

2015	1040	US	Tax Organizer
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Luers & Dyer CPAs, LLP
PO Box 1934
Julian , CA 92036
Telephone number: 7607650343
Fax number:
E-mail address:

Tax Return Appointment

Date:
Time:
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2015 tax return. Please enter all pertinent 2015 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION

	Taxpayer	Spouse
First name and initial		
Last name		
Title/suffix		
Social security number		
Occupation		
Date of birth (m/d/y)		
Date of death (m/d/y)		
1=blind		
Home phone		
Work phone		
Work extension		
Cell phone		
E-mail address		
Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	

DEPENDENTS

	Dependent No.	Dependent No.
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Social security number		
Relationship		
Months lived at home		
	Dependent No.	Dependent No.
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Social security number		
Relationship		
Months lived at home		

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Please enter all pertinent 2015 information. If you have attached a government form for an item, check the box and do not enter a 2015 amount.

WAGES, SALARIES AND TIPS

Employer name:

Form with 5 checkboxes and 5 lines for employer name.

Table with 2 columns: 2015 Amount, 2014 Amount. Row 1: Attach Forms W-2

INTEREST INCOME

Payer name:

Form with 5 checkboxes and 5 lines for payer name.

Table with 2 columns: 2015 Amount, 2014 Amount. Row 1: Attach Forms 1099-INT

DIVIDEND INCOME

Payer name:

Form with 5 checkboxes and 5 lines for payer name.

Table with 2 columns: 2015 Amount, 2014 Amount. Row 1: Attach Forms 1099-DIV

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

Form with 5 checkboxes and 5 lines for payer name.

Table with 2 columns: 2015 Amount, 2014 Amount. Row 1: Attach Forms 1099-R & W-2G

Winnings not reported on W-2G
Total gambling losses

OTHER GOVERNMENT FORMS - INCOME

- Form 1099-B - Sales of stock (also include transaction history)
Form 1099-MISC - Miscellaneous income
Form 1099-K - Merchant card and third party network payments
Form 1099-S - Sales of real estate (also include closing statements)

Table with 2 columns: 2015 Amount, 2014 Amount. Row 1: Attach Forms 1099

- Form 1099-G - State tax refunds

Table with 2 columns: 2015 Amount, 2014 Amount. Row 1: Attach Forms 1099

Taxpayer:

- Form SSA-1099 - Social security benefits
Form 1099-G - Unemployment compensation

Table with 2 columns: 2015 Amount, 2014 Amount. Row 1: Attach Forms 1099

Spouse:

- Form SSA-1099 - Social security benefits
Form 1099-G - Unemployment compensation

Table with 2 columns: 2015 Amount, 2014 Amount. Row 1: Attach Forms 1099

MISCELLANEOUS INCOME

Taxpayer: Alimony received
Spouse: Alimony received

Other:

Table with 2 columns: 2015 Amount, 2014 Amount. Rows 1-3: Empty

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RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum).....
 Roth IRA contributions (1=maximum)
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....
 Spouse: Traditional IRA contributions (1=maximum).....
 Roth IRA contributions (1=maximum)
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....

2015 Amount	2014 Amount

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest.....
 Form 1098-T - Tuition and related expenses.....

Attach Forms 1098	
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AFFORDABLE CARE ACT

Form 1095-A - Health Insurance Marketplace Statement.....
 Form 1095-B - Health Coverage.....
 Form 1095-C - Employer-Provided Health Insurance Offer and Coverage.....

Attach Forms 1095	
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ADJUSTMENTS TO INCOME

Taxpayer:
 Self-employed health insurance premiums.....
 Educator expenses.....
 Other adjustments to income:

Alimony paid - Recipient name & SSN.....

Spouse:
 Self-employed health insurance premiums.....
 Educator expenses.....
 Other adjustments to income:

Alimony paid - Recipient name & SSN.....

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs.....
 Doctors, dentists and nurses.....
 Hospitals and nursing homes.....
 Insurance premiums.....
 Long-term care premiums - taxpayer.....
 Long-term care premiums - spouse.....
 Insurance reimbursement.....
 Out-of-pocket lodging and transportation expenses.....
 Number of medical miles.....
 Other: _____

TAXES PAID

State income taxes - 1/15 payment on 2014 state estimate.....
 State income taxes - paid with 2014 state extension.....
 State income taxes - paid with 2014 state return.....
 State income taxes - paid for prior years and/or to other states.....

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TAXES PAID (continued)

City/local income taxes - 1/15 payment on 2014 city/local estimate.
City/local income taxes - paid with 2014 city/local extension.
City/local income taxes - paid with 2014 city/local return.
State and local sales taxes (except autos and special items).
Use taxes paid on 2015 purchases.
Use taxes paid on 2014 state return.
Sales tax on autos not included above.
Sales taxes paid on boats, aircraft, and other special items.
Real estate taxes - principal residence.
Real estate taxes - property held for investment.
Foreign income taxes.
Personal property taxes (including automobile fees in some states).

