Total wages received with no social security or Medicare tax withheld
Taxpayer information [6]					
_____	_____	-	_____	-	_____
_____	_____	-	_____	-	_____
_____	_____	-	_____	-	_____
_____	_____	-	_____	-	_____
_____	_____	-	_____	-	_____
Spouse information [7]					
_____	_____	-	_____	-	_____
_____	_____	-	_____	-	_____
_____	_____	-	_____	-	_____
_____	_____	-	_____	-	_____
_____	_____	-	_____	-	_____

** Reason Codes

A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.
 C = I received other correspondence from the IRS that states I am an employee.
 G = I filed Form SS-8 with the IRS and have not received a reply.
 H = I received a Form W-2 and a Form 1099-MISC from this firm for 2015. The amount on Form 1099-MISC should have been included as wages on Form W-2.

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
Please provide all copies of Form(s) 1095-B and/or 1095-C

	2015 Information	Prior Year Information
Was your entire family covered for the full year with minimum essential health care coverage? (Y, N)	__ [1]	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage. Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming. Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.

Social Security No.	First Name	Last Name	Exemption Certificate Number	Other Exemption Type *	Full Year	Start Month	End Month
_____	_____	_____	_____	—	—	—	— [7]
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—

*Other Exemption Type Codes	
A = Unaffordable coverage	F = Incarcerated individual
B = Short coverage gap	G = Hardship (combined coverage unaffordable, initial open enrollment, CHIP)
C = Exempt noncitizen	H = Medicaid/TRICARE/Fiscal year employer plan
D = Health care sharing ministry	X = Insured with minimum essential coverage (coverage info found on Form(s) 1095-B or 1095-C)
E = Indian tribe member	

	2015 Information		2015 Information		Prior Year Information
	Taxpayer	Spouse			
Self-employed health insurance premiums: (Not entered elsewhere)	+ _____ [12]	+ _____ [13]	+		<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
_____	+	_____			
Self-employed long-term care premiums: (Not entered elsewhere)	+ _____ [15]	+ _____ [16]	+		
_____	+	_____			

NOTES/QUESTIONS:

Child and Dependent Care Expenses

Please enter all amounts paid in 2015 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2014 employer-provided dependent care benefits used during 2015 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2015	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2015		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____

Amount paid to care provider in 2015 _____ + _____ [7]

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____

Amount paid to care provider in 2015 _____ + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____

Amount paid to care provider in 2015 _____ + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____

Amount paid to care provider in 2015 _____ + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____

Amount paid to care provider in 2015 _____ + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)			__ [1]
Were the costs incurred made to your main home located in the United States? (Y, N)			__ [2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)			__ [3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+		[5]
Enter the total amount of costs for exterior windows	+		[7]
Enter the total amount of costs for exterior doors	+		[9]
Enter the total amount of costs for qualified metal roofs	+		[11]
Enter the total amount of costs for energy-efficient building property	+		[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+		[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+		[10]
Enter the total amount of costs for qualified solar electric property	+		[12]
Enter the total amount of costs for qualified solar water heating property	+		[14]
Enter the total amount of costs for qualified small wind energy property	+		[16]
Enter the total amount of costs for qualified geothermal heat pump property	+		[13]
Enter the total amount of costs for qualified fuel cell property	+		[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property			[17]

NOTES/QUESTIONS:

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]
 Part III Household Information -

	A. 2015 Monthly Premium Amount	Prior Year Information	B. 2015 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2015 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals + _____

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]
 Part III Household Information -

	A. 2015 Monthly Premium Amount	Prior Year Information	B. 2015 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2015 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals + _____

NOTES/QUESTIONS:

Notes to Preparer

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s) _____

Social security number _____

Cunningham, Malone & Morton
710 E Street, Suite 100
Eureka, CA 95501
707-441-1111

Dear :

We appreciate the opportunity to work with you. This Engagement Agreement is to confirm and specify the terms of our engagement with you, to clarify the nature and extent of the services we will provide, and confirm an understanding of our mutual responsibilities.

This engagement consists of the preparation of your Tax Year 2015 Income Tax Returns only, based on the returns that you filed last year. Certain individuals may be required to electronically file Form 114, Report of Foreign Bank and Financial Accounts with the U.S. Department of the Treasury. Failure to comply with the filing requirements may result in significant civil and criminal penalties. Unless otherwise specifically agreed in writing, we will not prepare, file, or provide assistance with this form. If you would like to add Form 114 (or any other forms or services) to this engagement, please state so in the notes section provided in the Organizer. This engagement does not include any other planning meetings or additional work for tax projections, advice, or the like. Unless specifically stated, the invoice that you receive will be exclusively for the preparation of the return itself. It may not include bookkeeping done preparatory to the return. A separate invoice may be provided for that.

We will prepare your 2015 federal and state income tax returns from information which you will furnish to us. You represent that the information you provide will be accurate and complete to the best of your knowledge. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign and file them.

Taxpayers are required to maintain all the documents that form the basis of income, deductions, credits and payments shown on the return. In addition, some items have specific substantiation requirements set forth by the IRS (e.g., auto, meals & entertainment, and charitable contributions over \$250, etc.). If you have any questions as to the type of records required, please ask us for advice in that regard. Your signature on this letter confirms that we have advised you of the record keeping requirements.

The Affordable Care Act ("ACA") added various new health insurance related mandates, penalties, and credits to the Internal Revenue Code. Your signature on this letter

indicates that you acknowledge and agree that we are relying solely on the information and forms that you provide to us in connection with the preparation of the tax returns, in compliance with the ACA, covered by this engagement letter. We have been retained only to prepare such tax returns, and have not been engaged to provide any additional advice regarding the eligibility for any credits, estimates of any payments, estimates of any penalties, or compliance with the ACA except in connection with the preparation of the tax returns. Any such additional services require a separate written engagement letter.

We will furnish you with organizers and worksheets to guide you in gathering the necessary information. We request that you complete the organizers.

If you do complete the organizer, we will bear any costs in re-printing, if necessary, should we input the answer to a question differently than you did. If you do not complete the organizer and we subsequently have to re-print a return, there will be an extra processing charge.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover fraud, defalcations or irregularities, should any exist.

We will use our judgment to resolve questions in your favor where the tax law is unclear or where there are conflicts between the taxing authorities' interpretation of the law and what seem to be other supportable positions. There may be situations where we are required by law to disclose a position on a tax return. We are not attorneys; therefore, we cannot provide you with a legal opinion on various tax positions. We can, however, advise you of the consequences of different positions. We will adopt whatever position you request on your returns so long as it is consistent with our professional standards and ethics. In the event, however, that you ask us to take an unsupported tax position or refuse to make any required disclosures, we reserve the right to withdraw from the engagement without completing or delivering the tax returns. Such withdrawal would complete our engagement and you agree to pay our fee based on time expended (at our standard rates) plus all out-of-pocket expenses through the date of withdrawal.

The engagement does not include any services not specifically identified herein. We may need to perform additional accounting or research services incidental to the preparation of your tax returns. These incidental services will be billed with your tax return, at our standard rates.

Your returns will be required to be filed electronically with the IRS. We will provide you with a copy of your final returns for review prior to electronic transmission. The IRS requires that you sign an e-file authorization form indicating that you have reviewed the return, it is correct to the best of your knowledge, and you authorize us to submit it electronically. We cannot transmit any return until we have the appropriate signed authorizations. E-filing of state returns varies by tax authority. If e-file is not available, paper copies will be provided for you to sign and mail.

The filing deadline for the tax returns is April 15, 2016. In order to meet this filing deadline, the information needed to complete the returns should be received in this office no later than March 1, 2016. If we receive your information after this date, we will make every effort to complete your returns without an extension, but will give priority service to clients who submitted information on time. This means an extension may be filed on

your behalf, depending on our workload. You will be advised if we find ourselves in the situation where we deem it necessary to put a return on extension. We reserve the right to do that. If that should happen, we will notify you. The law provides various penalties that may be imposed when taxpayers understate their tax liability. It is your responsibility to have paid your taxes during the year, as the liability arises. Therefore, if we extend we will not be responsible for penalties imposed or interest assessed for late payments.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for our tax preparation services will be based upon the amount of time required, the complexity of the return, and the material costs expended. Our minimum fee is \$300. All invoices are due and payable upon presentation. We reserve the right to withhold delivery and/or the filing of electronic returns pending payment of our fees. Amounts not paid within 15 days will be charged interest at a rate of 1.5% per month (18.0% per year).

In the event that we are required to respond to a subpoena, court order or other legal process for the production of documents and/or testimony relative to the information we obtained and/or prepared during the course of this engagement, you agree to compensate us for the time we expend (at our standard rates) in connection with such response, and to reimburse us for all out-of-pocket costs incurred in that regard.

If your return is straight forward, you can forego a tax appointment interview, fill in your organizer and drop it off at our office with your tax documents. You may also be able to send us the needed information electronically. Preparing a return without a tax appointment can make the process more efficient. We will still contact you if there is missing data or if we have questions. You can write your questions or concerns on the organizer.

If it is determined that we have made an error, and the error results in a penalty, Cunningham, Malone & Morton will pay the penalty. We will not pay your tax, nor will we pay interest. We will not be responsible for any penalties for underpayment or late payment of tax because the tax was not paid sufficiently during the year through withholding or Estimated Tax Payments.

It is agreed that any and all disputes which may arise in connection with this engagement shall be settled first by mediation or, if unsuccessful, by binding arbitration, upon the written request of one party after the service of that request on the other party. The parties shall agree on the mediator and/or arbitrator, and the mediation and/or arbitration shall be conducted pursuant to the mediator's and/or arbitrator's rules. If the parties cannot agree, then the Superior Court of Humboldt County shall choose an impartial mediator and/or arbitrator. The decision of any selected arbitrator shall be final and conclusive on all parties. Attorneys and the parties to this agreement shall each have the right of discovery in connection with any arbitration proceeding in accordance with the Code of Civil Procedure Section 1283.05. The costs and fees of mediation and/or arbitration shall be apportioned between the parties in such proportion as the mediator and/or arbitrator shall decide. The parties shall bear their own legal fees and costs. The

sole and exclusive venue for the mediation and/or arbitration of any dispute shall be Humboldt County, California.

You may terminate this engagement at any time. Should you do so, however, you remain liable for all unpaid fees as discussed above. We reserve the right to withdraw from this engagement at any time because of unpaid fees, the guidance of our professional standards, or for any other reason. We will notify you in advance of any decision by us to withdraw, and will take all reasonable steps to assist in the orderly transfer of your tax services. Otherwise, this engagement will be considered complete upon acceptance of your e-filed returns by the tax authorities. In the event that your returns are not e-filed, you will have final responsibility for mailing your returns to the applicable taxing authorities.

If the foregoing fairly sets forth your understanding, please sign this letter in the space indicated and return it to our office, along with your tax information. However, if there are other tax returns you expect us to prepare, please inform us by noting in the notes portion of the organizer.

We want to express our appreciation for this opportunity to work with you. If you have any questions, please call us.

Very truly yours,

Cunningham, Malone & Morton

Accepted By: _____

Date: _____

Comments or additional requests:

