

2015 Client Organizer for Form 1040

J Sloan Shuffler, PC

110 W Hoxie St. Palestine, TX 75801

903.723.8894 903.723.8895 fax sloan@sloancpa.com

General: 1040 **Personal Information**

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

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

Taxpayer **Spouse**

Social security number _____

First name _____

Last name _____

Occupation _____

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

Mark if legally blind _____

Mark if dependent of another taxpayer _____

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

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

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

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

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040 **Dependent Information**

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

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

Provider information:

Business name _____

First and Last name _____

Street address _____

City, state, and zip code _____

Social security number OR Employer identification number _____

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

Amount paid to care provider in 2015 _____

Taxpayer **Spouse**

Employer-provided dependent care benefits that were forfeited _____

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

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

Financial institution: Routing transit number _____ Name _____

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

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

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

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

Income: W2 **Salary and Wages**

Please provide all copies of Form W-2 that you receive. Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Contains 5 rows of blank lines for reporting.

Income: 1099R **Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive. Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Contains 5 rows of blank lines for reporting.

Income: K1, K1T **Schedules K-1**

Please provide all copies of Schedule K-1 that you receive. Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

Table with 4 columns: T/S/J, Description, Form, Mark if no longer applicable. Contains 5 rows of blank lines for reporting.

Income: W2G **Gambling Income**

Please provide all copies of Form W-2G that you receive. Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Contains 3 rows of blank lines for reporting.

Educate: 1099Q **Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive. Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Contains 2 rows of blank lines for reporting.

Income: B1 **Interest Income**

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

| T/S/J | Payer Name | Interest Income | Prior Year Information |
|-------|------------|-----------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Income: B3 **Seller Financed Mortgage Interest**

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

Income: B2 **Dividend Income**

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

| T/S/J | Payer Name | Ordinary Dividends | Qualified Dividends | Prior Year Information |
|-------|------------|--------------------|---------------------|------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

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

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

| T/S/J | Description of Property | Date Acquired | Date Sold | Gross Sales Price (Less expenses of sale) | Cost or Other Basis |
|-------|-------------------------|---------------|-----------|--|---------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Income: Income **Other Income**

Please provide copies of all supporting documentation.

| | 2015 Information | | Prior Year Information |
|--|------------------|--------|------------------------|
| | Taxpayer | Spouse | Prior Year information |
| State and local income tax refunds | _____ | _____ | _____ |
| Alimony received | _____ | _____ | _____ |
| Unemployment compensation | _____ | _____ | _____ |
| Unemployment compensation repaid | _____ | _____ | _____ |
| Social security benefits | _____ | _____ | _____ |
| Medicare premiums to be reported on Schedule A | _____ | _____ | _____ |
| Railroad retirement benefits | _____ | _____ | _____ |

| T/S/J | 2015 Information | Prior Year Information |
|---------------|------------------|------------------------|
| Other Income: | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Itemized: A1 **Medical and Dental Expenses**

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

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

Itemized: A1 **Tax Expenses**

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

Itemized: A2 **Interest Expenses**

| T/S/J | | 2015 Information | Prior Year Information |
|-------|--|-------------------------|-------------------------------|
| — | Home mortgage interest From Form 1098 | _____ | _____ |
| T/S/J | Other home mortgage interest paid to individuals: | | |
| | Payee's Name | 2015 Information | Prior Year Information |
| — | _____ | _____ | _____ |
| | SSN or EIN | | |
| — | _____ | _____ | _____ |
| | Address | City | State Zip Code |
| — | _____ | _____ | _____ |
| T/S/J | Investment interest expense, other than on Sch K-1s: | 2015 Information | Prior Year Information |
| — | _____ | _____ | _____ |
| | Refinance #1 | | Refinance #2 |
| | Refinancing Information: | | |
| T/S/J | Recipient/Lender name _____ | _____ | _____ |
| | Total points paid at time of refinance _____ | _____ | _____ |
| | Date of refinance _____ | _____ | _____ |
| | Term of new loan (in months) _____ | _____ | _____ |
| | Reported on Form 1098 in 2015 _____ | _____ | _____ |

Itemized: A3 **Charitable Contributions**

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

Itemized: A3 **Miscellaneous Deductions**

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

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 +

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 +

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 +

Health Care Coverage and Exemptions

"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]