Table with 2 columns: 2015 Amount, 2014 Amount. Includes a shaded row for 'Attach Tax Notice'.

INTEREST PAID

Home mortgage interest and points paid:
[] []

Table with 2 columns: 2015 Amount, 2014 Amount. Includes a shaded row for 'Attach Forms 1098'.

Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):

Table with 2 columns: 2015 Amount, 2014 Amount.

Points not reported on Form 1098:

Table with 2 columns: 2015 Amount, 2014 Amount.

Mortgage insurance premiums on post 12/31/06 contracts.

Table with 2 columns: 2015 Amount, 2014 Amount.

Investment interest (interest on margin accounts):

Table with 2 columns: 2015 Amount, 2014 Amount.

Passive interest

Table with 2 columns: 2015 Amount, 2014 Amount.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Volunteer expenses (out-of-pocket).
Number of charitable miles.

Table with 2 columns: 2015 Amount, 2014 Amount.

NONCASH CONTRIBUTIONS

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

[]

Table with 2 columns: 2015 Amount, 2014 Amount.

MISCELLANEOUS DEDUCTIONS

Union and professional dues.
Tax return preparation fee.
Safe deposit box rental.
Investment expenses.
Estate tax, section 691(c).
Unreimbursed employee expenses.
Other:

Table with 2 columns: 2015 Amount, 2014 Amount.

2015	1040	US	Direct Deposit & Estimates (Form 1040 ES)	3, 6
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Please enter all pertinent 2015 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account		
1=electronic payment of balance due		
1=electronic payment of estimated tax		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2015 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2015 Voucher Amount
Overpayment applied from 2014				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				
Former spouse SSN if joint estimates				

State

	Amount Paid	Date Paid	TS	2015 Voucher Amount
Overpayment applied from 2014				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				

1	Type of Account
	1 = Savings 2 = Checking

2	Type of Investment
	1 = Checking or savings (default) 2 = Taxpayer's IRA (next year limits) 3 = Spouse's IRA (next year limits) 4 = Health savings account (HSA) 5 = Archer MSA 6 = Coverdell savings account (ESA) 7 = Other 8 = Taxpayer's IRA (current year limits) 9 = Spouse's IRA (current year limits)

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US

Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2015 information.

APPLICATION OF 2015 OVERPAYMENT (7.1)

If you have an overpayment of 2015 taxes, do you want the excess refunded? or applied to 2016 estimate? ...

Other (please explain): _____

2016 ESTIMATED TAX INFORMATION

Do you expect your 2016 taxable income to be different from 2015? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2016 withholding to be different from 2015? Yes No

If "yes" explain any differences: _____

7.1

2015	1040	US	Business Income (Schedule C)	No. <input style="width:40px;" type="text"/>	16
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Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040.....	
City, if different from Form 1040.....	
State, if different from Form 1040.....	
ZIP code, if different from Form 1040.....	
Foreign region.....	
Foreign postal code.....	
Foreign country.....	
Employer identification number.....	
Other accounting method.....	

Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		
1=trader in financial instruments or commodities.....		

INCOME

	2015 Amount	2014 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		

Inventory at end of the year.....		

Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2015 Amount	2014 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals and entertainment in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2015	1040	US	Rental & Royalty Income (Schedule E)	No. <input style="width:40px;" type="text"/>	18
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Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2015 Amount	2014 Amount
Description of property.....		Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address.....		
City.....		
State.....		
ZIP code.....		
Type of property (see table)....		
Other type of property.....		
Number of days rented.....		

Percentage of ownership if not 100% (.xxxx)..... Percentage of tenant occupancy if not 100% (.xxxx)..... 1=spouse, 2=joint..... 1=qualified joint venture..... 1=nonpassive activity, 2=passive royalty.....		1=did not actively participate... 1=RE prof., activity is trade or business, 2=RE prof., not trade or business..... 1=rental other than real estate..... 1=investment..... 1=single member limited liability company.....	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....			

INCOME

	2015 Amount	2014 Amount
Rents or royalties received.....		

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere).....		
Cleaning and maintenance.....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.).....		
Qualified mortgage insurance premiums.....		
Excess mortgage interest.....		
Other interest (not entered elsewhere).....		
Painting and decorating.....		
Pest control.....		
Plumbing and electrical.....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Utilities.....		
Wages and salaries.....		
Other:		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region	
Foreign postal code	
Foreign country	

OIL AND GAS

	2015 Amount	2014 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

Number of days personal use	
Number of days owned (if optional method elected)	

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		

2015	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2015 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

2015	1040	US	Vehicle Expenses	No. <input style="width:40px;" type="text"/>	22 p3
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Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2015 Amount	2014 Amount
Description of vehicle.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=vehicle used primarily by more than 5% owner.....		
Number of months of business use if changed from 100% personal use.....		

AUTOMOBILE MILEAGE

Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		

ACTUAL EXPENSES

Parking fees and tolls (business portion only).....		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

**Please enter 2015 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.**

BUSINESS USE OF HOME

	2015 Amount	2014 Amount
Form		
Number of form (e.g., enter 2 for Schedule C number 2)		
Business use area (square footage)		
Total area of home (square footage)		
Total hours facility used (for daycare facilities only)		
Total hours available (if not 8,760)		
% (.xx) or amount of gross income from home if not 100% (-1 if none)		
% (.xx) or amount of expenses from home if not 100% (-1 if none)		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Other indirect expenses:		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Excess casualty losses		
Allowable casualty losses		
Other direct expenses:		

2015	1040	US	Employee/Vehicle Bus. Exp. (Form 2106)	No. <input style="width:40px;" type="text"/>	30
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Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040.....

Form	<input style="width:90%;" type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.)	<input style="width:90%;" type="text"/>	
1=spouse	<input style="width:90%;" type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input style="width:90%;" type="text"/>	
1=minister's expenses	<input style="width:90%;" type="text"/>	

EMPLOYEE BUSINESS EXPENSES

	2015 Amount	2014 Amount
Meal and entertainment expenses	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
1=Department of Transportation (80% meal allowance)	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Local transportation (bus, taxi, train, etc.)	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Travel expenses while away from home overnight	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Reimbursements not included on Form W-2, box 1	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Other business expenses:		
<input style="width:400px;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:400px;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:400px;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:400px;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:400px;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:400px;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:400px;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:400px;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:400px;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

	2015 Amount	2014 Amount
1=vehicle used primarily by more than 5% owner.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		

VEHICLE 1

Description of vehicle.....		
Date placed in service (m/d/y).....		
Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		
Number of months of business use if changed from 100% personal use.....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

VEHICLE 2

Description of vehicle.....		
Date placed in service (m/d/y).....		
Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		
Number of months of business use if changed from 100% personal use.....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E and F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

Please enter all pertinent 2015 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2015 Amount		2014 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2015...				
Employer-provided benefits forfeited in 2015.....				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name.....			
	Last name.....			
	Title or suffix.....			
	Date of birth (m/d/y).....			
	Social security number.....			
	Qualified dependent care expenses incurred and paid in 2015.....		2014 amt:	
	1=disabled.....			
1=spouse, 2=joint.....				

No. <input style="width:40px;" type="text"/>	First name.....			
	Last name.....			
	Title or suffix.....			
	Date of birth (m/d/y).....			
	Social security number.....			
	Qualified dependent care expenses incurred and paid in 2015.....		2014 amt:	
	1=disabled.....			
1=spouse, 2=joint.....				

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider.....			
	Street address.....			
	City.....			
	State.....			
	ZIP code.....			
	Foreign region.....			
	Foreign postal code.....			
	Foreign country.....			
	Identification number (SSN or EIN).....			
	Amount paid to care provider in 2015.....		2014 amt:	
	1=spouse, 2=joint.....			

2015	1040	US	Education Credits / Tuition Deduction	No. <input style="width:40px;" type="text"/>	38
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Please complete the information below if you paid qualified education expenses in 2015 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse

First name

Last name

Social security number

Number of years hope credit claimed

Number of prior years AOC claimed

1=student was NOT enrolled at least half-time for at least one academic period that began in 2014 (or the first 3 months of 2015 if the qualified expenses were made in 2014) at an eligible institution in a qualified program.

1=student completed first four years of post-secondary education before 2014.

1=student was convicted, before the end of 2015, of a felony for possession or distribution of a controlled substance.

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name

Street address

City

State

ZIP code

1=2015 Form 1098-T was NOT received

1=2015 Form 1098-T received with Box 2 & 7 completed

1=2014 Form 1098-T received with Box 2 & 7 completed

Federal ID number from Form 1098-T

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name

Street address

City

State

ZIP code

1=2015 Form 1098-T was NOT received

1=2015 Form 1098-T received with Box 2 & 7 completed

1=2014 Form 1098-T received with Box 2 & 7 completed

Federal ID number from Form 1098-T

QUALIFIED EDUCATION EXPENSES

Qualified tuition & fees paid in 2015 (net of refund or assistance, & not entered elsewhere)

Books & supplies required to be purchased from institution

Books & supplies not entered above

Amount of prior year refund or assistance *

2015 Amount	2014 Amount

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

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Health Coverage Form

39.1

Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C. Attach the document with this organizer if you have it.

GENERAL INFORMATION

1=entire household covered for all months, 2=no months
Date married (if in current year)

COVERED INDIVIDUAL (#1)

Form for Covered Individual #1 with fields for name, ID number, and monthly coverage for 2014.

COVERED INDIVIDUAL (#2)

Form for Covered Individual #2 with fields for name, ID number, and monthly coverage for 2014.

COVERED INDIVIDUAL (#3)

Form for Covered Individual #3 with fields for name, ID number, and monthly coverage for 2014.

COVERED INDIVIDUAL (#4)

Form for Covered Individual #4 with fields for name, ID number, and monthly coverage for 2014.

39.1

If any of the following items pertain to you or your spouse for 2015, please check the appropriate box and provide additional information if necessary.

PERSONAL INFORMATION

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2015? |

DEPENDENTS

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2015, with interest and dividend income in excess of \$1,000, or total investment income in excess of \$2,000? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will any of your dependents file their own tax returns? Please note that if your dependent efiles their own tax return, we may not be able to efile your return because a social security number can be used in only one efiled return each year. |

HEALTH CARE COVERAGE

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have healthcare coverage for the full-year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any of the following IRS Documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach. |

INCOME

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
|--------------------------|--------------------------|---|

2015	1040	US	Miscellaneous Questions
		Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay any foreign taxes?	
PURCHASES, SALES AND DEBT			
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property in 2015?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2016?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a home in 2015 and you were overseas on official extended duty?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven?	
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone owe you money which has become uncollectible?	
RETIREMENT PLANS			
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?	

2015

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US

Miscellaneous Questions

Yes

No

Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2015

EDUCATION

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

CALIFORNIA USE TAX

Did you purchase any goods from out-of-state that you brought into California and did not pay California sales tax on (usually online or catalog purchases)?

If **yes**, you may owe California use tax on these purchases and should complete the following information:

I would like you to calculate the amount of use tax I owe from my actual purchases. My total out-of-state purchases subject to use tax in 2015 were \$_____

I would like to use the optional California table to calculate the amount of use tax I may owe based on my gross income.

ITEMIZED DEDUCTIONS

Did you incur a loss because of damaged or stolen property?

Did you work out of town for part of the year?

Did you use your car on the job (other than to and from work)?

If yes, do you have written documentation of your mileage and vehicle expenses?

Do you have adequate documentation for all charitable contributions claimed?

Did you owe any balance due on your prior year state income tax return that you did **not** pay by the end of 2015?

MISCELLANEOUS

2015

1040

US

Miscellaneous Questions

Yes No

- Do you want to electronically file your tax return?
- Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- May the IRS discuss your tax return with your preparer?
- Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? If yes, please provide details of accounts.
- Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts? If yes, please provide details.
- Was your home rented out or used for business?
- Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
- Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
- Did you incur moving expenses due to a change of employment?
- Did you engage the services of any household employees?
- Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
- Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust?
- Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2015?
- Do you want any refunds automatically deposited into your bank account? If yes, please indicate or verify your bank account information on the organizer under "bank information"
- Did you engage in any bartering transactions during 2015? If yes, provide details.

2015

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Miscellaneous Questions

Yes No

Would you like future tax organizers sent to you electronically via email?

If yes, indicate email address to use for 2016 organizer

Do we have permission to access your tax payment information from the Franchise Tax Board website if needed?

Please indicate by which method you would like to receive copies of your completed tax returns (you may request more than one option):

_____ Bound paper copy (mailed to you or pick up in Julian - circle one)

_____ Electronic pdf copy burned to a disc (mailed to you or pick up in Julian - circle one)

_____ Electronic pdf copy saved in our **secure client portal (see information below)**. Please note that for your security we will no longer email copies of tax returns.

New Secure Client Portal

We have set up a new system to provide our clients with a secure way to send and receive electronic documents shared with Luers & Dyer CPAs. With our new client portal, you can send us your tax documents or download copies of your tax returns safely. Upon request, we will send you an email with instructions on how to access your portal. After accessing the portal, you will create your own password. You may then share documents with us more securely than via email. Any time a new document is uploaded to your portal, an email notification will be sent to you. We will receive an email whenever you upload a document to the portal that needs our attention. If you would like to use the secure client portal, please indicate the email address that will be associated with your account below.

I would like to use the secure client portal to send and receive documents between Luers & Dyer CPAs and myself.

Email address to send client portal notifications to: _____

DID YOU REMEMBER TO ENCLOSE THE FOLLOWING ITEMS WITH YOUR TAX INFORMATION?:

_____ Completed organizer with appropriate tax documents

_____ Signed engagement letter with initials on deadline and billing policies

_____ A retainer payment of \$500 (we accept credit cards or checks payable to Luers & Dyer CPAs)