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 |
|---------------------|------------|-----------|------------------------------|------------------------|-----------|-------------|-----------|
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| *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 | | Prior Year Information |
| | Taxpayer | Spouse | |
| Self-employed health insurance premiums: (Not entered elsewhere) | _____ [12] + _____ [13] | _____ [13] | <input style="width: 100%; height: 100%;" type="text"/> |
| | + _____ + _____ | + _____ | |
| Self-employed long-term care premiums: (Not entered elsewhere) | _____ [15] + _____ [16] | _____ [16] | |
| | + _____ + _____ | + _____ | |

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:

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 +

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] | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |

Preparer use only

2015 Information

Prior Year Information

Description [2]
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]

Blank area for Prior Year Information

Rent and Royalty Income

Rents and royalties

2015 Information

Prior Year information

[33] + [33]

Blank area for Prior Year information

Rent and Royalty Expenses

2015 Information

Percent if not 100%

Prior Year Information

Advertising + [35] [36]
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]

Blank area for Prior Year Information

Control Totals +

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 | + _____ [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] |

Please provide all Forms 1099-K

Preparer use only

| | 2015 Information | Prior Year Information |
|--|------------------|------------------------|
| Taxpayer/Spouse/Joint (T, S, J) | ____ [2] | |
| Employer identification number | _____ [3] | |
| Description | _____ [4] | |
| Principal Product | _____ [5] | |
| State postal code | ____ [6] | |
| Accounting method (1 = Cash, 2 = Accrual) | ____ [7] | ____ |
| Agricultural activity code | _____ [9] | _____ |
| Did you "materially participate" in this business? (Y, N) | ____ [12] | ____ |
| Did you make any payments in 2015 that require you to file Form(s) 1099? (Y, N) | ____ [14] | ____ |
| If "Yes", did you or will you file all required Forms 1099? (Y, N) | ____ [16] | ____ |
| Mark if Schedule F net income or loss should be excluded from self-employment income | ____ [18] | ____ |
| Medical insurance premiums paid by this activity | + _____ [22] | _____ |
| Long-term care premiums paid by this activity | + _____ [26] | _____ |

Schedule F Income

| Sales Code** | Income description | 2015 Information | Prior Year Information |
|--------------|--------------------|------------------|------------------------|
| — | _____ | + _____ [36] | _____ |
| — | _____ | + _____ | _____ |
| — | _____ | + _____ | _____ |
| — | _____ | + _____ | _____ |
| — | _____ | + _____ | _____ |

| ** Sales Codes | |
|---|--------------------------------|
| 1 = Cash sales of items bought for resale | 4 = Custom hire (machine work) |
| 2 = Cash sales of items raised | 5 = Other income |
| 3 = Accrual sales | |

| | 2015 Information | Prior Year Information |
|--|------------------|------------------------|
| Cost or other basis of livestock and other items you bought for resale (Cash method) | + _____ [38] | _____ |
| Beginning inventory of livestock and other items (Accrual method) | + _____ [40] | _____ |
| Accrual cost of livestock, produce, grains, and other products purchased | + _____ [42] | _____ |
| Ending Inventory of livestock and other items (Accrual method) | + _____ [44] | _____ |
| Total cooperative distributions you received | + _____ [46] | _____ |
| Taxable cooperative distributions you received | + _____ [48] | _____ |

| | 2015 Total | 2015 Taxable | Prior Year Information |
|-------------------------------|------------|--------------|------------------------|
| Agricultural program payments | + _____ | + _____ [51] | _____ |
| _____ | + _____ | + _____ | _____ |
| _____ | + _____ | + _____ | _____ |

| | 2015 Information | Prior Year Information |
|--|------------------|------------------------|
| CRP payments received while enrolled to receive social security or disability benefits | + _____ [53] | _____ |
| Commodity credit loans reported under election: | + _____ [55] | _____ |
| _____ | + _____ | _____ |
| Total commodity credit loans forfeited | + _____ [57] | _____ |
| Taxable commodity credit loans forfeited | + _____ [59] | _____ |

| | 2015 Total | 2015 Taxable | Prior Year information |
|---|------------|--------------|------------------------|
| Total crop insurance proceeds you received in 2015 | + _____ | + _____ [62] | _____ |
| _____ | + _____ | + _____ | _____ |
| _____ | + _____ | + _____ | _____ |
| Mark if electing to defer crop insurance proceeds to 2016 | _____ [64] | _____ | _____ |
| Crop insurance proceeds deferred from 2014 | _____ | + _____ [66] | _____ |

Control Totals +

Preparer use only

Description

| | 2015 Information | Prior Year Information |
|---|------------------|------------------------|
| Car and truck expenses | + _____ [5] | _____ |
| Chemicals | + _____ [7] | _____ |
| Conservation expenses | + _____ [9] | _____ |
| Custom hire (machine work) | + _____ [11] | _____ |
| Depreciation | + _____ [13] | _____ |
| Employee benefit programs (Include Small Employer Health Ins Premiums credit) | + _____ [15] | _____ |
| Feed purchased | + _____ [17] | _____ |
| Fertilizers and lime | + _____ [19] | _____ |
| Freight and trucking | + _____ [21] | _____ |
| Gasoline, fuel, and oil | + _____ [23] | _____ |
| Insurance (Other than health) | + _____ [26] | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| Mortgage interest (Paid to banks, etc.) | + _____ [28] | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| Other interest | + _____ [30] | _____ |
| Labor hired (Less employment credit) | + _____ [32] | _____ |
| Pension and profit sharing | + _____ [34] | _____ |
| Rent - vehicles, machinery, and equipment | + _____ [36] | _____ |
| Rent - other | + _____ [38] | _____ |
| Repairs and maintenance | + _____ [40] | _____ |
| Seed and plants purchased | + _____ [42] | _____ |
| Storage and warehousing | + _____ [44] | _____ |
| Supplies purchased | + _____ [46] | _____ |
| Taxes: | + _____ [48] | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| Utilities | + _____ [50] | _____ |
| Veterinary, breeding, and medicine | + _____ [52] | _____ |
| Other expenses: | + _____ [54] | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| Preproductive period expenses | + _____ [56] | _____ |

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [9]
 State postal code _____ [10]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [13]

| | Preparer use only Carryovers | Regular | AMT |
|------------------|---------------------------------|---------|------|
| Enter on K1-7 | Operating | [14] | [15] |
| | Short-term capital | [16] | [17] |
| | Long-term capital | [18] | [19] |
| | 28% rate capital | [20] | [21] |
| | Section 1231 loss | [22] | [23] |
| | Ordinary business gain/loss | [24] | [25] |
| | Other losses - 1040 pg.1 | [26] | [27] |
| | Comm revitalization | [28] | [29] |
| | Section 179 | [30] | [31] |
| | Excess farm loss | [34] | [35] |

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [9]
 State postal code _____ [10]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [13]

| | Preparer use only Carryovers | Regular | AMT |
|------------------|---------------------------------|---------|------|
| Enter on K1-7 | Operating | [14] | [15] |
| | Short-term capital | [16] | [17] |
| | Long-term capital | [18] | [19] |
| | 28% rate capital | [20] | [21] |
| | Section 1231 loss | [22] | [23] |
| | Ordinary business gain/loss | [24] | [25] |
| | Other losses - 1040 pg.1 | [26] | [27] |
| | Comm revitalization | [28] | [29] |
| | Section 179 | [30] | [31] |
| | Excess farm loss | [34] | [35] |

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [9]
 State postal code _____ [10]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [13]

| | Preparer use only Carryovers | Regular | AMT |
|------------------|---------------------------------|---------|------|
| Enter on K1-7 | Operating | [14] | [15] |
| | Short-term capital | [16] | [17] |
| | Long-term capital | [18] | [19] |
| | 28% rate capital | [20] | [21] |
| | Section 1231 loss | [22] | [23] |
| | Ordinary business gain/loss | [24] | [25] |
| | Other losses - 1040 pg.1 | [26] | [27] |
| | Comm revitalization | [28] | [29] |
| | Section 179 | [30] | [31] |
| | Excess farm loss | [34] | [35] |

Description _____ [1]
 Taxpayer/Spouse/Joint (T, S, 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

| | | |
|--|---------|------|
| 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:

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.

| TS | Qualified loan interest recipient/lender | 2015 Interest Paid | Prior Year Information | | | | |
|-------|--|------------------------|---|-------|-------|-------|-------|
| — | _____ | + _____ ⁽¹⁾ | <table border="1"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table> | _____ | _____ | _____ | _____ |
| _____ | | | | | | | |
| _____ | | | | | | | |
| _____ | | | | | | | |
| _____ | | | | | | | |
| — | _____ | + _____ | | | | | |
| — | _____ | + _____ | | | | | |
| — | _____ | + _____ | | | | | |

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] | <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
| 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 <small>1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2015</small> | _____ | |

NOTES/QUESTIONS: